



**Australian Government**  
**Department of Health and Ageing**  
**Therapeutic Goods Administration**

**URGENT RECALL FOR PRODUCT CORRECTION**

LEVEL: Hospital

CLASS: Class II

REFERENCE: RC-2010-RN-01182-3

DATE AGREED: 3/12/2010

**PRODUCT:** IMRIS Operating Room Tables Model T2X;  
Part Number - 110470-000  
Serial Number - 10002343

ARTG number 136622

**SPONSOR:** Emergo Asia Pacific Pty Ltd

**PHONE:** 02 90061662 - Mike Skalsky

**REASON:** The manufacturer has identified a part of the table that can become contaminated with fluids and that is not easily accessed for cleaning.

The sponsor is expected to dispatch letters to all affected customers within two working days of the agreed date. Please do not contact the sponsor for further information unless you believe that you have the goods under recall and have not received a recall letter.

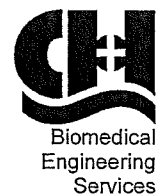
Product Distribution: 1 hospital in ACT

Product export status: Unknown

This issue was first identified by the Sponsor

[Classification system. Class I – Class I defects are potentially life-threatening or could cause a serious risk to health. Class II – Class II defects could cause illness or mistreatment, but are not Class I. Class III – Class III defects may not pose a significant hazard to health, but withdrawal may be initiated for other reasons. Class I & II recalls are considered to be safety related recalls]

## **URGENT - MEDICAL PRODUCT NOTICE**



### **Biomedical Engineering Services**

Biomedical Engineering Services (BES) has received from the Therapeutic Goods Administration (TGA) in the Commonwealth Department of Health and Ageing, the attached Notification(s) for medical devices or products relating to their quality, safety or efficacy.

The Notification(s) will advise the product is subject to:

**Urgent Recall for Product Correction**

TGA Reference	Product
RC-2010-RN-01182-3	IMRIS Operating Room Tables Model T2X; Part Number – 1104700-000 Serial Number – 10002343 ARTG Number 136622 Emergo Asia Pacific Pty Ltd

#### **Distribution for Action**

Name	Department	Receipt Verification
Supply Manager	Supply Services, ACT Health	•
Clinical Engineering Manager	Biomedical Engineering, TCH	•

*Signature Required Please*

#### **Distribution for Information Only**

Name	Department	Receipt Verification
Kyril Belle	Engineer-Biomedical Engineering	•
Martin Van Lith	Systems Coordinator – B&I	•
Mike O'Dwyer	Property Management and Maintenance	•

**Action Taken**

Please check your inventory and inspect your stock to see if any product is subject to this (these) Notification(s).

If product is found please isolate the items and contact ACT Health Supply (for consumables) on PH 6205 0807, Biomedical Engineering Services (for Medical Equipment) PH 6244 3045 or Property Management and Maintenance (for Non-Medical Equipment) PH 6244 2115 so that appropriate follow up action may be taken.

Please sign and return this form for verification of receipt of this notice (Signature required in Table above please). A duplicate is attached that may be retained for your own records.

Even if you find that no held stock or products are subject to the above action the return of this form signed with action taken is required to reconcile the process.

Jennie Baker  
Director  
Business Support  
Biomedical Engineering Services  
The Canberra Hospital  
Building 3, Level 1

*ATTACHED: Copy of this form, TGA Recall Notice(s), Return envelope for receipt verification*

Folio 239 – 260

Exempt under Section 43 of the Freedom of Information Act

**Kirchner, Horst**

---

**From:** Clark, David  
**Sent:** Friday, 11 February 2011 8:47 AM  
**To:** Kevin O'Hara  
**Cc:** Kirchner, Horst  
**Subject:** Neurosuite Theatre Operating Table

Kevin

Could you please give me a call to discuss the possible options we have for making the Neurosuite operating table removable so that the theatre can also be used for other surgery.

I gather Barb Reid previously mentioned this possibility to you as well.

Regards

David

~~~~~  
David Clark  
Senior Manager  
Strategic Support, Business & Infrastructure, ACT Health  
ph +61 2 6205 0605  
mob 0417 602185  
email [david.clark@act.gov.au](mailto:david.clark@act.gov.au)

*Had a look at the table  
with Engineer  
can be done! but need to  
check with manufacturer*

Folio 262

Out of scope of request

**Kirchner, Horst**

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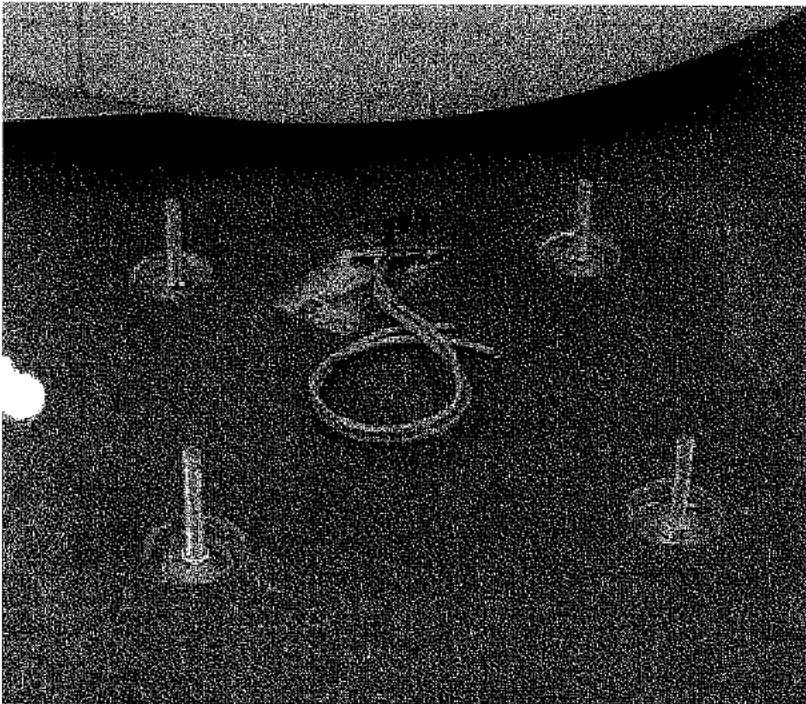
**From:** [REDACTED]  
**Sent:** Thursday, 24 March 2011 1:35 AM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** RE: Canberra hospital neuro suite  
**Attachments:** T300032-000 Rev E.pdf

Horst,

Regarding your request about the floor fixation of the ORT100 table in the intra-operative neuro suite, the following applies.

The table is fixed to the floor with 4 x 5/8-inch diameter stainless steel studs set into the concrete floor. These studs are installed by [REDACTED] our RF shielding company as they penetrate the RF shield. They are epoxied into the floor to ensure that there is electrical isolation from the concrete and any structural steel. There is also an electrical seal between the studs and the RF shield to prevent ingress of RF into the room. If the table were removed, these studs would protrude approximately 5 cm above the floor.

Additionally, there are two hydraulic tubes that run in the floor from the controller to the base of the OR table, and these tubes also protrude approximately 5cm above the floor. Finally there are two cables (ground and control) that also run under the floor to the OR table from the controller on the wall and these cables protrude from the floor approximately 30 cm. Below is a picture from an early installation showing the floor studs, tubing and cables.



As you can see it is not possible to temporarily remove the table and then reinstall it without having a significant trip hazard on the floor. Have you considered removing the white composite back section of the OR table (see page 10 of attached) thus reducing its footprint, and bring another table into the suite next to it?

I hope this provides the information that you were looking for. Should you have any further questions, please feel free to contact me as per below.

Best Regards,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** March-22-11 7:59 PM  
**To:** [REDACTED]  
**Subject:** Fw: Canberra hospital neuro suite

Hi [REDACTED]  
Can you attend to this?

---

**From:** Kirchner, Horst [<mailto:Horst.Kirchner@act.gov.au>]  
**Sent:** Tuesday, March 22, 2011 07:41 PM  
**To:** [REDACTED]  
**Subject:** Canberra hospital neuro suite

[REDACTED]

Hi I was given your details by, Rhona JasonSmith;  
I would like floor fitting details of the IMRIS IPX4, that was installed last year, in the Canberra hospital, Building 12, level 3.  
We are exploring the concept of taking that bed out for a short period to use the theatre for other procedures.  
(While upgrading pendants in existing theatres.)

regards

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

[REDACTED]  
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*Care Excellence Collaboration Integrity*

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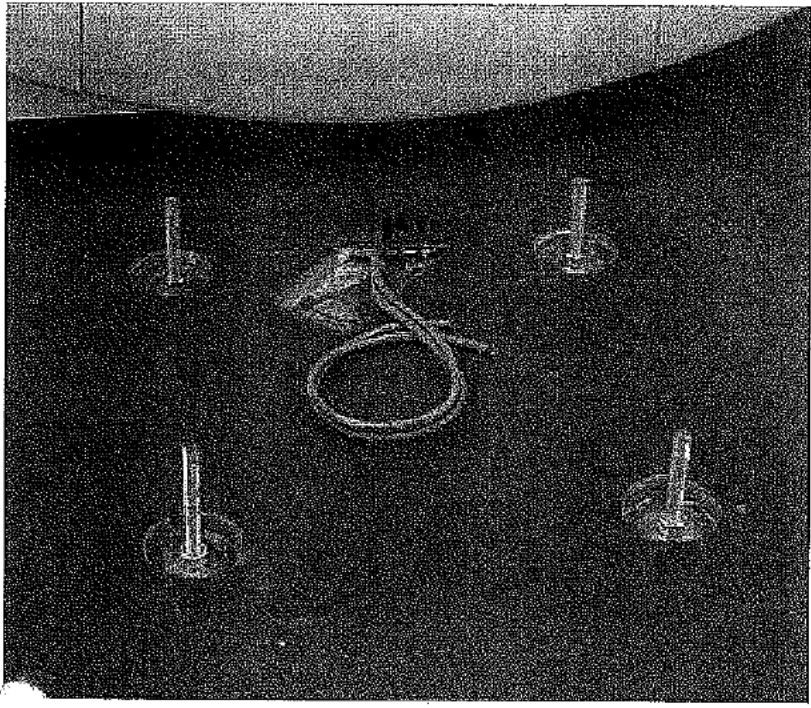
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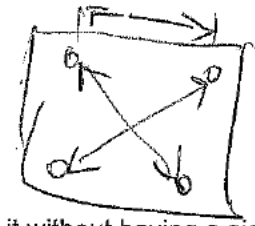
This email has been scanned by the IMRIS Email Security System.

This email has been scanned by the IMRIS Email Security System





We need to check install Drawing for details of Stud Sizes Heights + centres



As you can see it is not possible to temporarily remove the table and then reinstall it without having a significant trip hazard on the floor. Have you considered removing the white composite back section of the OR table (see page 10 of attached) thus reducing its footprint, and bring another table into the suite next to it?

I hope this provides the information that you were looking for. Should you have any further questions, please feel free to contact me as per below.

Best Regards,

[Redacted]

[Redacted]

Sent: March-22-11 7:59 PM

To: [Redacted]

Subject: Fw: Canberra hospital neuro suite

Hi [Redacted]

Can you attend to this?

From: Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]

Sent: Tuesday, March 22, 2011 07:41 PM

To: [Redacted]

Subject: Canberra hospital neuro suite

[Redacted]

Hi I was given your details by, Rhona JasonSmith;

I would like floor fitting details of the IMRIS IPX4, that was installed last year, in the Canberra hospital, Building 12, level 3.

We are exploring the concept of taking that bed out for a short period to use the theatre for other procedures. (While upgrading pendants in existing theatres.)

## Kirchner, Horst

---

**From:** Kirchner, Horst  
**Sent:** Thursday, 24 March 2011 8:00 AM  
**To:** [REDACTED]  
**Subject:** RE: Canberra hospital neuro suite


[REDACTED] Thank you very much for the information.

Regards Horst

*Horst Kirchner*  
*Business & Infrastructure*  
*Strategic Support*  
*Bldg. 6, L3, TCH*  
*62050363*

*mob.* [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Thursday, 24 March 2011 1:35 AM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** RE: Canberra hospital neuro suite

Horst,

Regarding your request about the floor fixation of the ORT100 table in the intra-operative neuro suite, the following applies.

The table is fixed to the floor with 4 x 5/8-inch diameter stainless steel studs set into the concrete floor. These studs are installed by ETS Lindgren, our RF shielding company as they penetrate the RF shield. They are epoxied into the floor to ensure that there is electrical isolation from the concrete and any structural steel. There is also an electrical seal between the studs and the RF shield to prevent ingress of RF into the room. If the table were removed, these studs would protrude approximately 5 cm above the floor.

Additionally, there are two hydraulic tubes that run in the floor from the controller to the base of the OR table, and these tubes also protrude approximately 5cm above the floor. Finally there are two cables (ground and control) that also run under the floor to the OR table from the controller on the wall and these cables protrude from the floor approximately 30 cm. Below is a picture from an early installation showing the floor studs, tubing and cables.

**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Wednesday, 23 March 2011 2:16 PM  
**To:** [REDACTED]  
**Subject:** RE: Canberra hospital neuro suite

[REDACTED] thanks for your quick response

cheers

*Horst Kirchner*  
 Business & Infrastructure  
 Strategic Support  
 Bldg. 6, L3, TCH  
 62050363

mob. [REDACTED]

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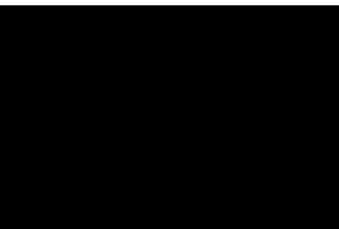
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**From:** [REDACTED]  
**Sent:** Wednesday, 23 March 2011 1:30 PM  
**To:** Kirchner, Horst  
**Subject:** RE: Canberra hospital neuro suite

Hi Horst,

I have forwarded your request to [REDACTED] our Director of Customer Solutions, who is better equipped to provide you with what you need.

Kind Regards,



 Please consider the environment before printing this e-mail.

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**From:** Kirchner, Horst [<mailto:Horst.Kirchner@act.gov.au>]  
**Sent:** Tuesday, March 22, 2011 7:42 PM  
**To:** [REDACTED]  
**Subject:** Canberra hospital neuro suite

[REDACTED]  
 Hi I was given your details by, Rhona JasonSmith;

I would like floor fitting details of the IMRIS IPX4, that was installed last year, in the Canberra hospital, Building 12, level 3.

We are exploring the concept of taking that bed out for a short period to use the theatre for other procedures. (While upgrading pendants in existing theatres.)

regards

*Horst Kirchner*

*Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [REDACTED]*

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This email has been scanned by the IMRIS Email Security System.

This email has been scanned by the IMRIS Email Security System

**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Thursday, 24 March 2011 9:24 AM  
**To:** JasonSmith, Rhona; Reid, Barbara; Scott, Adrian  
**Cc:** Grovenor, Priya; Silec, Mario (Supply)

Hello,  
I now have information from IMRIS.

**Comment from IMRIS,**

"As you can see it is not possible to temporarily remove the table and then reinstall it without having a significant trip hazard on the floor. Have you considered removing the white composite back section of the OR table (see page 10 of attached) thus reducing its footprint, and bring another table into the suite next to it?"

Happy to meet and review.

regards

regards

*Horst Kirchner*  
*Business & Infrastructure*  
*Strategic Support*  
*Bldg. 6, L3, TCH*  
*62050363*  
*mob* [REDACTED]

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## Temporary Removal of IMRIS ORT 100, Neuro Suite TCH.

After discussion with the installers, suppliers & users,

### **Comment;**

I believe it is possible to modify the IMRIS table to move out of position and a Jackson table brought in and positioned around the modified IMRIS base plate, to successfully use the Neuro suite for other procedures.

As discussed with Barb Reid, once we proceed with this process the warranty for the table will be null & void.

### **What needs to be done?**

Check the actual dimensions (centres) of the 4 fixing 5/8 dia. Stainless steel fixing bolts. This info should be on the install drawings.

Investigate the type of quick coupling that would be used to reconnect the two hydraulic tubes.

Investigate the control /power cables (3) couplings suitable for reconnection.

Build a temporary plinth/cover to mount on the bolts when table is removed.

Manufacture a lifting frame that could fit to an electric lifter (as used in the wards) that would lift & support the table when relocated. (370kg.).

### **Where to now,**

Engage a suitable designer/ engineer to move this project forward.

I'm ready to go ahead, and engage Sphere Projects, who have designers, consultants & engineers on their books to certify the works.

We probably need \$3,500 to design, and \$7,000 to complete the works, (rough estimate)

Horst

**McClymont, Geoff**

---

**From:** Petherbridge, Brett  
**Sent:** Monday, 28 March 2011 3:15 PM  
**To:** Lamech, James; [REDACTED]  
**Cc:** Belle, Kyril; [REDACTED]  
**Subject:** FW: Neuro/SAPU: 6-month DLP status  
**Attachments:** 110324\_Neuro-SAPU PDM 039 Action Statement\_6 mos DLP.pdf

James,

Copy of meeting minutes but there is an item here noted by Rhona that outlines issue with image intensifier (5.1). Can you elaborate on this please as it was news to me.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Development Unit  
Government Relations, Planning & Development  
Ph: 6174-5256  
Mob: [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Sunday, 27 March 2011 6:04 PM  
**To:** [REDACTED] Petherbridge, Brett; JasonSmith, Rhona; Downes, Kylie; Blakely-Kidd, Richard; Armitage, Susie; Wetselaar, Jennifer  
**Cc:** Cadden, Mitchell; Dredge, David; George, Jacinta; Swain, Rob; Beckingham, Wendy; Pharaoh, Peter; Majeed, Sarah; Maccullagh, Jeanett; [REDACTED]  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

All,

Please find attached Action Statement from meeting: Neuro/SAPU 6-month DLP status. Kevin/ Paul – please confirm neurosuite inspection 29/03 and subsequent sign-offs for design change request.

Regards,

[REDACTED]  
[REDACTED]

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

**From:** [REDACTED]  
**Sent:** Monday, 7 March 2011 3:54 PM  
**To:** [REDACTED] 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona; 'kylie.downes@act.gov.au'; [REDACTED] 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett

**Subject:** Neuro/SAPU: 6-month DLP status

**When:** Thursday, 24 March 2011 9:00 AM-10:00 AM (GMT+10:00) Canberra, Melbourne, Sydney.

**Where:** Conference Room 2, Level 3, Bldg 2, TCH (old Exec. offices near staff cafeteria)

Rescheduled to include representatives from Neurosuite & SAPU.

All,

Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.

[Redacted signature block]

[Redacted signature block]

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## Action Statement

**Client** ACT Health

**Meeting no.** 39

**Project** Neurosuite/ SAPU

**Location** Conference Room 2, Level 3, Building 2, TCH

**Meeting** Project Director's Meeting

**Date** 9am, Thursday 24 March 2011

| Name                 | Initials                                | Position                           | Organisation | Attending |
|----------------------|-----------------------------------------|------------------------------------|--------------|-----------|
| Manfred Halton       | MH                                      | Senior Manager Eng Services (CADP) | ACTH         | apology   |
| Rhona JasonSmith     | RJS                                     | PeriOperative Services             | ACTH         | ✓         |
| Jenny Wetselaar      | JW                                      | PeriOperative Services             | ACTH         | apology   |
| Jeanette MacCullagh  | JM                                      | DON, SAPU                          | ACTH         | ✓         |
| Sarah Majeed         | SM                                      | CNC, SAPU                          | ACTH         | ✓         |
| Kylie Downes         | KD                                      | NM, SAPU                           | ACTH         | ✓         |
| Brett Petherbridge   | BP                                      | Capital Works Manager – RU         | ACTH         | ✓         |
| Susie Armitage       | SA                                      | IP&M                               | ACTH         | ✓         |
| Wendy Beckingham     | WB                                      | CNC, Infection Control             | ACTH         | part      |
| Richard Blakely-Kidd | RB-K                                    | Procurement Solutions              | ACT PS       | apology   |
|                      | AM                                      | Assistant Project Director         |              | ✓         |
|                      | MC                                      | Project Director's Representative  |              | part      |
|                      | KOH                                     | Senior Project Manager             |              | ✓         |
|                      | PD                                      | Administrator                      |              | ✓         |
| <b>Distribution</b>  | <b>Attendees &amp; apologies, plus:</b> |                                    |              |           |
| Jacinta George       | JG                                      | A/g Senior Manager – RU            | ACTH         |           |
| David Dredge         | DD                                      | B&I                                | ACTH         |           |
| Vlad Milic           | VM                                      | ACT PS                             | ACT PS       | ✓         |
|                      | SP                                      | Deputy Project Director            |              |           |

| No.  | Action                                                                                                                                                                                                                                                                                                                                                                                                                                    | By                             |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1.   | <b>Meeting purpose</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| 1.1. | 6-month DLP status                                                                                                                                                                                                                                                                                                                                                                                                                        | Note                           |
| 2.   | <b>DLP management</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| 2.1. | <u>O&amp;M manuals</u><br>Outstanding components of O&M manuals have been provided by [REDACTED]<br>Manuals to be forwarded to MH for ACTH records.                                                                                                                                                                                                                                                                                       | AM – 25/03                     |
| 2.2. | [REDACTED] tabled record that mechanical services DLP maintenance has been undertaken on a monthly basis.<br>KOH noted emergency lighting 6 month DLP maintenance is due to occur this week.<br>KOH noted all remaining DLP maintenance scheduled to occur within 12 month DLP.                                                                                                                                                           | GES -<br>Ongoing               |
| 3.   | <b>Status of Defects Rectification</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| 3.1. | [REDACTED] tabled Defects Register – Rev U                                                                                                                                                                                                                                                                                                                                                                                                | Note                           |
| 3.2. | <u>Neurosuite</u><br>1. (504) Cleaning corridor outside Neurosuite scheduled to occur 6pm, 31 April. [REDACTED] to progress RISSC form including IP&M review of thinners; notify after-hours office hospital managers and arrange for exhaust<br>2. (387); (419); (423); (207) [REDACTED] to schedule site visit with RJS to review defects/ design change requests. [REDACTED] to liaise with IC and IP&M for representatives to attend. | GES – 30/03<br><br>GES – 29/03 |

| No.  | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | By              |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 3.3. | <u>SAPU</u><br>1. (505) Entry door not closing properly. ██████ to review<br>2. (506) Leaking sanitiser. ██████ advised Capello is attending to this tomorrow. Also noted that steam from sanitiser is damaging the wall.<br>3. Downlights to be fixed<br>4. ██████ to undertake walk-around of SAPU following meeting.                                                                                                                                                                                                                                                                                       | GES – 25/03     |
| 3.4. | <u>Rooftop</u><br>██████ noted extendable handrails to emergency egress ladder were installed last week. MCA/ SA to undertake a review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SA/ MCA – 31/03 |
| 3.5. | <u>Mainet</u><br>Meeting noted that all defect issues are to be reported through Mainet which will then be passed on to ██████ if determined as a project defect<br>Users noted that Mainet system has been directing them to talk directly with ██████ BP confirmed that the correct process is to go through Mainet. If future issues are encountered with Mainet during the remainder of DLP please notify BP.                                                                                                                                                                                             | Note            |
| 4.   | <b>Design Change Requests</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| 4.1. | <u>SAPU</u><br>Meeting agreed wall vinyl to be added to handrub locations (approx. 6 locations) to avoid damaging walls. JM to submit Design change Request confirming exact requirements.                                                                                                                                                                                                                                                                                                                                                                                                                    | JM – 31/03      |
| 4.2. | <u>Neurosuite</u><br>1. Sluice – ██████ to schedule site visit with RJS to finalise sluice design change request. ██████ to liaise with IC, ISS and IP&M for representatives to attend.<br>2. Meeting agreed that an appropriately-rated handle is added to the external face of the fire doors to allow fire officers to gain access to the Neurosuite. Further iMRI warning signage should be placed on the emergency exit door half way down the corridor to ensure that when the lock becomes inactive during an alarm that anyone who does end up accessing through this door is aware it's an MRI area. | GES – 29/03     |
| 4.3. | Meeting agreed that void under the emergency exit stairs to have a locked door placed there and signage for it being deemed a confined space.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GES – 31/03     |
| 5.   | <b>Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |
| 5.1. | RJS noted they are still having a problem with the image intensifier. James Lamech from InTACT has been assisting. BP to follow up with JL for an update.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BP/ AM – 31/03  |
| 5.2. | ██████ to follow up with IMRIS re current status of alternative caterpillar cover.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GES – 31/03     |

**Cerato, Jennifer**

---

**From:** Lamech, James  
**Sent:** Tuesday, 29 March 2011 12:41 PM  
**To:** Petherbridge, Brett; Maginnity, David  
**Cc:** Belle, Kyril; [REDACTED] Moore, Peter  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

Hi Brett

This is a long story.

First the short version...

- The InTACT BRS identified all requirements for Neurosuite. This was agreed to and signed off.
- InTACT and [REDACTED] have delivered all agreed requirements
- The requirement identified by Rhona is a new requirement based on Surgical Services intention to use the Neurosuite for overflow surgery from existing theatres.
- There is workaround where the Image Intensifiers can be used in the Neurosuite
- To resolve the issue will firstly require investigation and cooperation from the radiologists, [REDACTED] (maintainers of the Image Intensifiers), RisPAC administrators and InTACT technical staff. An acceptable solution is not guaranteed.

Read on if you want the long version.....

**InTACT BRS**

---

The InTACT BRS was extensive and covered all aspects of the Neurosuite. Despite the fact that network - based services could be made available on the two pendants (as part of iMRIS standard offering), the identified work practices for ACT Health Neurosurgery did not require any pendant based service.

**InTACT Solution Design**

---

To future proof the Neurosuite and make use of the iMRIS standard offering, the InTACT Solution Design proposed to make live two network connections on each pendant; a connection to ACTGov and a connection to the Medical Imaging (MI) network at speeds of 1 Gibabit (1Gb). (These connections had issues initially with [REDACTED] provided cabling and connectors) All connections to have been tested and accepted (by InTACT and RisPacs Admin).

**What then transpired...**

---

Post closure of InTACT scope, Surgical Services decided that Neurosuite should be used as an overflow for general surgery. Mock trials were done and radiologists brought in an Image Intensifier (II). They connected the II to the MI network and it wouldn't connect. After some angst with [REDACTED] and RISPACS admin, I was asked to assist.

**The issue**

---

The II has a 100M Network card whereas InTACT has provided a 1 Gb connection. The InTACT connection (due to the GE provided hardware and the connection type on the InTACT switch) cannot dumb down to 100M, Phillips are unwilling to upgrade their Network card to 1 Gb. The radiologists advise that certain II are at their end of life so the cost of upgrading to 1Gb Network cards are not justified.

InTACT was tried to convene meetings with all parties but this hasn't been successful.

**The Workaround**

---

There is a workaround suggested by the radiologists (and that InTACT believes is in place)

Some background first

The II does not require a permanent connection to the MI network.

It only needs a connection to MI to download the appropriate images

The II does not need an active connection to manipulate or enhance the image for the surgeon.

The manipulated image is not uploaded back to PACS and stays on the II

The workaround consists of the radiologist using an existing MI network connection outside the Neurosuite theatre to download the required images.

The II can then be wheeled into the theatre where the images can be manipulated or enhanced for the surgeon.

Long term suggested solution

-----  
As the II are replaced, the new II come with 1Gb Network cards so that they can use the MI ports on the Neurosuite pendants.

To review the current set up and improvise a solution

-----  
InTACT will need budget and scope confirmed so as to come up with an acceptable solution.

Note, given the complexities, there is no assurance that a compromise that befits a clinical environment can be found.

Cheers

James Lamech

Project Manager

InTACT

Ph 02 6207 5046

e-mail James.Lamech@act.gov.au

---

**From:** Petherbridge, Brett

**Sent:** Monday, 28 March 2011 3:15 PM

**To:** Lamech, James; [REDACTED]

**Cc:** Belle, Kyril; [REDACTED]

**Subject:** FW: Neuro/SAPU: 6-month DLP status

James,

Copy of meeting minutes but there is an item here noted by Rhona that outlines issue with image intensifier (5.1). Can you elaborate on this please as it was news to me.

Regards,

Brett Petherbridge

Capital Works Project Manager

Redevelopment Unit

Government Relations, Planning & Development

Ph: 6174-5256

Mob: [REDACTED]

---

**From:** [REDACTED]

**Sent:** Sunday, 27 March 2011 6:04 PM

**To:** [REDACTED] Petherbridge, Brett; JasonSmith, Rhona; Downes, Kylie; Blakely-Kidd, Richard; Armitage, Susie; Wetselaar, Jennifer

**Cc:** Cadden, Mitchell; Dredge, David; George, Jacinta; Swain, Rob; Beckingham, Wendy; Pharaoh, Peter; Majeed,

Sarah; Maccullagh, Jeanett; [REDACTED]  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

All,

Please find attached Action Statement from meeting: Neuro/SAPU 6-month DLP status. Kevin/ Paul – please confirm Neurosuite inspection 29/03 and subsequent sign-offs for design change request.

Regards,

[REDACTED]

[REDACTED]

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

**From:** [REDACTED]  
**Sent:** Monday, 7 March 2011 3:54 PM  
: [REDACTED]; 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona;  
'kylie.downes@act.gov.au'; [REDACTED]; 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett  
**Subject:** Neuro/SAPU: 6-month DLP status  
**When:** Thursday, 24 March 2011 9:00 AM-10:00 AM (GMT+10:00) Canberra, Melbourne, Sydney.  
**Where:** Conference Room 2, Level 3, Bidg 2, TCH (old Exec. offices near staff cafeteria)

Rescheduled to include representatives from Neurosuite & SAPU.

All,

Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.

[REDACTED]

[REDACTED]

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**Cerato, Jennifer**

---

**From:** Petherbridge, Brett  
**Sent:** Tuesday, 29 March 2011 12:49 PM  
**To:** Belle, Kyril; Thorburn, Phillip  
**Subject:** FW: Neuro/SAPU: 6-month DLP status

Kyril,

Please confirm that the Neurosuite project has delivered the scope that was briefed and that this is not part of what we had to deliver. If surgical Services want to use the theatre for something else, then they need to scope InTACT and fund same.

I await you reply.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Redevelopment Unit  
Government Relations, Planning & Development  
Ph: 6174-5256  
Mob: [REDACTED]

---

**From:** Lamech, James  
**Sent:** Tuesday, 29 March 2011 12:41 PM  
**To:** Petherbridge, Brett; Maginness, David  
**Cc:** Belle, Kyril; [REDACTED] Moore, Peter  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

Hi Brett

This is a long story.

Just the short version...

- The InTACT BRS identified all requirements for Neurosuite. This was agreed to and signed off.
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**InTACT BRS**  
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The InTACT BRS was extensive and covered all aspects of the Neurosuite. Despite the fact that network - based services could be made available on the two pendants (as part of iMRIS standard offering), the identified work practices for ACT Health Neurosurgery did not require any pendant based service.

InTACT Solution Design

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To future proof the Neurosuite and make use of the iMRIS standard offering, the InTACT Solution Design proposed to make live two network connections on each pendant; a connection to ACTGov and a connection to the Medical Imaging (MI) network at speeds of 1 Gibabit (1Gb).  
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Post closure of InTACT scope, Surgical Services decided that Neurosuite should be used as an overflow for general surgery.  
Mock trials were done and radiologists brought in an Image Intensifier (II). They connected the II to the MI network and it wouldn't connect.  
After some angst with [REDACTED] and RISPACS admin, I was asked to assist.

The issue

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The II has a 100M Network card whereas InTACT has provided a 1 Gb connection. The InTACT connection (due to the GE provided hardware and the connection type on the InTACT switch) cannot dumb down to 100M, [REDACTED] are unwilling to upgrade their Network card to 1 Gb. The radiologists advise that certain II are at their end of life so the cost of upgrading to 1Gb Network cards are not justified.

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The Workaround

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There is a workaround suggested by the radiologists (and that InTACT believes is in place)

Some background first

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Project Manager  
InTACT  
Ph 02 6207 5046  
e-mail James.Lamech@act.gov.au

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**Cc:** Belle, Kyril; [redacted]  
**Subject:** FW: Neuro/SAPU: 6-month DLP status

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Brett Petherbridge  
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Redevelopment Unit  
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Ph: 6174-5256  
Mob: [redacted]

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**Cc:** Cadden, Mitchell; Dredge, David; George, Jacinta; Swain, Rob; Beckingham, Wendy; Pharaoh, Peter; Majeed, Sarah; Maccullagh, Jeanett; Halton, Manfred  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

All,

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[redacted]

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**Sent:** Monday, 7 March 2011 3:54 PM  
**To:** [redacted] 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona; 'kylie.downes@act.gov.au'; [redacted] 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett  
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Rescheduled to include representatives from Neurosuite & SAPU.



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Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.

[Redacted]

[Redacted]

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**Cerato, Jennifer**

---

**From:** Thorburn, Phillip  
**Sent:** Tuesday, 29 March 2011 1:00 PM  
**To:** Lamech, James; Petherbridge, Brett; [REDACTED]  
**Cc:** Belle, Kyril; [REDACTED] Moore, Peter  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

**Importance:** High

I suggest that before any further work is carried out on this matter that appropriate and good governance be adopted by asking Kyril Belle, Biomedical Engineering Service, to lead and manage any changes as she has the expertise and knowledge to ensure that the required outcomes are achieved with the least risk to patients and staff safety.

**Phillip Thorburn**  
Senior Biomedical Engineer | Redevelopment Unit  
PhoneExt: 45255 | Mobile: [REDACTED]

---

**From:** Lamech, James  
**Sent:** Tuesday, 29 March 2011 12:41 PM  
**To:** Petherbridge, Brett; [REDACTED]  
**Cc:** Belle, Kyril; Thorburn, Phillip; [REDACTED] Moore, Peter  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

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Project Manager

InTACT

Ph 02 6207 5046

e-mail James.Lamech@act.gov.au

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Government Relations, Planning & Development  
Ph: 6174-5256  
Mob: [REDACTED]

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**Sent:** Sunday, 27 March 2011 6:04 PM  
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**Cc:** Cadden, Mitchell; Dredge, David; George, Jacinta; Swain, Rob; Beckingham, Wendy; Pharaoh, Peter; Majeed, Sarah; Maccullagh, Jeanett; [REDACTED]  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

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Regards,

[REDACTED]  
[REDACTED]

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**Sent:** Monday, 7 March 2011 3:54 PM  
**To:** [REDACTED] 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona; 'kylie.downes@act.gov.au'; [REDACTED] 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett  
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Rescheduled to include representatives from Neurosuite & SAPU.

All,

Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.

[REDACTED]



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**McClymont, Geoff**

---

**From:** Geoghegan, Sean  
**Sent:** Monday, 28 March 2011 4:54 PM  
**To:** Jackson, Kate; Reid, Barbara  
**Cc:** Hamilton, Stephen; Baker, Jennie; Belle, Kyril; Swain, Rob; Amponin, Gretchen; Buirski, Graham  
**Subject:** RE: MRI Safety Training

Dear Kate and Barbara,

Please be advised that MRI safety training is essential for any staff who wish to access the MRI suites, both in Medical Imaging and in the iMRI Neurosuite. This requirements falls under OH&S. Since we have lost our MRI Medical Physicist to RNSH recently, would you like me, in collaboration with Stephen Hamilton, to consult with the staff involved to explain the requirements?

Cheers,

Sean

*Sean Geoghegan*  
Chief Medical Physicist                      ACT Health                      Australia  
Medical Physics                      The Canberra Hospital                      GARRAN ACT 2605  
P: +61 2 6244 2256                      F: +61 2 6244 3819                      M: [REDACTED]

---

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Care                      Excellence                      Collaboration                      Integrity

---

**From:** Hamilton, Stephen  
**Sent:** Monday, 28 March 2011 3:37 PM  
**To:** Geoghegan, Sean  
**Subject:** FW: MRI Safety Training

Hi Sean,

In my efforts to bring MRI Safety training to the attention of the relevant areas involved I received this response fro the acting director of ICU.

On my Q drive I have access to "MRI Safety policy" and "Magnetic Resonance Imaging Safety: Staff Training" as I believe these are still in draft form I'm unclear how binding they are.

I am also unsure of what the response to this email should be. It seems a shame to have such a negative response to increasing MRI safety levels.

Cheers,

Stephen Hamilton

---

**From:** Grove, Kelvin  
**Sent:** Friday, 25 March 2011 5:58 PM  
**To:** Hamilton, Stephen; Madsen, Kirsten; Smith, Natalie; O'Neill, Kerry; Ho, Steven; Just, Anita; Avard, Bronwyn  
**Cc:** Jackson, Kate  
**Subject:** RE: MRI Safety Training

It surprises me greatly that a new "mandatory training course" can be developed and implemented without any consultation with key stakeholders. To add insult to injury, said course is "offered" only once a month along with this there is the veiled threat that patients will be denied their imaging unless their accompanying staff have done the course. I think this is inappropriate and will have significant impacts on patient care and servicer delivery. If this is truly mandatory I would like to know a) what ACT Health approval and consultation process has been undertaken and

b) what arrangements Imaging has made to provide medical/ nursing cover to the ICU (or employ locums) while our 34 medical officers and 120 nurses attend this training?

Regards

Kelvin Grove

Dr Kelvin Grove  
Acting Director  
Intensive Care Unit  
Canberra Hospital  
Phone: 02 62443520  
Fax: 02 62553507

---

**From:** Hamilton, Stephen  
**Sent:** Friday 25 March 2011 13:40  
**To:** Grove, Kelvin; Madsen, Kirsten; Smith, Natalie; O'Neill, Kerry; Ho, Steven; Just, Anita; Avard, Bronwyn  
**Subject:** MRI Safety Training

Hi,

As some staff members are slowly becoming aware there is a Magnetic Resonance Imaging (MRI) safety course that is run at TCH for any staff member that may work in the MRI environment. This includes both the intra-operative MRI (iMRI) in theatre 14 and the Diagnostic suites in Medical Imaging. This course is **MANDATORY** for **ANY** staff member that needs to enter the restricted access areas related to MRI or iMRI which includes control rooms and patient prep areas immediately before entering the MRI scan room. Staff members that this affects include Doctors, nurses and wardspersons (and others: allied health etc as required.) from your areas.

The course is available through capability and is run once a month at this stage. I would like to encourage as many participants to attend the course as possible.

We will begin enforcing access restriction at some stage in the future where untrained staff members will not be allowed to enter the restricted access areas. As we do not want patients to be turned away because escorting staff members cannot enter the MRI environment we need good coverage across all shift lines with MRI safety trained staff members.

Please feel free to email me with any queries.

Regards,

Stephen Hamilton

**Acting iMRI Section Manager  
Medical Imaging  
The Canberra Hospital**

**McClymont, Geoff**

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**Cc:** Hamilton, Stephen; Baker, Jennie; Belle, Kyril; Swain, Rob; Amponin, Gretchen; Buirski, Graham  
**Subject:** RE: MRI Safety Training

Dear Sean

Thank you - that would be great if you and Stephen could consult with staff to advise them of the requirements for MRI safety training. Please do not hesitate to contact me if there are any issues for you in progressing this.  
 Sincerely

kate

Kate Jackson  
 A/g Executive Director  
 Critical Care & Diagnostics  
 Canberra Hospital

Phone: 02 6174 5802  
 Mobile: [REDACTED]  
 E-mail: [kate.l.jackson@act.gov.au](mailto:kate.l.jackson@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity

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InTACT will need budget and scope confirmed so as to come up with an acceptable solution.

Note, given the complexities, there is no assurance that a compromise that befits a clinical environment can be found.

Cheers

James Lamech

Project Manager

InTACT

Ph 02 6207 5046

e-mail James.Lamech@act.gov.au

---

**From:** Petherbridge, Brett

**Sent:** Monday, 28 March 2011 3:15 PM

**To:** Lamech, James; Maginnity, David

**Cc:** Belle, Kyril; Thorburn, Phillip; [REDACTED]

**Subject:** FW: Neuro/SAPU: 6-month DLP status

James,

Copy of meeting minutes but there is an item here noted by Rhona that outlines issue with image intensifier (5.1).

Can you elaborate on this please as it was news to me.

Regards,

Brett Petherbridge

Capital Works Project Manager

Redevelopment Unit

Government Relations, Planning & Development

Ph: 6174-5256

Mob: 0418 683 559

---

**From:** [REDACTED]

**Sent:** Sunday, 27 March 2011 6:04 PM

**To:** [REDACTED] Petherbridge, Brett; JasonSmith, Rhona; Downes, Kylie; Blakely-Kidd, Richard; Armitage, Susie; Wetselaar, Jennifer

**Cc:** Cadden, Mitchell; Dredge, David; George, Jacinta; Swain, Rob; Beckingham, Wendy; Pharaoh, Peter; Majeed,

Sarah; Maccullagh, Jeanett; [REDACTED]  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

All,

Please find attached Action Statement from meeting: Neuro/SAPU 6-month DLP status. Kevin/ Paul – please confirm Neurosuite inspection 29/03 and subsequent sign-offs for design change request.

Regards,

[REDACTED]  
[REDACTED]

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

**From:** [REDACTED]  
**Sent:** Monday, 7 March 2011 3:54 PM  
**To:** [REDACTED]; 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona; 'kylie.downes@act.gov.au'; [REDACTED]; 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett  
**Subject:** Neuro/SAPU: 6-month DLP status  
**When:** Thursday, 24 March 2011 9:00 AM-10:00 AM (GMT+10:00) Canberra, Melbourne, Sydney.  
**Where:** Conference Room 2, Level 3, Bldg 2, TCH (old Exec. offices near staff cafeteria)

Rescheduled to include representatives from Neurosuite & SAPU.

All,

Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.

[REDACTED]

[REDACTED]

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**McClymont, Geoff**

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First the short version...

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**InTACT BRS**

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The InTACT BRS was extensive and covered all aspects of the Neurosuite. Despite the fact that network - based services could be made available on the two pendants (as part of iMRIS standard offering), the identified work practices for ACT Health Neurosurgery did not require any pendant based service.

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Cheers

James Lamech  
 Project Manager  
 InTACT  
 Ph 02 6207 5046  
 e-mail James.Lamech@act.gov.au

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**Cc:** Belle, Kyril; Thorburn, Phillip; [REDACTED]  
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Regards,

Brett Petherbridge  
 Capital Works Project Manager  
 Redevelopment Unit  
 Government Relations, Planning & Development  
 Ph: 6174-5256  
 Mob: 0418 683 559

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**Subject:** RE: Neuro/SAPU: 6-month DLP status

All,

Please find attached Action Statement from meeting: Neuro/SAPU 6-month DLP status. Kevin/ Paul – please confirm Neurosuite inspection 29/03 and subsequent sign-offs for design change request.

Regards,

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**To:** [REDACTED] 'brett.petherbridge@act.gov.au'; JasonSmith, Rhona; 'kylie.downes@act.gov.au'; 'Halton, Manfred'; 'Blakely-Kidd, Richard'; 'susie.armitage@act.gov.au'; Wetselaar, Jennifer  
**Cc:** Mitchell Cadden; 'Dredge, David'; George, Jacinta; 'Swain, Rob'; Beckingham, Wendy; 'Pharaoh, Peter'; Majeed, Sarah; Maccullagh, Jeanett  
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Rescheduled to include representatives from Neurosuite & SAPU.



All,

Draft agenda attached for Neuro/SAPU 6-month DLP status meeting.

Thanks.



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**McClymont, Geoff**

---

**From:** Geoghegan, Sean  
**Sent:** Monday, 26 March 2012 4:43 PM  
**To:** McClymont, Geoff  
**Subject:** iMRI FOI - FW: MRI Safety Training

---

**From:** Geoghegan, Sean  
**Sent:** Tuesday, 29 March 2011 1:14 PM  
**To:** Jackson, Kate; Hamilton, Stephen  
**Subject:** RE: MRI Safety Training

Hi Kate,

Thanks for your support. The training is mandated as per the policy which was developed in consultation with key stakeholders over more than a year. One issue still outstanding is the approval of the policy by the PAG which still requires Dr Mohammed Al-Hindawi's endorsement who has been reluctant to endorse the document for various reasons leading to this gap. I'm happy to chat more frankly if required.

Cheers,

Sean

*Sean Geoghegan*

Chief Medical Physicist                      ACT Health                      Australia  
Medical Physics                      The Canberra Hospital                      GARRAN ACT 2605  
P: +61 2 6244 2256                      F: +61 2 6244 3819                      M: [REDACTED]

---

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*Committed to timely, responsive and client-focused services*  
*Care                      Excellence                      Collaboration                      Integrity*

---

**From:** Jackson, Kate  
**Sent:** Monday, 28 March 2011 5:53 PM  
**To:** Geoghegan, Sean; Hamilton, Stephen  
**Subject:** FW: MRI Safety Training

Hi Sean and Stephen

I will follow up with Kelvin on his return to work in regard to the email he sent to you Stephen. If you could send me copies of the "MRI Safety policy" and "Magnetic Resonance Imaging Safety: Staff Training" that would be great.

Also are you able to advise - is the training mandatory?  
Thanks for your help on this (and sorry)  
Cheers

kate

Kate Jackson  
A/g Executive Director  
Critical Care & Diagnostics  
Canberra Hospital

Phone: 02 6174 5802  
Mobile: [REDACTED]  
E-mail: [kate.l.jackson@act.gov.au](mailto:kate.l.jackson@act.gov.au)

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**From:** Jackson, Kate  
**Sent:** Monday, 28 March 2011 5:13 PM  
**To:** Geoghegan, Sean; Reid, Barbara  
**Cc:** Hamilton, Stephen; Baker, Jennie; Belle, Kyril; Swain, Rob; Amponin, Gretchen; Buirski, Graham  
**Subject:** RE: MRI Safety Training

Dear Sean

Thank you - that would be great if you and Stephen could consult with staff to advise them of the requirements for MRI safety training. Please do not hesitate to contact me if there are any issues for you in progressing this.  
Sincerely

kate

Kate Jackson  
A/g Executive Director  
Critical Care & Diagnostics  
Canberra Hospital

Phone: 02 6174 5802  
Mobile: [REDACTED]  
E-mail: [kate.l.jackson@act.gov.au](mailto:kate.l.jackson@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity

**From:** Geoghegan, Sean  
**Sent:** Monday, 28 March 2011 4:54 PM  
**To:** Jackson, Kate; Reid, Barbara  
**Cc:** Hamilton, Stephen; Baker, Jennie; Belle, Kyril; Swain, Rob; Amponin, Gretchen; Buirski, Graham  
**Subject:** RE: MRI Safety Training

Dear Kate and Barbara,

Please be advised that MRI safety training is essential for any staff who wish to access the MRI suites, both in Medical Imaging and in the iMRI Neurosuite. This requirements falls under OH&S. Since we have lost our MRI Medical Physicist to RNSH recently, would you like me, in collaboration with Stephen Hamilton, to consult with the staff involved to explain the requirements?

Cheers,

Sean

*Sean Geoghegan*  
Chief Medical Physicist      ACT Health      Australia  
Medical Physics      The Canberra Hospital      GARRAN ACT 2605  
P: +61 2 6244 2256      F: +61 2 6244 3819      M: [REDACTED]

**Business & Infrastructure**  
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**From:** Hamilton, Stephen  
**Sent:** Monday, 28 March 2011 3:37 PM  
**To:** Geoghegan, Sean  
**Subject:** FW: MRI Safety Training

Hi Sean,

In my efforts to bring MRI Safety training to the attention of the relevant areas involved I received this response from the acting director of ICU.

On my Q drive I have access to "MRI Safety policy" and "Magnetic Resonance Imaging Safety: Staff Training" as I believe these are still in draft form I'm unclear how binding they are.

I am also unsure of what the response to this email should be. It seems a shame to have such a negative response to increasing MRI safety levels.

Cheers,

Stephen Hamilton

**From:** Grove, Kelvin  
**Sent:** Friday, 25 March 2011 5:58 PM  
**To:** Hamilton, Stephen; Madsen, Kirsten; Smith, Natalie; O'Neill, Kerry; Ho, Steven; Just, Anita; Avar, Bronwyn  
**Cc:** Jackson, Kate  
**Subject:** RE: MRI Safety Training

It surprises me greatly that a new "mandatory training course" can be developed and implemented without any consultation with key stakeholders. To add insult to injury, said course is "offered" only once a month along with this there is the veiled threat that patients will be denied their imaging unless their accompanying staff have done the course. I think this is inappropriate and will have significant impacts on patient care and service delivery. If this is truly mandatory I would like to know a) what ACT Health approval and consultation process has been undertaken and b) what arrangements Imaging has made to provide medical/ nursing cover to the ICU (or employ locums) while our 34 medical officers and 120 nurses attend this training?

Regards

Kelvin Grove

Dr Kelvin Grove  
Acting Director  
Intensive Care Unit  
Canberra Hospital  
Phone: 02 62443520  
Fax: 02 62553507

**From:** Hamilton, Stephen  
**Sent:** Friday 25 March 2011 13:40  
**To:** Grove, Kelvin; Madsen, Kirsten; Smith, Natalie; O'Neill, Kerry; Ho, Steven; Just, Anita; Avar, Bronwyn  
**Subject:** MRI Safety Training

Hi,

As some staff members are slowly becoming aware there is a Magnetic Resonance Imaging (MRI) safety course that is run at TCH for any staff member that may work in the MRI environment. This includes both the intra-operative MRI (iMRI) in theatre 14 and the Diagnostic suites in Medical Imaging. This course is **MANDATORY** for **ANY** staff member that needs to enter the restricted access areas related to MRI or iMRI which includes control rooms and patient prep areas immediately before entering the MRI scan room. Staff members that this affects include Doctors, nurses and wardspersons (and others: allied health etc as required.) from your areas.

The course is available through capability and is run once a month at this stage. I would like to encourage as many participants to attend the course as possible.

We will begin enforcing access restriction at some stage in the future where untrained staff members will not be allowed to enter the restricted access areas. As we do not want patients to be turned away because escorting staff members cannot enter the MRI environment we need good coverage across all shift lines with MRI safety trained staff members.

Please feel free to email me with any queries.

Regards,

Stephen Hamilton

**Acting iMRI Section Manager  
Medical Imaging  
The Canberra Hospital**

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Monday, 4 April 2011 5:31 PM  
**To:** Petherbridge, Brett; Thorburn, Phillip  
**Subject:** RE: Neuro/SAPU: 6-month DLP status

Hi Brett,

To answer your question Yes the scope of the project was met at the end of commissioning and start of first case. This issue is not a project issue and will be sorted separately.

Regards

Kyril

---

**From:** Petherbridge, Brett  
**Sent:** Tuesday, 29 March 2011 12:49 PM  
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Capital Works Project Manager  
Redevelopment Unit  
Government Relations, Planning & Development  
Ph: 6174-5256  
Mob: [REDACTED]

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Project Manager  
InTACT  
Ph 02 6207 5046  
e-mail James.Lamech@act.gov.au

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[REDACTED]



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Thanks.

[Redacted]

[Redacted]

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**Kirchner, Horst**


---

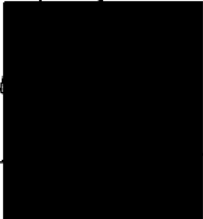
**From:** Kirchner, Horst  
**Sent:** Wednesday, 13 April 2011 10:30 AM  
**To:** [Redacted]  
**Cc:** Blakely-Kidd, Richard; Halfon, Manfred; Dreimanis, Peter  
**Subject:** Neuro plans,

Guys, I am looking for a copy of the as built drawing that has the IMRIS table mounting detail, studs centres, cables etc.  
Appreciate anything cheers.

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [Redacted]

*Business & Infrastructure — committed to timely, responsive and client-focused services*

 *Care Excellence Collaboration Integrity*



*is OK with our idea ✓*

**McClymont, Geoff**

---

**From:** Petherbridge, Brett  
**Sent:** Thursday, 14 April 2011 8:14 AM  
**To:** JasonSmith, Rhona  
**Cc:** [REDACTED] Belle, Kyrii; Lamech, James; [REDACTED]  
**Subject:** NEURO Meeting minutes - point 5.1  
**Attachments:** 110324\_Neuro-SAPU PDM 039 Action Statement\_6 mos DLP (2).pdf

Rhona,

Post the meeting of the 6 month DLP for both Neuro and SAPU projects you raised a problem with the image intensifier. I have checked with both InTACT, Biomedical Engineering and [REDACTED] and they have all confirmed that the project deliverables for this project were met and signed off.

The problem that you have raised appears to be out of scope of the original project and as such does not form part of the Defects outstanding.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Redevelopment Unit  
Government Relations, Planning & Development  
Ph: 6174-5256  
Mob: [REDACTED]

## Action Statement

**Client** ACT Health **Meeting no.** 39  
**Project** Neurosuite/ SAPU **Location** Conference Room 2, Level 3, Building 2, TCH  
**Meeting** Project Director's Meeting **Date** 9am, Thursday 24 March 2011

| Name                 | Initials                                | Position                           | Organisation | Attending |
|----------------------|-----------------------------------------|------------------------------------|--------------|-----------|
| Manfred Halton       | MH                                      | Senior Manager Eng Services (CADP) | ACTH         | apology   |
| Rhona JasonSmith     | RJS                                     | PeriOperative Services             | ACTH         | ✓         |
| Jenny Wetselaar      | JW                                      | PeriOperative Services             | ACTH         | apology   |
| Jeanette MacCullagh  | JM                                      | DON, SAPU                          | ACTH         | ✓         |
| Sarah Majeed         | SM                                      | CNC, SAPU                          | ACTH         | ✓         |
| Kylie Downes         | KD                                      | NM, SAPU                           | ACTH         | ✓         |
| Brett Petherbridge   | BP                                      | Capital Works Manager – RU         | ACTH         | ✓         |
| Susie Armitage       | SA                                      | IP&M                               | ACTH         | ✓         |
| Wendy Beckingham     | WB                                      | CNC, Infection Control             | ACTH         | part      |
| Richard Blakely-Kidd | RB-K                                    | Procurement Solutions              | ACT PS       | apology   |
|                      | AM                                      | Assistant Project Director         |              | ✓         |
|                      | MC                                      | Project Director's Representative  |              | part      |
|                      | KOH                                     | Senior Project Manager             |              | ✓         |
|                      | PD                                      | Administrator                      |              | ✓         |
| <b>Distribution</b>  | <b>Attendees &amp; apologies, plus:</b> |                                    |              |           |
| Jacinta George       | JG                                      | A/g Senior Manager – RU            | ACTH         |           |
| David Dredge         | DD                                      | B&I                                | ACTH         |           |
| Vlad Milic           | VM                                      | ACT PS                             | ACT PS       | ✓         |
|                      | SP                                      | Deputy Project Director            |              |           |

| No.       | Action                                                                                                                                                                                                                                                                                                                                                                                                                                 | By                                   |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1.</b> | <b>Meeting purpose</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |
| 1.1.      | 6-month DLP status                                                                                                                                                                                                                                                                                                                                                                                                                     | Note                                 |
| <b>2.</b> | <b>DLP management</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| 2.1.      | <u>O&amp;M manuals</u><br>Outstanding components of O&M manuals have been provided by [redacted]<br>Manuals to be forwarded to MH for ACTH records.                                                                                                                                                                                                                                                                                    | AM – 25/03                           |
| 2.2.      | [redacted] tabled record that mechanical services DLP maintenance has been undertaken on a monthly basis.<br>KOH noted emergency lighting 6 month DLP maintenance is due to occur this week.<br>KOH noted all remaining DLP maintenance scheduled to occur within 12 month DLP.                                                                                                                                                        | [redacted]<br>Ongoing                |
| <b>3.</b> | <b>Status of Defects Rectification</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |
| 3.1.      | GES tabled Defects Register – Rev U                                                                                                                                                                                                                                                                                                                                                                                                    | Note                                 |
| 3.2.      | <u>Neurosuite</u><br>1. (504) Cleaning corridor outside Neurosuite scheduled to occur 6pm, 31 April. [redacted] progress RISSC form including IP&M review of thinners; notify after-hours office hospital managers and arrange for exhaust<br>2. (387); (419); (423); (207) [redacted] to schedule site visit with RJS to review defects/ design change requests. [redacted] to liaise with IC and IP&M for representatives to attend. | [redacted] 30/03<br>[redacted] 29/03 |

| No.  | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | By              |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 3.3. | <u>SAPU</u><br>1. (505) Entry door not closing properly. ██████ to review<br>2. (506) Leaking sanitiser. ██████ advised Capello is attending to this tomorrow. Also noted that steam from sanitiser is damaging the wall.<br>3. Downlights to be fixed<br>4. ██████ undertake walk-around of SAPU following meeting.                                                                                                                                                                                                                                                                                           | █████ – 25/03   |
| 3.4. | <u>Rooftop</u><br>██████ noted extendable handrails to emergency egress ladder were installed last week. MCa/ SA to undertake a review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SA/ MCa – 31/03 |
| 3.5. | <u>Mainet</u><br>Meeting noted that all defect issues are to be reported through Mainet which will then be passed on to ██████ if determined as a project defect<br>Users noted that Mainet system has been directing them to talk directly with GES. BP confirmed that the correct process is to go through Mainet. If future issues are encountered with Mainet during the remainder of DLP please notify BP.                                                                                                                                                                                                | Note            |
| 4.   | <b>Design Change Requests</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |
| 4.1. | <u>SAPU</u><br>Meeting agreed wall vinyl to be added to handrub locations (approx. 6 locations) to avoid damaging walls. JM to submit Design change Request confirming exact requirements.                                                                                                                                                                                                                                                                                                                                                                                                                     | JM – 31/03      |
| 4.2. | <u>Neurosuite</u><br>1. Sluice -- ██████ to schedule site visit with RJS to finalise sluice design change request. ██████ to liaise with IC, ISS and IP&M for representatives to attend.<br>2. Meeting agreed that an appropriately-rated handle is added to the external face of the fire doors to allow fire officers to gain access to the Neurosuite. Further iMRI warning signage should be placed on the emergency exit door half way down the corridor to ensure that when the lock becomes inactive during an alarm that anyone who does end up accessing through this door is aware it's an MRI area. | █████ – 29/03   |
| 4.3. | Meeting agreed that void under the emergency exit stairs to have a locked door placed there and signage for it being deemed a confined space.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | █████ – 31/03   |
| 5.   | <b>Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |
| 5.1. | RJS noted they are still having a problem with the image intensifier. James Lamech from InTACT has been assisting. BP to follow up with JL for an update.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BP/ AM – 31/03  |
| 5.2. | █████ to follow up with IMRIS re current status of alternative caterpillar cover.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | █████ – 31/03   |

**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Thursday, 14 April 2011 10:25 AM  
**To:** Scott, Adrian; priya.grosvenor@act.gov.au; peter.dreimaris@act.gov.au  
**Subject:** Neuro bed

Guys, I beleive the IMRIS guy is coming to TCH on Friday, If we can meet him and get him to show us the hydraulic & electrical connections of the table, we can then sort out how to move and reconnect.

I would be an idea to have Michael O'Dwyer or Jim Brielly there, as they have mechanical background.

We also need to find a lifting trolley that has a 400kg capacity, the TCH units are 250kg.

I spoke to Michael O'Dwyer and [REDACTED] they both agree that our ideas on how to move the unit will work.

cheers

Horst nearly gone

## McClymont, Geoff

---

**From:** Geoghegan, Sean  
**Sent:** Monday, 26 March 2012 4:45 PM  
**To:** McClymont, Geoff  
**Subject:** iMRI FOI - FW: MRI safety update

---

**From:** Geoghegan, Sean  
**Sent:** Friday, 15 April 2011 4:46 PM  
**To:** Salehzahi, Farshid  
**Subject:** FW: MRI safety update

Hi Farshid,

For your information,

Cheers,

Sean

**Sean Geoghegan**

Chief Medical Physicist Medical Physics and Medical Technology Systems  
 Phone: 6244 2256 | Mobile: [REDACTED] | Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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---

**From:** Buirski, Graham  
**Sent:** Friday, 15 April 2011 3:51 PM  
**To:** Bartrop, Simone  
**Cc:** Jackson, Kate; Lane, Dianne; Geoghegan, Sean; Robertson, Cameron; Skrypak, Miro  
**Subject:** RE: MRI safety update

Dear All,

As far as the shift changes for MRI techs, this is an operational issue. As we have already stated we wished to have at least 2 patients scanned in the morning before 0900 perhaps this would be consistent with this plan. Terry/Miro please advise.

Graham

---

**From:** Bartrop, Simone  
**Sent:** Friday, 15 April 2011 2:49 PM  
**To:** Buirski, Graham  
**Cc:** Jackson, Kate; Lane, Dianne; Geoghegan, Sean; Robertson, Cameron; Skrypak, Miro  
**Subject:** MRI safety update

Graham

The MRI Safety Committee met again this week to discuss the outcome from Monday's REM & the following issues;

- Access to the MI MRI suite
- Training & arrangements for cleaners (please see email below from Ralph Bradbury)
- MRI Safety Questionnaire

In regard to the first point - Sean Geoghegan will meet with Lee Martin next month to discuss radiation, laser & MRI safety & all associated standards of practice. Sean intends to use this opportunity to seek support and a directive for relevant staff to undertake MRI safety training. The ACT Health MRI Safety Committee recommends that both suites (iMRI & MI) align with one policy on MRI safety which would mean greater restriction of access be enforced for MI MRI. Given the recent incident (Quench) & the expressed concerns of the MRI technicians about the current arrangements this seems like a reasonable solution.

As you can see from Ralph Bradbury's email below, ISS also welcome a coordinated & supervised arrangement for cleaners accessing MI MRI, as is the case with iMRI.

The suggestion of the MRI technicians to commence their shift @ 7.30am to turn on the magnets in MI & supervise the cleaner is a change to the current arrangements but could alleviate these concerns. The technicians would like to trial this for a designated period to ensure that there is no negative impact on patient numbers or flow. Would you support this initiative?

The MRI Safety Committee has also revised the MRI safety questionnaire & recommends the following changes (extract from Sean Geoghegan's email 13/4/11):

1. Provide the patient/relative/clinician filling in the questionnaire with the option of using paper and scanning that into the system (e.g. out-patients) in addition to an electronic questionnaire form (e.g. in-patients);
2. Both the paper and electronic questionnaire forms cover identical points (avoiding a requirement to match missing questions);
3. Insist that the form is signed by the patient if the patient is conscious and competent (some electronic mechanism for consent is required for the electronic questionnaire form);
4. Modify the MRI safety questionnaire form:
  - a. Delete the section to order contrast;
  - b. Combine the questions "Insulin or other infusion pump" and "Implanted drug infusion device" into one question;
  - c. Move the words "(Remove before entering the MR system room)" to immediately after the question "Hearing aid";
  - d. Remove words "Please mark on the figure below the location of any implant or metal inside of or on your body" and the associated diagram; **and remove the picture**
  - e. Delete the "Form checked by:" fields.
5. Use the time-out process to record checking of the form by MRI staff (replacing the "Form checked by:" process in e. above) prior to the patient being allowed into the MRI environment;
6. Provide a mechanism for MRI staff to initiate and record another form if it is discovered during time-out that the data entered into the original form is incomplete or in error;
7. Establish a mechanism to communicate feedback to the referrer if it is discovered that the data entered into the original form is incomplete or in error; and
8. Incorporate instructions on how to order MRI scans and an overview of the MRI safety questionnaire into the induction program for clinical staff working at TCH.

For your consideration & further discussion at REM.

Regards  
Simone

Simone Bartrop  
Quality & Safety Officer  
Medical Imaging Department  
The Canberra Hospital  
Ph 02 62444328



Simone Bartrop  
 Quality & Safety Officer  
 Medical Imaging Department  
 The Canberra Hospital  
 Ph 02 62444328

---

**From:** Bradbury, Ralph  
**Sent:** Thursday, 14 April 2011 2:15 PM  
**To:** Lane, Dianne  
**Cc:** Bartrop, Simone; Al-Hindawi, Mohammed; Rafferty, Terry; [REDACTED] Dengate, Melissa; Robertson, Cameron  
**Subject:** RE: Please check changes to SOP

Hi Di

As discussed at the cleaning meeting of April 13th the idea of ISS conducting thorough cleans at the same time as the SIEMENS servicing (as raised below) is endorsed by Domestic and Environmental Services. Such practice would align with the practices currently in place for the Neurosurgery Suite. Effectively the cleaning is done under the supervision of a technician. The Neurosurgery Suite has developed a cleaning SOP (draft attached) that provides for all cleaning to be carried out under the supervision of a technician/ Section Manager. The cleaner works under supervision in the Neurosurgery Suite area to address and minimise risks identified by ACT Health and associated with cleaners & cleaning practices. These risks include personal injury from working in close proximity to the magnet, damage to the magnet and associated costs. ACT Health is treating this risk in the Neurosurgery Suite / Peri-operative Unit.

It would appear the same practice is not in place in the Imaging/MRI area however it seems reasonable to have the same practice in the Imaging/ MRI area as this area would presumably have the same risks associated with cleaners/cleaning. I think the practice should be implemented ASAP in the Imaging / MRI area.

Rather than introduce an new and second SOP I suggest your area uses the same (or slightly revised) version of the Neurosurgery Suite SOP.

I note the attached SOP does not include the finer details around the specific MRI area cleaning tasks and their frequencies as raised at the MRI cleaning meeting. Area cleaner checklists that include details of the cleaning tasks and their frequencies have been developed by ISS. These checklists for your area are currently being revised to reflect the agreed changes from the cleaning meeting of April 13<sup>th</sup>. These checklists will compliment the attached SOP and form part of a system that delivers effective and safe cleaning outcomes.

I am happy to work with the Imaging / MRI area representatives to progress and finalise any of the above matters, where required.

Regards  
 Ralph

<< File: SOP Neuro iMRI Cleaning (2).doc >>

---

**From:** Lane, Dianne  
**Sent:** Wednesday, 13 April 2011 2:13 PM  
**To:** Bradbury, Ralph; Robertson, Cameron; [REDACTED]  
**Cc:** Bartrop, Simone; Al-Hindawi, Mohammed; Rafferty, Terry  
**Subject:** Please check changes to SOP

Hi  
 Regarding daily and high level cleaning procedures. This is a proposal to be endorsed by MI, TCH and ISS  
 High level cleaning times are agreed to by Siemens and to occur during servicing MRI systems  
 AV1 Tues 12th July 2011 from 11am

AV2 Wed 13th April 2011 from 0730

AV1 Tues 11th October 2011 from 11am

AV2 Wed 12th October 2011 from 0730

AV1 Tues 10th January 2012

AV2 Wed 11th January 2012

Thanks

Di << File: SOP MRI cleaning\_April 2011.doc >>

**Kirchner, Horst**

---

**From:** Dreimanis, Peter  
**Sent:** Friday, 6 May 2011 2:03 PM  
**To:** Reid, Barbara  
**Cc:** Kirchner, Horst; Grovenor, Priya  
**Subject:** RE: theatres  
**Attachments:** Temporary Removal of IMRIS ORT 100.doc

Hi Barb,

Regarding the Neuro Suite, the proposal is that previously discussed. See attachment - what we discussed in your office. As long as your fine with it I'll speak to Rhona about access one day next week to get an engineer to progress the design work. I've already spoken with [redacted] company to do the works, and they are good to go.

Regards,

*Peter Dreimanis*

Asset and Accommodation Officer Strategic Support  
Phone: (02) 6244 2079 | Mobile: [redacted]



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---

**From:** Scott, Adrian  
**Sent:** Friday, 6 May 2011 10:23 AM  
**To:** Dreimanis, Peter; Reid, Barbara  
**Subject:** RE: theatres

Peter,  
As long as Barb Approves.  
Thanks Adrian.

Adrian Scott  
Vg Executive Director Business and Infrastructure  
Phone: 6205 0606 | Mobile: [redacted] Fax: 6207 4432 | Email: [adrian.scott@act.gov.au](mailto:adrian.scott@act.gov.au)



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---

**From:** Dreimanis, Peter  
**Sent:** Friday, 6 May 2011 10:12 AM  
**To:** Scott, Adrian  
**Cc:** Kirchner, Horst; Grovenor, Priya; Silec, Mario (Supply)  
**Subject:** FW: theatres

Adrian,  
  
Are you happy to happy to proceed with Horsts proposal?  
  
Cheers

**Peter Dreimanis**

Asset and Accommodation Officer Strategic Support

Phone: (02) 6244 2079 | Mobile: [REDACTED]



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---

**From:** Kirchner, Horst  
**Sent:** Tuesday, 12 April 2011 4:50 PM  
**To:** Scott, Adrian  
**Cc:** Silec, Mario (Supply); Grovenor, Priya; Dreimanis, Peter  
**Subject:** theatres

Adrian,

A brief summary of the Neuro table mods.

The picture shows the Jackson bed, next to the IMRIS; the Jackson would be moved next to over the new base plate plinth.

cheers

*Horst Kirchner*  
*Business & Infrastructure*  
*Strategic Support*  
*Bldg. 6, L3, TCH*  
*62050363*  
*mob [REDACTED]*

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**Kirchner, Horst**

---

**From:** [REDACTED]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** RE: neuro bed base

Horst  
The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

~~~~~  
[REDACTED]

[REDACTED]

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---

**From:** Kirchner, Horst [<mailto:Horst.Kirchner@act.gov.au>]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [REDACTED]  
**Subject:** neuro bed base

[REDACTED]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

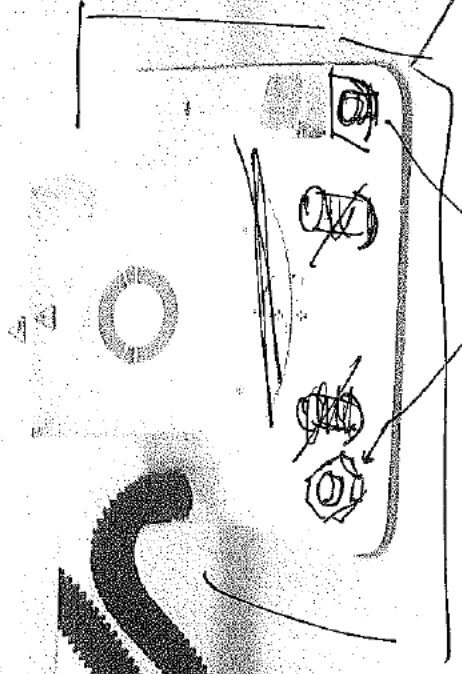
*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [REDACTED]  
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IMRIS



4 off

change to Docking Station

**Kirchner, Horst**

---


**From:** Kirchner, Horst  
**Sent:** Wednesday, 18 May 2011 8:00 AM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base

[REDACTED] cheers, no problem, the doctors only use the table once a month or less, and they want to roll another type of table over the area cheers.

Horst

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [REDACTED]  
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---

**From:** [REDACTED]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** RE: neuro bed base

Horst

The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

~~~~~  
[REDACTED]

[REDACTED]

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---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [REDACTED]  
**Subject:** neuro bed base

[REDACTED]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [REDACTED]  
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---


**Kirchner, Horst**

**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted] thanks for that.

Mark, I look forward to your response.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [Redacted]  
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---

**From:** [Redacted]  
**Sent:** Tuesday, 24 May 2011 1:46 PM  
**To:** [Redacted] Kirchner, Horst  
**Subject:** FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both Mark and Amol from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

[Redacted]  
The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?  
[Redacted]

[Redacted]

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---

**From:** [Redacted]  
**Sent:** Tuesday, 24 May 2011 8:47 AM

To: [REDACTED]

Subject: FW: neuro bed base

~~~~~

[REDACTED]

[REDACTED]

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---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]

**Sent:** Monday, 23 May 2011 9:50 AM

**To:** [REDACTED]


**Subject:** RE: neuro bed base

Ron, I presume if we undo the 4 holding bolts, terminate/cut (with end caps/joiners) the cables and hoses, we can lift the table up and drag it away, (using a modified forklift)?

Comment please

*Horst Kirchner*  
*Business & Infrastructure*  
*Strategic Support*  
*Bldg. 6, L3, TCH*  
*62050363*  
*mob. [REDACTED]*

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---

**From:** [REDACTED]

**Sent:** Tuesday, 17 May 2011 4:26 PM

**To:** Kirchner, Horst

**Cc:** [REDACTED]

**Subject:** RE: neuro bed base

Horst

The cables below the table are :

1. Hydraulic lines
2. Power cables.
3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

~~~~~  
[Redacted]

[Redacted]

~~~~~  
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~~~~~


-----  
**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [Redacted]  
**Subject:** neuro bed base

[Redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

ob. [Redacted]  
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McClymont, Geoff

---

**From:** [REDACTED]  
**Sent:** Tuesday, 24 May 2011 3:44 PM  
**To:** Belle, Kyril  
**Subject:** Call reg table base

Hi Kyril,

Hope all is good with you as its here with me.

I have been getting this query from [REDACTED] and Horst from the hospital on the table installed in the neuro suite.

I tried calling Horst but he was not available. Do you have any idea what's it all about?

Regards,  
[REDACTED]

This email has been scanned by the IMRIS Email Security System

Spoke to

**Kirchner, Horst**

**From:** Kirchner, Horst  
**Sent:** Tuesday, 24 May 2011 4:09 PM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted]  
Sorry there is a problem with my mobile, what I have proposed is, to undo the 4 holding down bolts, cut the hydraulic hoses, and fit with quick couplers, do the same for the electrical and data cables, this should allow us to lift and move the table in and out of situ, as required. We understand that the warranty would be void by this exercise.

There would be some setup/levelling required with shims when refitting.  
We would build a purpose designed lifting frame that fits on a hand forklift.  
Please call me on my desk phone.  
cheers

*Horst Kirchner*

Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [Redacted]

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---

**From:** [Redacted]  
**Sent:** Tuesday, 24 May 2011 3:45 PM  
**To:** Kirchner, Horst  
**Cc:** [Redacted]  
**Subject:** Re: neuro bed base

Hello Horst,

I tried calling you a couple of minutes ago but it went into voice mail.  
I spoke with [Redacted] he has already provided some information on the table base.  
Let me know when do you want me to call you?

Regards,

[Redacted]

---

**From:** [Redacted]  
**Sent:** Monday, May 23, 2011 10:45 PM  
**To:** [Redacted] Horst.Kirchner@act.gov.au <Horst.Kirchner@act.gov.au>  
**Subject:** FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both [Redacted] from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

Mark

The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?

Kevin

~~~~~

[REDACTED]

[REDACTED]

[REDACTED]

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~~~~~

~~~~~

**From:** [REDACTED]  
**Sent:** Tuesday, 24 May 2011 8:47 AM  
**To:** [REDACTED]  
**Subject:** FW: neuro bed base

~~~~~

[REDACTED]

[REDACTED]

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~~~~~

~~~~~

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Monday, 23 May 2011 9:50 AM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base

[REDACTED] I presume if we undo the 4 holding bolts, terminate/cut (with end caps/joiners) the cables and hoses, we can lift the table up and drag it away, (using a modified forklift)?

Comment please

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH

62050363

mob. [redacted]

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Care Excellence Collaboration Integrity

**From:** [redacted]

**Sent:** Tuesday, 17 May 2011 4:26 PM

**To:** Kirchner, Horst

**Cc:** [redacted]

**Subject:** RE: neuro bed base

Horst

The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

[redacted signature block]

[redacted signature block]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]

**Sent:** Tuesday, 17 May 2011 2:31 PM

**To:** [redacted]

**Subject:** neuro bed base

[redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH



62050363

mob [REDACTED]

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This email has been scanned by the IMRIS Email Security System

**Kirchner, Horst**

---

**From:** [Redacted]  
**Sent:** Wednesday, 25 May 2011 4:47 PM  
**To:** JasonSmith, Rhona  
**Cc:** Kirchner, Horst  
**Subject:** Re: IMRIS visit

Hello Horst,  
I am available to meet at any time on Friday June 10th. Let me know the time we will meet and I will be there.  
Kindest Regards,

---

**From:** JasonSmith, Rhona [<mailto:Rhona.JasonSmith@act.gov.au>]  
**Sent:** Tuesday, May 24, 2011 05:19 PM  
**To:** [Redacted]  
**Cc:** Kirchner, Horst <[Horst.Kirchner@act.gov.au](mailto:Horst.Kirchner@act.gov.au)>  
**Subject:** FW: IMRIS visit

Hi [Redacted]

Can you please contact Horst (below) to arrange a meeting time when you are here?

Thanks  
Rhona

Rhona JasonSmith  
Assistant Director of Nursing Perioperative Services  
The Canberra Hospital  
ph (02) 62443051  
fx (020) 6244 3348


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---

**From:** Kirchner, Horst  
**Sent:** Wednesday, 25 May 2011 8:18 AM  
**To:** JasonSmith, Rhona  
**Subject:** RE: IMRIS visit

Rhona, yes that would be great.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [Redacted]  
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 Care Excellence Collaboration Integrity

---

**From:** JasonSmith, Rhona  
**Sent:** Wednesday, 25 May 2011 8:17 AM

**To:** Kirchner, Horst  
**Subject:** FW: IMRIS visit

Hi Horst

Not sure if you are aware but the IMRIS rep will be visiting on the 10<sup>th</sup> June if you're interested.

Regards  
Rhona

Rhona JasonSmith  
Assistant Director of Nursing Perioperative Services  
The Canberra Hospital  
ph (02) 62443051  
fx (020) 6244 3348

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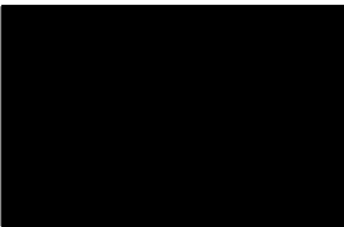
---


**From:** [REDACTED]  
**Sent:** Tuesday, 24 May 2011 5:46 AM  
**To:** Wetselaar, Jennifer; JasonSmith, Rhona  
**Subject:** visit

Hello Ladies,

I will be in Australia the week of June 6<sup>th</sup>, and I was hoping to stop in for a short visit to your facility on Friday June 10<sup>th</sup>. I will be bringing a sample of the drape solution intended for the fluid ingress problem on the OR table. Any time that you could spare would be greatly appreciated.

Warmest Regards,



 Please consider the environment before printing this e-mail.

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-----

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This email has been scanned by the IMRIS Email Security System

**McClymont, Geoff**

---

**From:** Petherbridge, Brett  
**Sent:** Friday, 27 May 2011 11:20 AM  
**To:** [REDACTED] Belle, Kyril  
**Subject:** RE: neuro bed base

Thanks,

[REDACTED] Kyril,

I need your advice here upon receipt of IMRIS advice on the implications to the voidance of warranty if this is undertaken by B&I. It needs to clearly state to them that once they touch it and the warranty is voided, there is no come back to RDU / CADP on future repairs works.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Redevelopment Unit  
Service and Capital Planning  
Ph: 6174-5256  
Mob: [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Friday, 27 May 2011 11:16 AM  
**To:** [REDACTED] Petherbridge, Brett  
**Subject:** FW: neuro bed base

Brett [REDACTED]  
Bed correspondence as discussed

~~~~~

[REDACTED]

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~~~~~

---


**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Thursday, 26 May 2011 3:45 PM

To: [Redacted]  
Subject: RE: neuro bed base

[Redacted] Thanks for that.

Mark, I look forward to your response.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [Redacted]  
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---

From: Kevin O'Hara [mailto:Kevin@geshaw.com.au]  
Sent: Tuesday, 24 May 2011 1:46 PM  
To: [Redacted] Kirchner, Horst  
Subject: FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both Mark and Amol from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

[Redacted]  
The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?  
[Redacted]

~~~~~  
[Redacted]

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---

From: [Redacted]  
Sent: Tuesday, 24 May 2011 8:47 AM  
To: [Redacted]  
Subject: FW: neuro bed base

[Redacted]

[Redacted]


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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Monday, 23 May 2011 9:50 AM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted] presume if we undo the 4 holding bolts, terminate/cut (with end caps/joiners) the cables and hoses, we can lift the table up and drag it away, (using a modified forklift)?

Comment please

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [Redacted]

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**From:** [Redacted]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [Redacted]  
**Subject:** RE: neuro bed base

Horst  
The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

[Redacted]

[Redacted]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [Redacted]  
**Subject:** neuro bed base

[Redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
Business & Infrastructure  
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**McClymont, Geoff**

---

**From:** Petherbridge, Brett  
**Sent:** Friday, 27 May 2011 11:25 AM  
**To:** Belle, Kyril  
**Subject:** FW: neuro bed base

Keeping you in the loop here.

---

**From:** [REDACTED]  
**Sent:** Friday, 27 May 2011 11:20 AM  
**To:** [REDACTED] Petherbridge, Brett  
**Subject:** FW: neuro bed base

More correspondence.

~~~~~

[REDACTED]

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~~~~~

---

**From:** [REDACTED]  
**Sent:** Thursday, 26 May 2011 10:07 AM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base

[REDACTED]

I believe they wish to use the theatre for non neuro operations inbetween neuro use. I think they have only carried out about 6-10 neuro operations to date. Their idea is to remove the table between uses. They are looking to build lifting cradles etc so it's not being done on the cheap. They have done a trial leaving the table in the room for normal operations and indicated it doesn't work.

The removal is I think the easy part. The reinstatement for neuro use is a lot harder I believe. There will be a recommissioning of the table and possibly re setting of limits for the magnet to stop collisions.

Regards  
[REDACTED]

~~~~~

[REDACTED]



[Redacted]

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**From:** [Redacted]  
**Sent:** Thursday, 26 May 2011 4:59 AM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted]

This is an unusual request, and we are still not clear on what it is that the hospital wants to achieve. Do you have any insight as to what their objective and/or plan is? If so, can we speak live? If so, I will call you later today (early today, your time).

We are happy to provide our input, but that is much easier when we know what their intended outcome looks like.

Thanks,

[Redacted]

**From:** [Redacted]  
**Sent:** Tuesday, May 24, 2011 7:01 PM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted]

Thanks, I thought we were missing info but were being asked to commit. This is a far safer way.

[Redacted]

[Redacted]

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**From:** [Redacted]  
**Sent:** Tuesday, 24 May 2011 10:35 PM  
**To:** [Redacted] Horst.Kirchner@act.gov.au

Cc: [redacted]  
Subject: RE: neuro bed base

Hi [redacted]

I will have [redacted] connect directly with Horst to discuss implications and potential options as it pertains to the table.

Best regards,

[redacted]

---

From: [redacted]  
Sent: Monday, May 23, 2011 10:46 PM  
To: [redacted] Horst.Kirchner@act.gov.au  
Subject: FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both [redacted] from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?

[redacted]

~~~~~

[redacted]

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~~~~~

---

From: [redacted]  
Sent: Tuesday, 24 May 2011 8:47 AM  
To: [redacted]  
Subject: FW: neuro bed base

~~~~~  
[redacted]

[Redacted]


[Redacted]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Monday, 23 May 2011 9:50 AM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted] presume if we undo the 4 holding bolts, terminate/cut (with end caps/joiners) the cables and hoses, we can lift the table up and drag it away, (using a modified forklift)?

Comment please

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [Redacted]  
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**From:** [Redacted]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [Redacted]  
**Subject:** RE: neuro bed base

Horst  
he cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

[Redacted]

[Redacted]


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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [Redacted]  
**Subject:** neuro bed base

[Redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
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**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Friday, 27 May 2011 11:36 AM  
**To:** Petherbridge, Brett; [REDACTED]  
**Subject:** RE: neuro bed base  
**Attachments:** RC-2010-RN-01182-3 TGA Recall Notice.doc

Dear Brett,

Attached is the TGA notice for the IMRIS Operating table, it states that IMRIS will be dispatching a letter. I have not seen a copy of the letter from IMRIS. I suggest

- [REDACTED] should obtain a copy of the letter by IMRIS as per the Attached TGA alert. The letter will indicate the issue and possible remedial action. Usually sponsors are expected by TGA to advise on the remedial action they will take or expect the organisation to take.
- The below email trail does not help me understand what the issue is and what they are trying to resolve. It is also unclear if they are resolving the issue mentioned in the attached letter at all either.
- The work should be performed by IMRIS not by B&I as the suite itself is under warranty till September 2011. IMRIS is quite within their rights to void any warranty if the work is not performed by them or by their authorised agent. Also as an organisation we cannot hold them liable for any incident that may be related to their product during warranty if we have altered/worked on the system without their knowledge or training.
- Even after warranty the option of the maintenance agreement will be considered and the responsibility of the system may not lie with B&I.

I am not sure if the is helps. Happy to have a chat if need be.

Kyril

---

**From:** Petherbridge, Brett  
**Sent:** Friday, 27 May 2011 11:20 AM  
**To:** [REDACTED] Belle, Kyril  
**Subject:** RE: neuro bed base

Thanks,

[REDACTED] Kyril,

I need your advice here upon receipt of IMRIS advice on the implications to the voidance of warranty if this is undertaken by B&I. It needs to clearly state to them that once they touch it and the warranty is voided, there is no come back to RDU / CADP on future repairs works.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Redevelopment Unit  
Service and Capital Planning  
Ph: 6174-5256  
Mob: [REDACTED]

**From:** [redacted]  
**Sent:** Friday, 27 May 2011 11:16 AM  
**To:** [redacted] Petherbridge, Brett  
**Subject:** FW: neuro bed base

Brett [redacted]  
Bed correspondence as discussed

~~~~~


[redacted]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Thursday, 26 May 2011 3:45 PM  
**To:** [redacted]  
**Subject:** RE: neuro bed base

[redacted] Thanks for that.  
[redacted] I look forward to your response.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [redacted]  
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**From:** [redacted]  
**Sent:** Tuesday, 24 May 2011 1:46 PM  
**To:** [redacted] Kirchner, Horst  
**Subject:** FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both [redacted] from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

[redacted]

The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?

Kevin

~~~~~

[Redacted]

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~~~~~

**From:** [Redacted]  
**Sent:** Tuesday, 24 May 2011 8:47 AM  
**To:** Kevin O'Hara (Kevin@geshaw.com.au)  
**Subject:** FW: neuro bed base

~~~~~

[Redacted]

[Redacted]

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~~~~~

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Monday, 23 May 2011 9:50 AM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

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Comment please

*Horst Kirchner*

Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [redacted]

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**From:** [redacted]

**Sent:** Tuesday, 17 May 2011 4:26 PM

**To:** Kirchner, Horst

**Cc:** [redacted]

**Subject:** RE: neuro bed base

Horst

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Let me know if you need further info. Also, is there a problem with the table?

Regards,

~~~~~

[redacted]

[redacted]

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~~~~~

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]

**Sent:** Tuesday, 17 May 2011 2:31 PM

**To:** [redacted]

**Subject:** neuro bed base

[redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?


cheers

*Horst Kirchner*



*Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [REDACTED]*

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**Australian Government**  
**Department of Health and Ageing**  
**Therapeutic Goods Administration**

**URGENT RECALL FOR PRODUCT CORRECTION**

LEVEL: Hospital

CLASS: Class II

REFERENCE: RC-2010-RN-01182-3

DATE AGREED: 3/12/2010

**PRODUCT:** IMRIS Operating Room Tables Model T2X;  
Part Number - 110470-000  
Serial Number - 10002343

ARTG number 136622

**SPONSOR:** Emergo Asia Pacific Pty Ltd

**PHONE:** 02 90061662 - Mike Skalsky

**REASON:** The manufacturer has identified a part of the table that can become contaminated with fluids and that is not easily accessed for cleaning.

The sponsor is expected to dispatch letters to all affected customers within two working days of the agreed date. Please do not contact the sponsor for further information unless you believe that you have the goods under recall and have not received a recall letter.

Product Distribution: 1 hospital in ACT

Product export status: Unknown

This issue was first identified by the Sponsor

[Classification system. Class I – Class I defects are potentially life-threatening or could cause a serious risk to health. Class II – Class II defects could cause illness or mistreatment, but are not Class I. Class III – Class III defects may not pose a significant hazard to health, but withdrawal may be initiated for other reasons. Class I & II recalls are considered to be safety related recalls]

**McClymont, Geoff**

**From:** Petherbridge, Brett  
**Sent:** Friday, 27 May 2011 11:39 AM  
**To:** Belle, Kyril; [REDACTED]  
**Subject:** RE: neuro bed base

Kyril,

See other following emails sent. It's not [REDACTED] asking for this. It's Strategic Support directed by Clinical (Barb Reid). The only issue is if they touch it, they void warranty and that cannot be claimed back to the project.

Brett

---

**From:** Belle, Kyril  
**Sent:** Friday, 27 May 2011 11:36 AM  
**To:** Petherbridge, Brett; [REDACTED]  
**Subject:** RE: neuro bed base

Dear Brett,

Attached is the TGA notice for the IMRIS Operating table, it states that IMRIS will be dispatching a letter. I have not seen a copy of the letter from IMRIS. I suggest

- [REDACTED] should obtain a copy of the letter by IMRIS as per the Attached TGA alert. The letter will indicate the issue and possible remedial action. Usually sponsors are expected by TGA to advise on the remedial action they will take or expect the organisation to take.
- The below email trail does not help me understand what the issue is and what they are trying to resolve. It is also unclear if they are resolving the issue mentioned in the attached letter at all either.
- The work should be performed by IMRIS not by B&I as the suite itself is under warranty till September 2011. IMRIS is quite within their rights to void any warranty if the work is not performed by them or by their authorised agent. Also as an organisation we cannot hold them liable for any incident that may be related to their product during warranty if we have altered/worked on the system without their knowledge or training.
- Even after warranty the option of the maintenance agreement will be considered and the responsibility of the system may not lie with B&I.

I am not sure if the is helps. Happy to have a chat if need be.

Kyril

---

**From:** Petherbridge, Brett  
**Sent:** Friday, 27 May 2011 11:20 AM  
**To:** [REDACTED] Belle, Kyril  
**Subject:** RE: neuro bed base

Thanks,

[REDACTED] Kyril,

I need your advice here upon receipt of IMRIS advice on the implications to the voidance of warranty if this is undertaken by B&I. It needs to clearly state to them that once they touch it and the warranty is voided, there is no come back to RDU / CADP on future repairs works.

Regards,

Brett Petherbridge  
Capital Works Project Manager  
Redevelopment Unit  
Service and Capital Planning  
Ph: 6174-5256  
Mob: [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Friday, 27 May 2011 11:16 AM  
**To:** [REDACTED] Petherbridge, Brett  
**Subject:** FW: neuro bed base

Brett, [REDACTED]  
Bed correspondence as discussed

~~~~~

[REDACTED]

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~~~~~

---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Thursday, 26 May 2011 3:45 PM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base


[REDACTED] Thanks for that.

[REDACTED] I look forward to your response.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [REDACTED]

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**From:** [redacted]  
**Sent:** Tuesday, 24 May 2011 1:46 PM  
**To:** [redacted] Kirchner, Horst  
**Subject:** FW: neuro bed base

Horst,  
we don't know if that is all that is involved as it was installed by IMRIS. We can guess but not know for sure. Both Mark and Amol from IMRIS have been asked previously what are the real issues. I suggest you take the issues up with IMRIS directly.

[redacted]  
The hospital is aware of a probable voidance of the warrantee. Can you please respond in a practical sense. What issues may arise from the re- installation e.g. setting of the magnet limit switches?  
[redacted]

~~~~~

[redacted]

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**From:** [redacted]  
**Sent:** Tuesday, 24 May 2011 8:47 AM  
**To:** [redacted]  
**Subject:** FW: neuro bed base

~~~~~

[redacted]


[redacted]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Monday, 23 May 2011 9:50 AM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base

[REDACTED] presume if we undo the 4 holding bolts, terminate/cut (with end caps/joiners) the cables and hoses, we can lift the table up and drag it away, (using a modified forklift)?

Comment please

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [REDACTED]  
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 Care Excellence Collaboration Integrity

**From:** [REDACTED]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** RE: neuro bed base

Horst  
The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

~~~~~

[REDACTED]

[REDACTED]

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~~~~~

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM

To: [REDACTED]  
Subject: neuro bed base

[REDACTED]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [REDACTED]

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-----

**Baker, Jennie**

---

**From:** [Redacted]  
**Sent:** Tuesday, 31 May 2011 6:16 AM  
**To:** Robertson, Cameron; Lindley Ward  
**Subject:** FW: FedEx Shipment Notification


Hi Cameron:

There is a package coming from IMRIS to your attention. Below is the tracking number.

If you have any questions, please contact Lindley Ward.

Regards

[Redacted]

 Please consider the environment before printing this e-mail.

**From:** [TrackingUpdates@fedex.com](mailto:TrackingUpdates@fedex.com) [<mailto:TrackingUpdates@fedex.com>]  
**Sent:** May-30-11 2:35 PM  
**To:** [Redacted]  
**Subject:** FedEx Shipment Notification

---

This tracking update has been requested by:

Company Name: Imris Inc  
Name: [Redacted]  
E-mail: [Redacted]

---

[Redacted] of Imris Inc sent Attn: Cameron Robertson of Canberra Hospital ACTCAN 94 7FC7 1  
dEx International Priority package(s).

This shipment is scheduled to be sent on 05/30/2011.

Reference information includes:

Reference: [Redacted]  
Special handling/Services: Deliver Weekday  
Residential Delivery

Status: Shipment information sent to FedEx  
Tracking number: [487095734158](#)

To track the latest status of your shipment, click on the tracking number above,  
or visit us at [fedex.com](http://fedex.com).

To learn more about FedEx Express, please visit our website at [fedex.com](http://fedex.com).

This tracking update has been sent to you by FedEx on the behalf of the Requestor noted  
above. FedEx does not validate the authenticity of the requestor and does not validate,  
guarantee or warrant the authenticity of the request, the requestor's message, or the  
accuracy of this tracking update. For tracking results and [fedex.com](http://fedex.com)'s terms of use, go to  
[fedex.com](http://fedex.com).



**Baker, Jennie**

---

**From:** [REDACTED]  
**Sent:** Tuesday, 31 May 2011 6:31 AM  
**To:** Kirchner, Horst  
**Cc:** [REDACTED]  
**Subject:** IMRIS bed  
**Attachments:** Procedure for removing the IMRIS OR Table at Canberra Hospital.pdf; FW: FedEx Shipment Notification

Hi Horst:

The IMRIS bed can be lifted by the rails, however a locking device needs to be installed first to prevent damage to the hydraulic system. The lock is easy to install and consists of 3 parts. Two parts that hold the lifting pedestal in the lowest position, and the third that locks the rotation of the table. We are shipping those parts to you by courier today attention to Cameron Robertson at the hospital (see attached FedEx detail).

Attached is the procedure for removal of the OR Table.

There are calibration steps that must be followed when the table is reinstalled. This is necessary to ensure the alignment of the table with the magnet, and to ensure that all of the air is bled from the system. IMRIS will be required to return to the site at the time of reinstallation to ensure that the system meets all requirements. Please also note that the table is not designed for repeated removal and reinstallation, and if this is done more than once, it could result in problems with seizing of the fasteners, or hydraulic leaks requiring replacement of some hydraulic fittings.

On additional and VERY IMPORTANT step that must be taken if the OR Table is going to be removed. The control for the large sliding doors must be locked and the key removed and locked away somewhere safe to prevent anyone from moving the magnet into the OR. If someone was to bring the magnet into the OR with the wrong OR Table installed the OR table could be sucked into the magnet. The control panel has a key switch on it for locking the doors.

Much of our preventive maintenance routine relies on interaction between the system and the OR Table so without the table installed, we will be unable to fully complete the PM procedures.

Finally, please note that IMRIS will not assume any liability for issues related to safety or functionality in the OR as specifically related to the environment created through the removal of our OR Table.

Should you have any further questions or concerns, please feel free to contact me as per below.

Best Regards,

[REDACTED]

**From:** [REDACTED]  
**Sent:** May-29-11 10:40 PM  
**To:** [REDACTED]  
**Subject:** Fw: IMRIS bed

Hi [REDACTED]

Another query from Canberra.

Regards,


---

**From:** Kirchner, Horst [<mailto:Horst.Kirchner@act.gov.au>]  
**Sent:** Sunday, May 29, 2011 08:21 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** IMRIS bed

[REDACTED] forgot to ask,  
If we lift the bed can we lift at the table side rails, or should we try to clamp the column.  
We do want to lift the unit as one piece.  
regards

*Horst Kirchner*  
*Business & Infrastructure*  
*Strategic Support*  
*Bldg. 6, L3, TCH*  
*62050363*

*mob [REDACTED]*  
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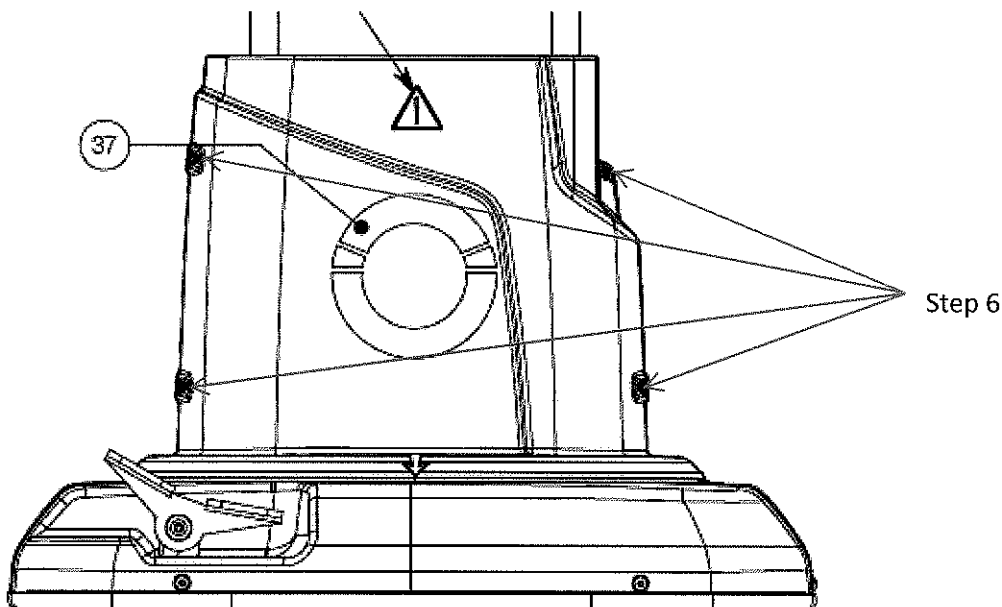
This email has been scanned by the IMRIS Email Security System.

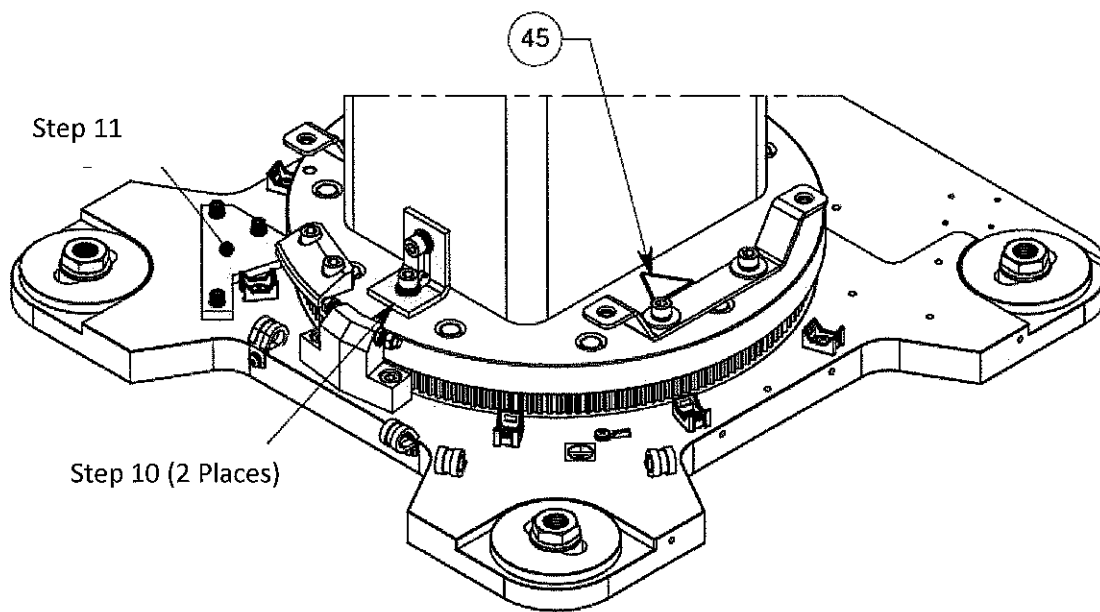
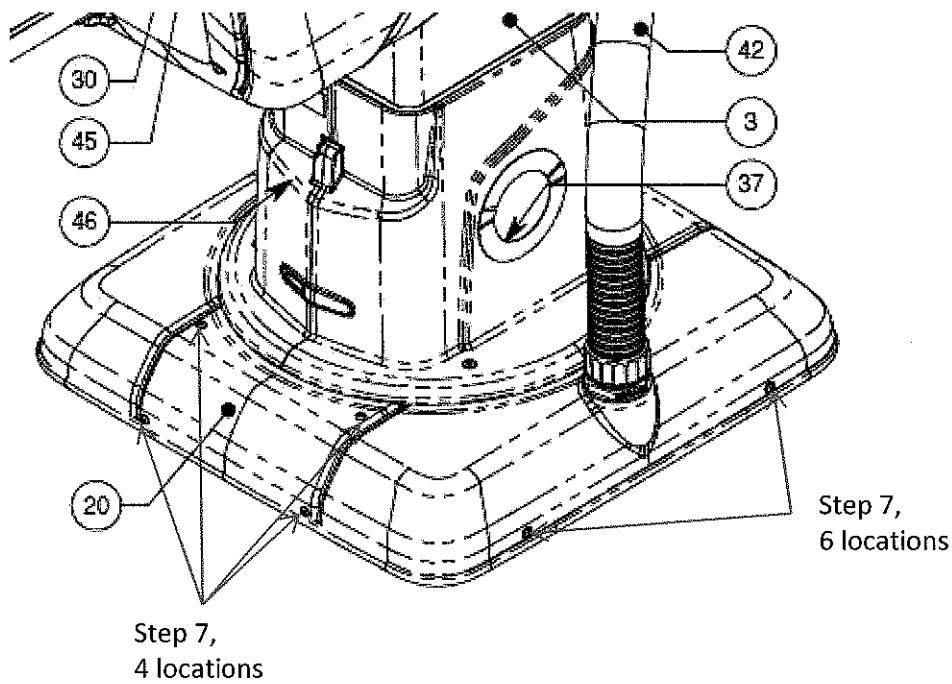
This email has been scanned by the IMRIS Email Security System

### Procedure for removing the IMRIS OR Table at Canberra Hospital.

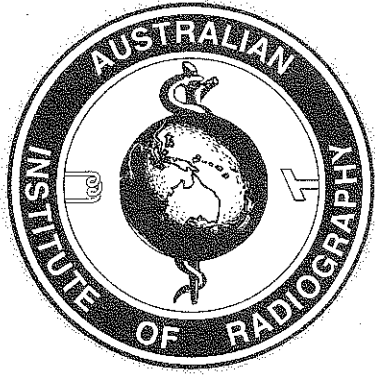
Below are the instructions for removal of the table from the floor in the Operating Room.

1. Turn on the table at the pendant and lower the table to its lowest position. Ensure that the table is level with the floor.
2. Remove the radiolucent back section from the table so that you are left with only the stainless body of the table (refer to Operator's Manual for instructions on removal of the back section).
3. Turn off power to the table at the pendant, and turn off the circuit breaker to the table control panel.
4. Release the rotary lock at the table base so that the table can rotate freely.
5. Remove the rotary lock pedal (1 x socket head cap screw).
6. Remove the 4 screws securing the upper pedestal cover.
7. Remove the screws from the lower pedestal cover
8. Disconnect the control cable (grey), and ground cable (green) at the base of the table.
9. Disconnect the hydraulic lines at the base of the table and install the caps provided to prevent fluid loss and ingress of dust or dirt.
10. Install the right angle shipping brackets on two sides of the pedestal
11. Align the table with the base plate and then install the rotary lock.
12. The 4 nuts securing the table to the floor may now be released and the table lifted from the floor. The table may be lifted by the side rails.
13. Lock the magnet door controller and remove the key to prevent someone from accidentally bringing the magnet into the room with the wrong OR table installed.





REFERENCE VIEW  
SHIPPING STAGE



Australian  
Institute of  
Radiography

# Certificate of Accreditation in Magnetic Resonance Imaging Level 1

This to certify that

## STEPHEN ROSS HAMILTON

having satisfied the Board that the theoretical and clinical requirements  
in MRI Level 1 have been met is hereby granted this  
Certificate of Accreditation in Magnetic Resonance Imaging Level 1

Issued by the authority of the Institute this

2nd day of June, 2011

President

Chairperson, Medical Imaging Advisory Panel 1

Executive Officer

Registration number 2007MR745

This certificate is valid for 3 years from the date of issue

**Baker, Jennie**

---

**From:** Reid, Barbara  
**Sent:** Thursday, 2 June 2011 2:19 PM  
**To:** Kirchner, Horst  
**Subject:** RE: Neuro bed

Thanks Horst.

Barb

**Barbara Reid**  
 Executive Director  
 Division of Surgery & Oral Health

*care · excellence · collaboration · integrity*




---

**From:** Kirchner, Horst  
**Sent:** Thursday, 26 May 2011 4:11 PM  
**To:** Reid, Barbara; Scott, Adrian  
**Cc:** JasonSmith, Rhona; Silec, Mario (Supply)  
**Subject:** Neuro bed

Barb,  
 Following on to conversation earlier,  
 I have just spoken to [REDACTED] (IMRIS tech,) he is confident that my suggestion will work, the main concern he has that we relocate exactly in the same position, as the table is centered for the MRI.  
 I advise that by marking the locating studs and offset washers, we should be able to have the table in the same position.  
 He advise that the hose and cables could be terminate at the base and be refitted with cable/hose connectors when refitting.  
 I will now proceed with lifting frame & trolley design, and then try to lock in an appropriate time for the removal.  
 (will also have the contractor confirm the cost.)

cheers

*Horst Kirchner*  
 Business & Infrastructure  
 Strategic Support  
 Bldg. 6, L3, TCH  
 62050363  
 mob. [REDACTED]

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**From:** Burns, Cathy  
**Sent:** Thursday, 2 June 2011 2:22 PM  
**To:** Reid, Barbara  
**Subject:** RE: OR14 Neuro Suite for works

*Cathy Burns*

Ag ADON Surgical Bookings/PAC  
Canberra Hospital

M: [REDACTED]  
Ph: (02) 62442601

---

**From:** JasonSmith, Rhona  
**Sent:** Friday, 27 May 2011 9:28 AM  
**To:** Burns, Cathy  
**Cc:** [REDACTED] Kirchner, Horst  
**Subject:** OR14 Neuro Suite for works

Hi Kathy

We would like to quarantine OR14 for works for the dates 17<sup>th</sup> – 27 June. Can you please notify your booking clerks not to schedule surgery for in that unit over that period

Thank you

Rhona

Rhona JasonSmith  
Assistant Director of Nursing Perioperative Services  
The Canberra Hospital  
ph (02) 62443051  
fx (020) 6244 3348

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**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Friday, 10 June 2011 2:44 PM  
**To:** JasonSmith, Rhona; Reid, Barbara; Robertson, Cameron; [REDACTED] Burns, Cathy  
**Cc:** [REDACTED] Williams, Horace; Wall, Bernie; Scott, Adrian  
**Subject:** neuro

Rhona,  
Can you confirm that the Neuro suite will be available for the works to the suite by [REDACTED] and the Imris bed removal, on the dates that you mentioned in your email to Kathy Burns 27<sup>th</sup> may.

"We would like to quarantine OR14 for works for the dates 17<sup>th</sup> – 27 June. Can you please notify your booking clerks not to schedule surgery for in that unit over that period"

regards

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob [REDACTED]

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**McClymont, Geoff**

---

**From:** Kirchner, Horst  
**Sent:** Tuesday, 14 June 2011 10:39 AM  
**To:** Reid, Barbara; JasonSmith, Rhona  
**Cc:** Robertson, Cameron; Belle, Kyril; Silec, Mario (Supply)  
**Subject:** Neuro bed

Barbara,  
I have had a chat to Kyril from Bio med, she has some concerns about the bed removal we have planned.  
Could you give her a call please.

regards

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*32050363*

*mob.* [REDACTED]

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**Kirchner, Horst**

**From:** Kirchner, Horst  
**Sent:** Friday, 17 June 2011 10:24 AM  
**To:** 'Lindley Ward'  
**Subject:** RE: neuro bed base

Cheers.

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [REDACTED]

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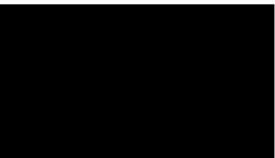


---

**From:** [REDACTED]  
**Sent:** Friday, 17 June 2011 9:39 AM  
**To:** Kirchner, Horst; [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

Horst. There is a quick connection already on the power/control cable. The only one without a quick connect is the ground cable.

Best Regards,



---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** June-16-11 6:38 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

[REDACTED] Thank you for that, we should be able to fit quick connections to the cables then.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [REDACTED]

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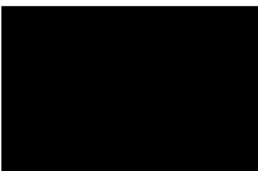
---

**From:** [REDACTED]  
**Sent:** Friday, 17 June 2011 9:27 AM  
**To:** Kirchner, Horst; [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

Horst:

The 240 volt power does not go to the table at all. It terminates in the controller on the wall. From the controller, the only power that goes to the table is 24VDC and 5VDC in a single grey cable along with the control lines. The 240 volts to the controller should be turned off at the circuit breaker in the panel however so as not to risk blowing the 5 or 24 volt fuses should there be moisture ingress or accidental damage to the cable. There should be a dedicated breaker for the OR Table Control Panel.

Best Regards,



---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** June-16-11 5:30 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara; [REDACTED]  
**Subject:** RE: neuro bed base

Ron,  
Where does the 240v cable connect, if we isolate this cable, does this impact on any other power functions?  
I presume the remote is no problem.

Kevin, have you got an access date & time for your works.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob [REDACTED]  
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---

**From:** [REDACTED]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob [redacted]

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**From:** [redacted]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst  
**Cc:** [redacted]  
**Subject:** RE: neuro bed base

Horst  
The cables below the table are :

- 1. Hydraulic lines
- 2. Power cables.
- 3. Remote control cables.

Let me know if you need further info. Also, is there a problem with the table?

Regards,

[redacted signature block]

[redacted block]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Tuesday, 17 May 2011 2:31 PM  
**To:** [redacted]  
**Subject:** neuro bed base

[redacted]

Can you please advise what is under the base of the neuro bed, there are the 4 studs, and I presume the braided hose is for the internal pump/reservoir, that would leave the 240 power and the earth lead?

cheers

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*62050363*

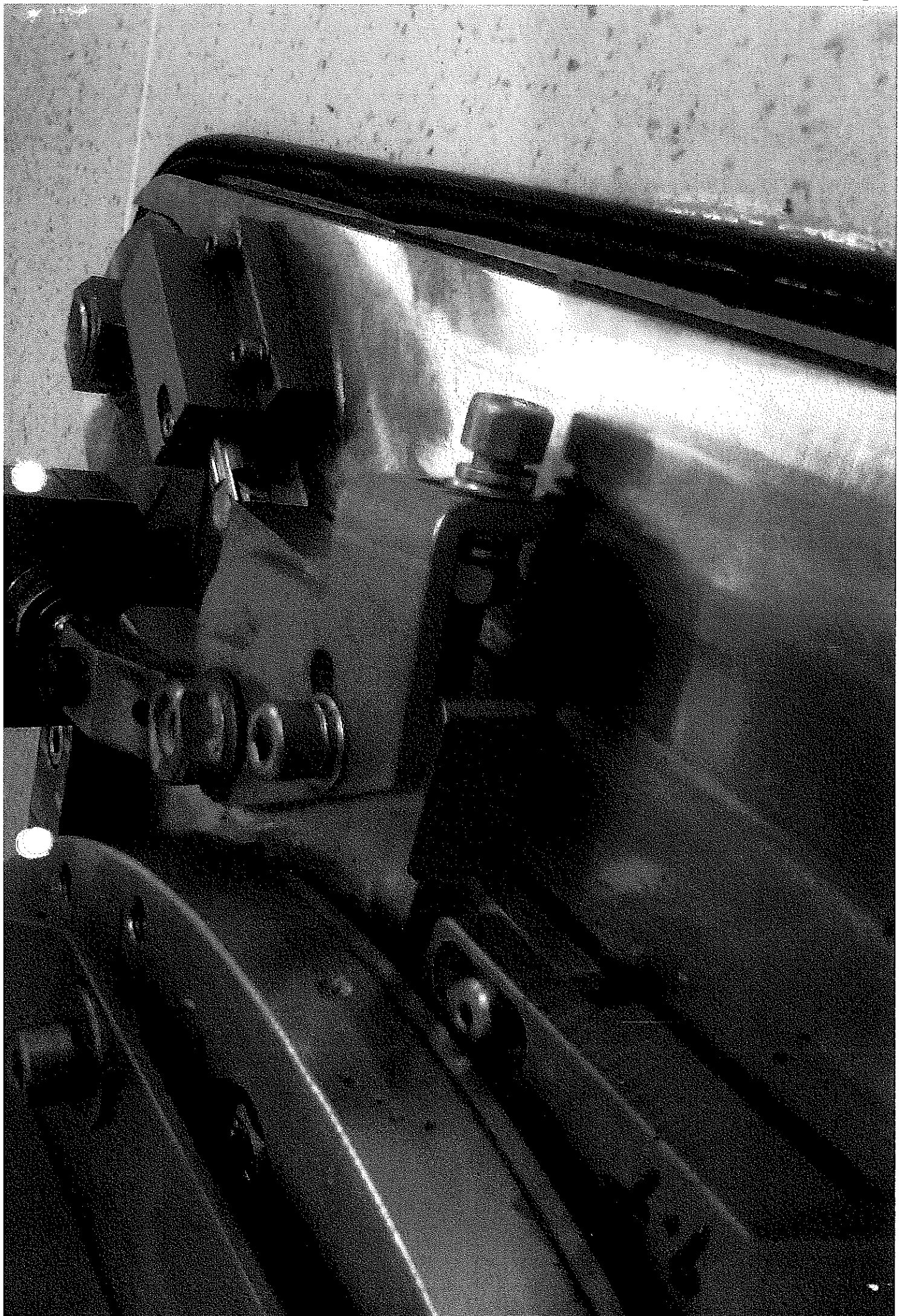
*mob* [REDACTED]

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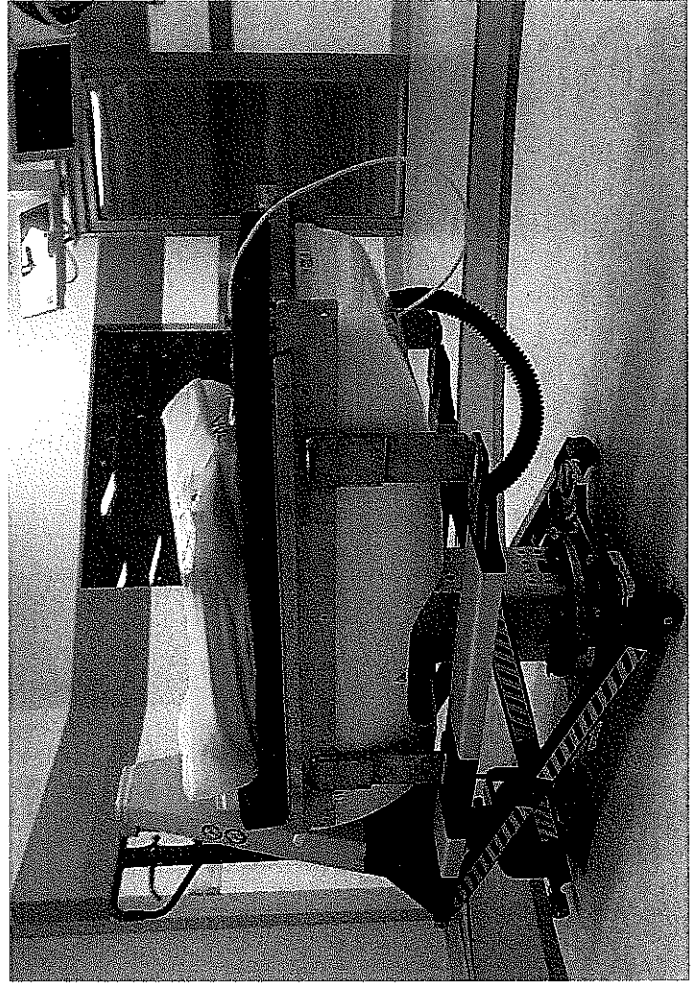
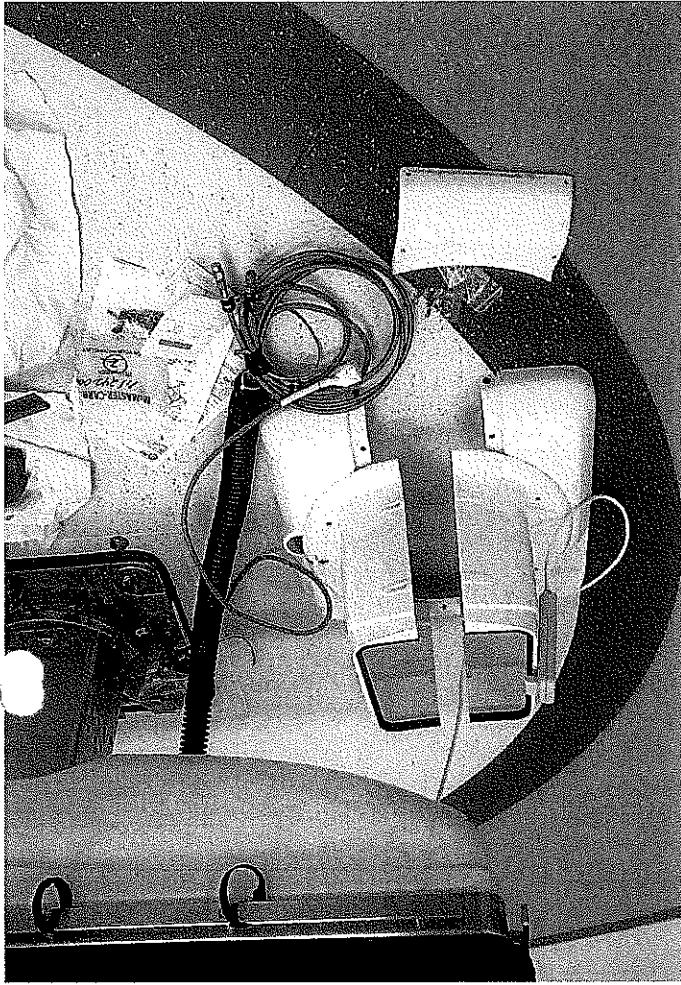
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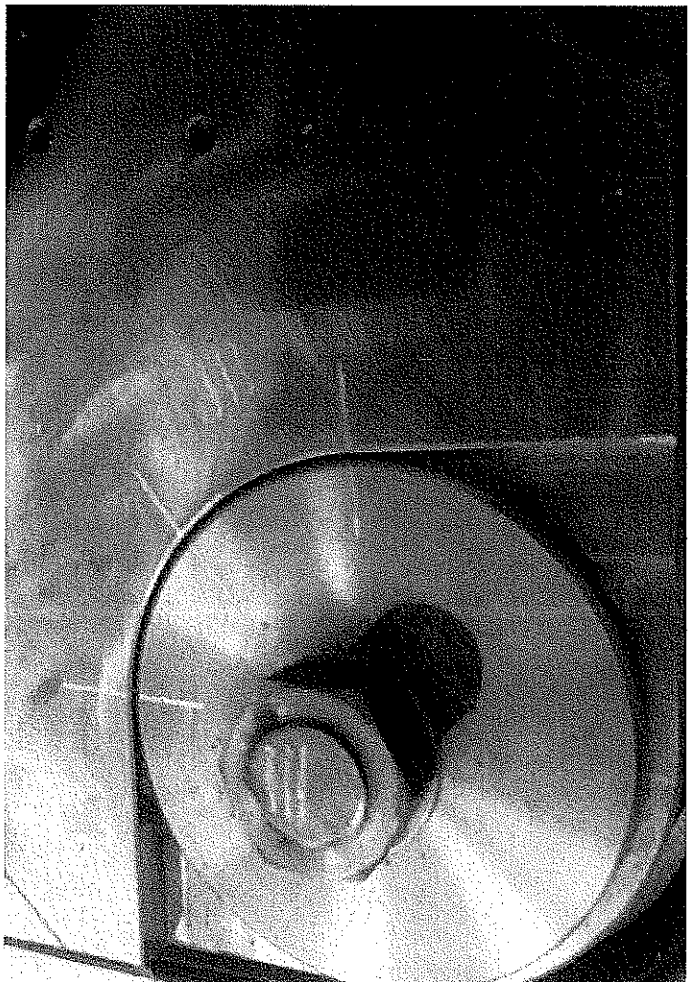
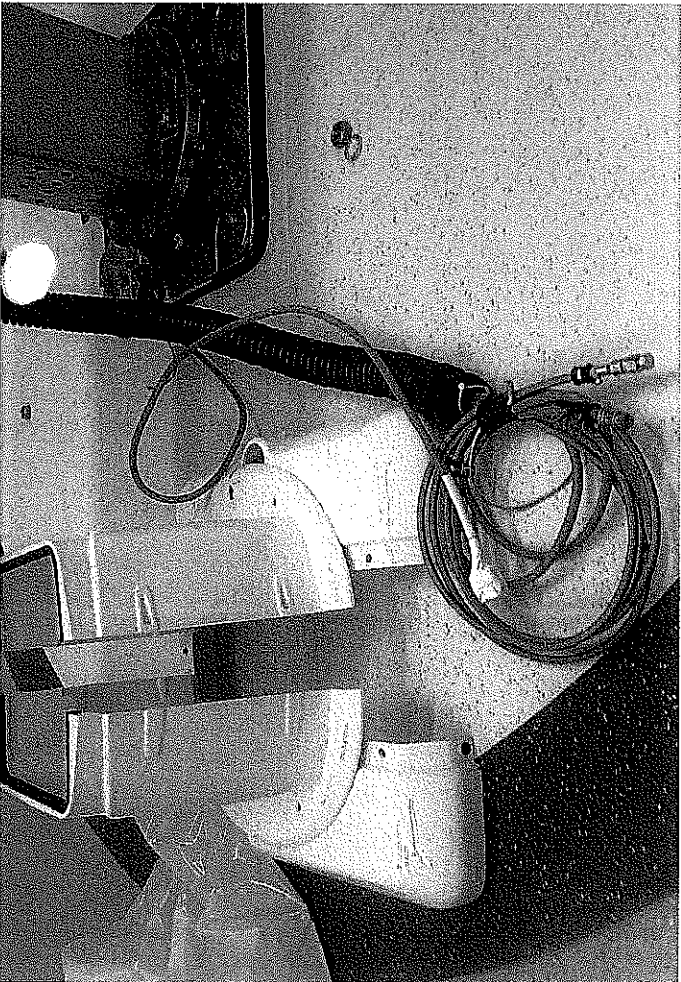
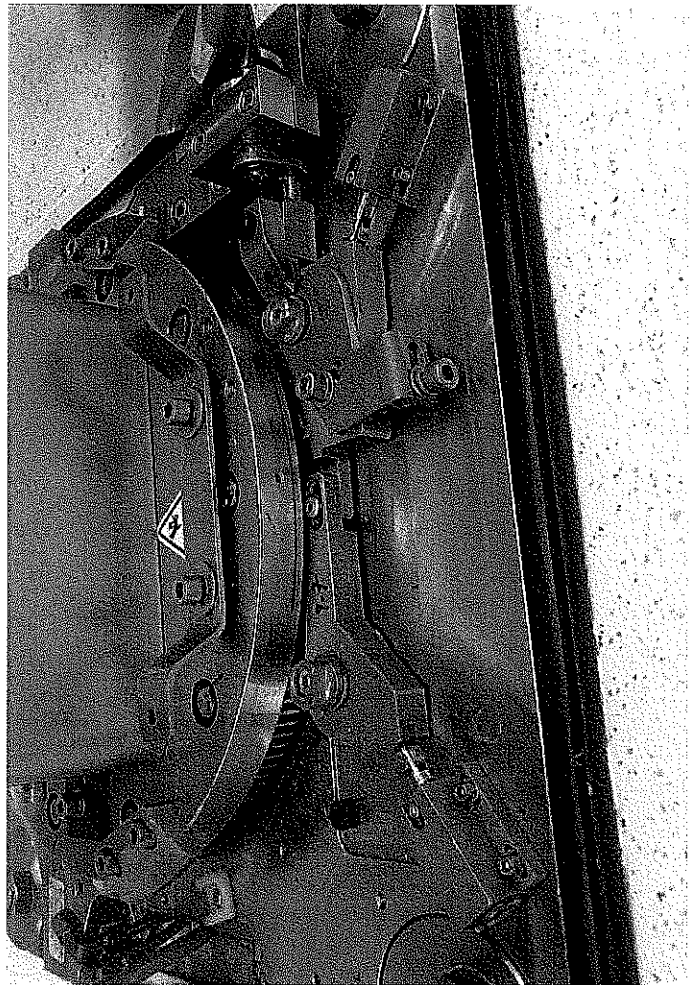


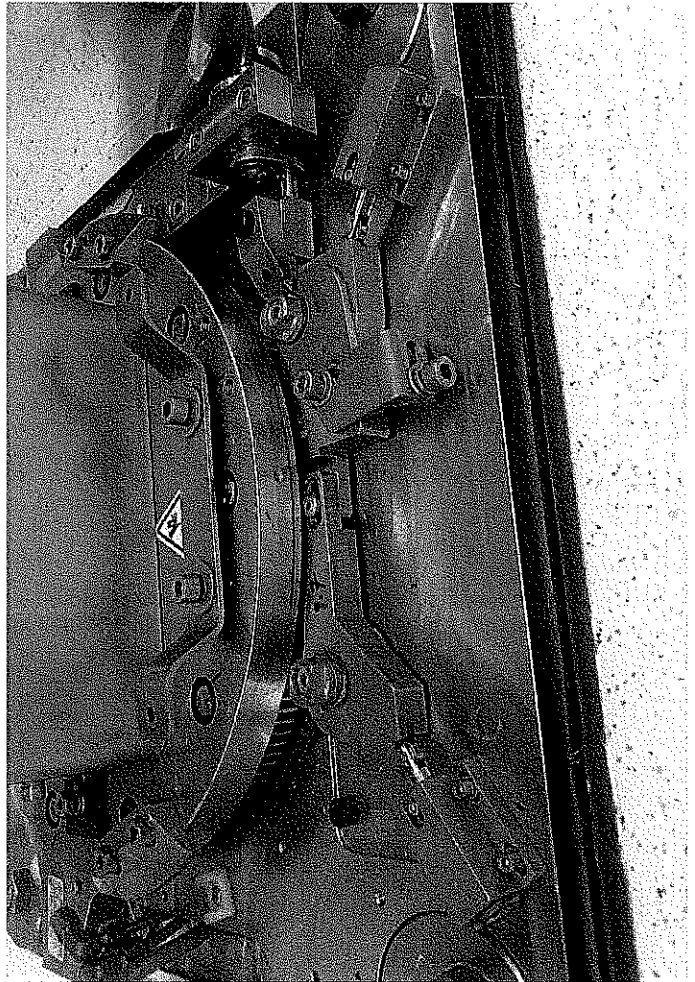
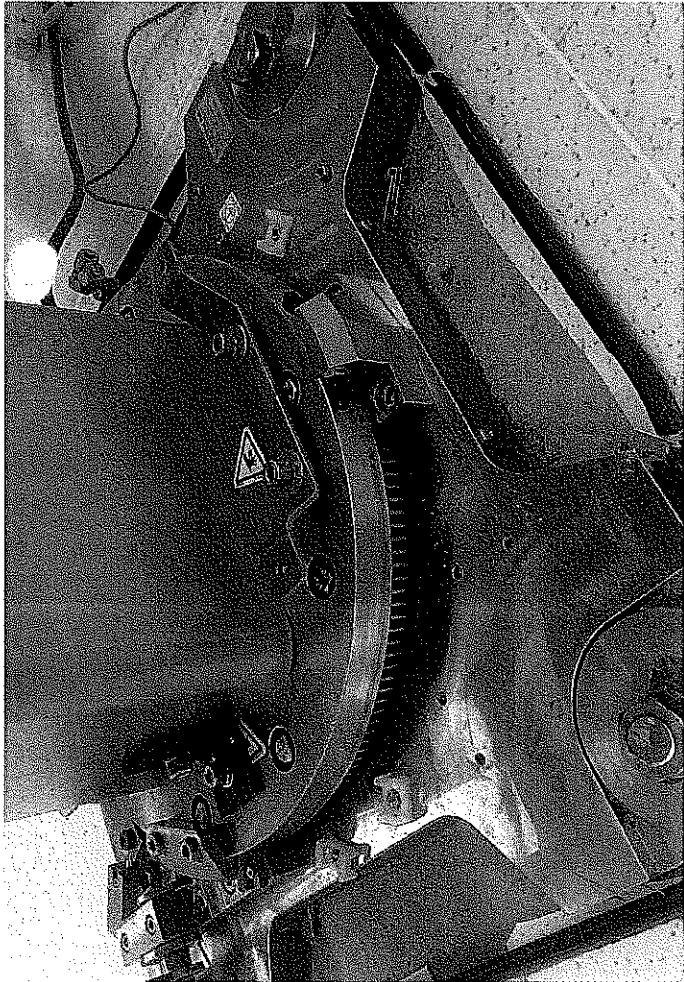
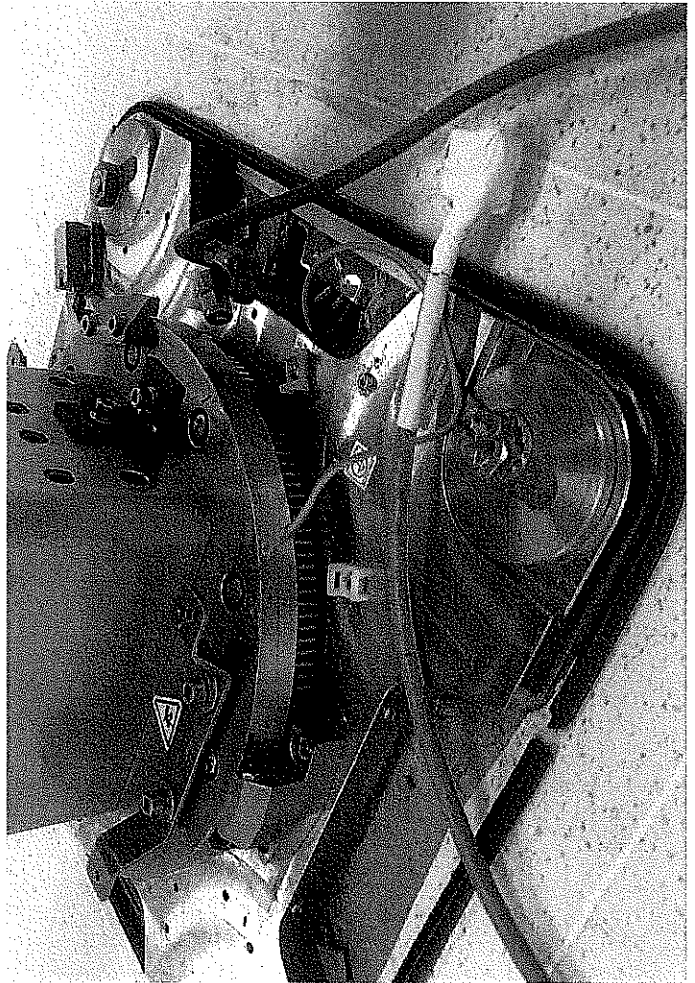
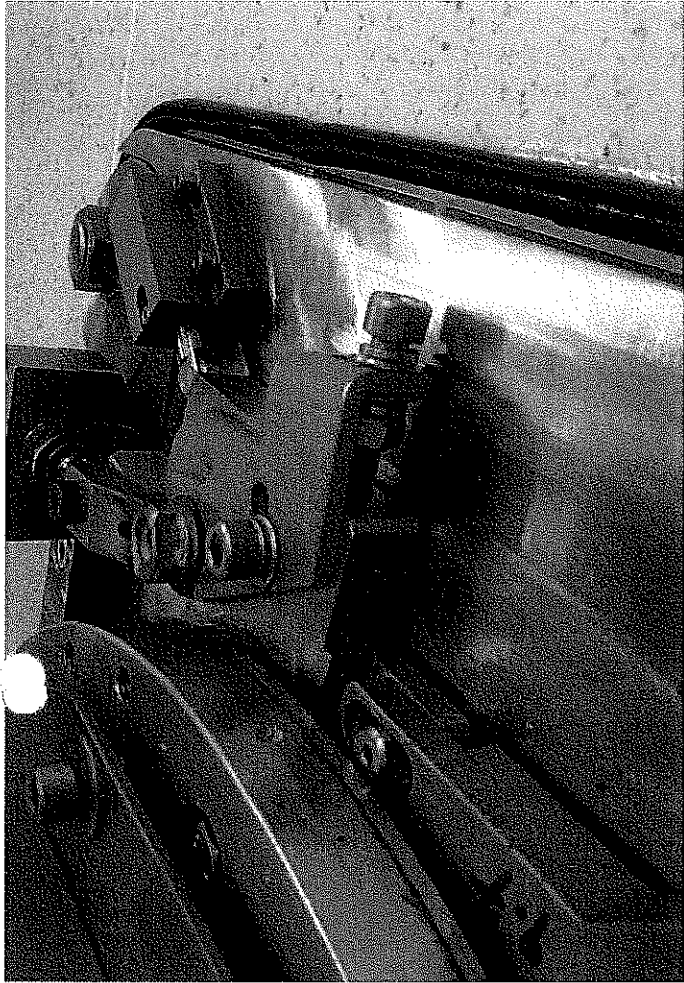
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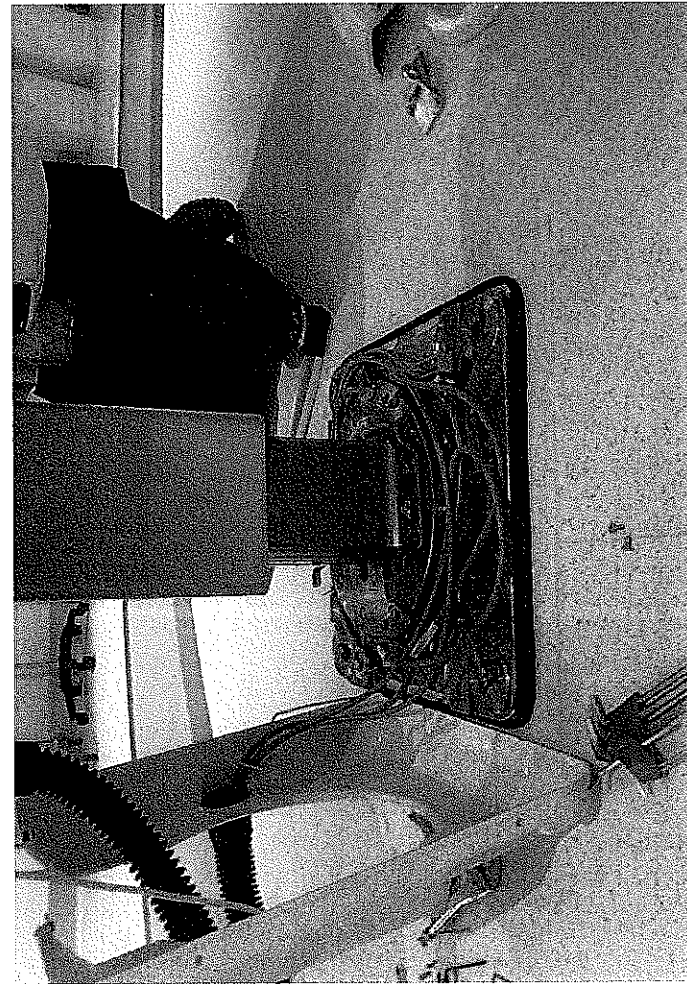
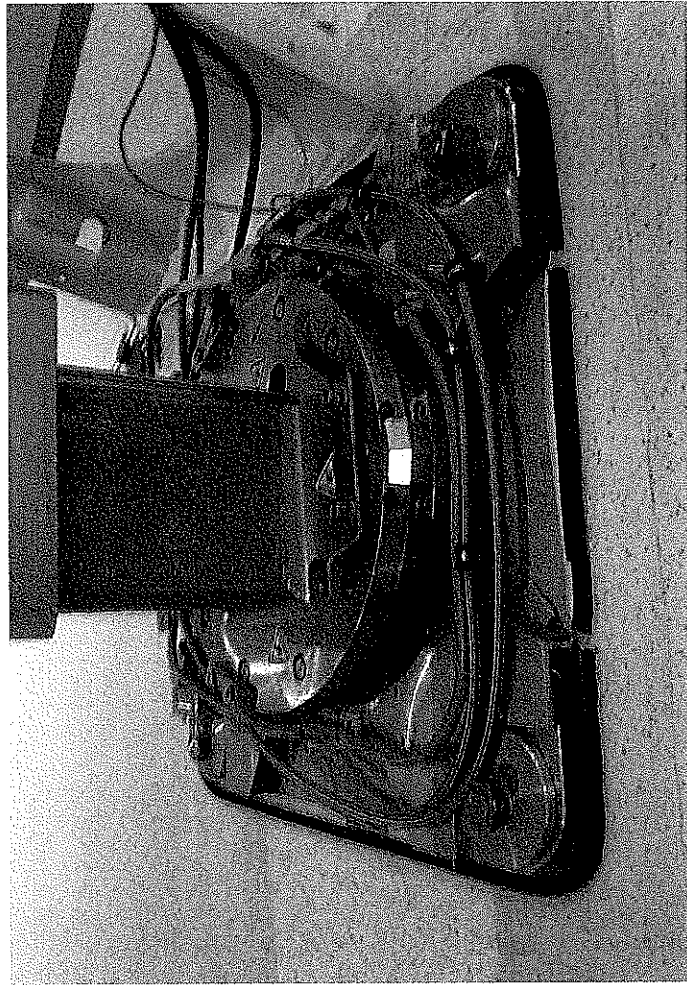
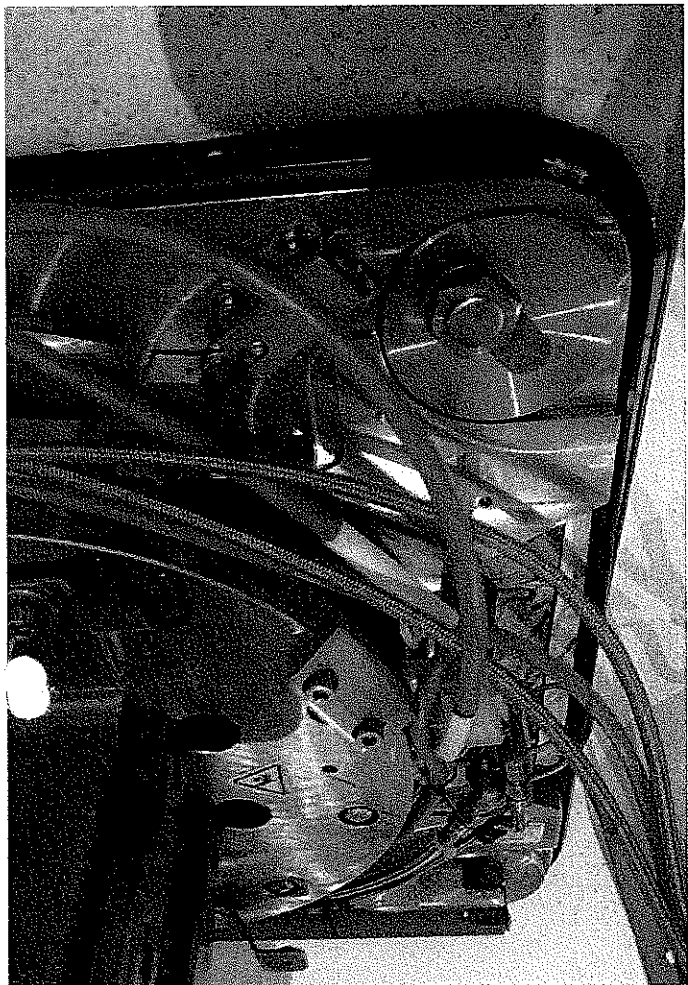
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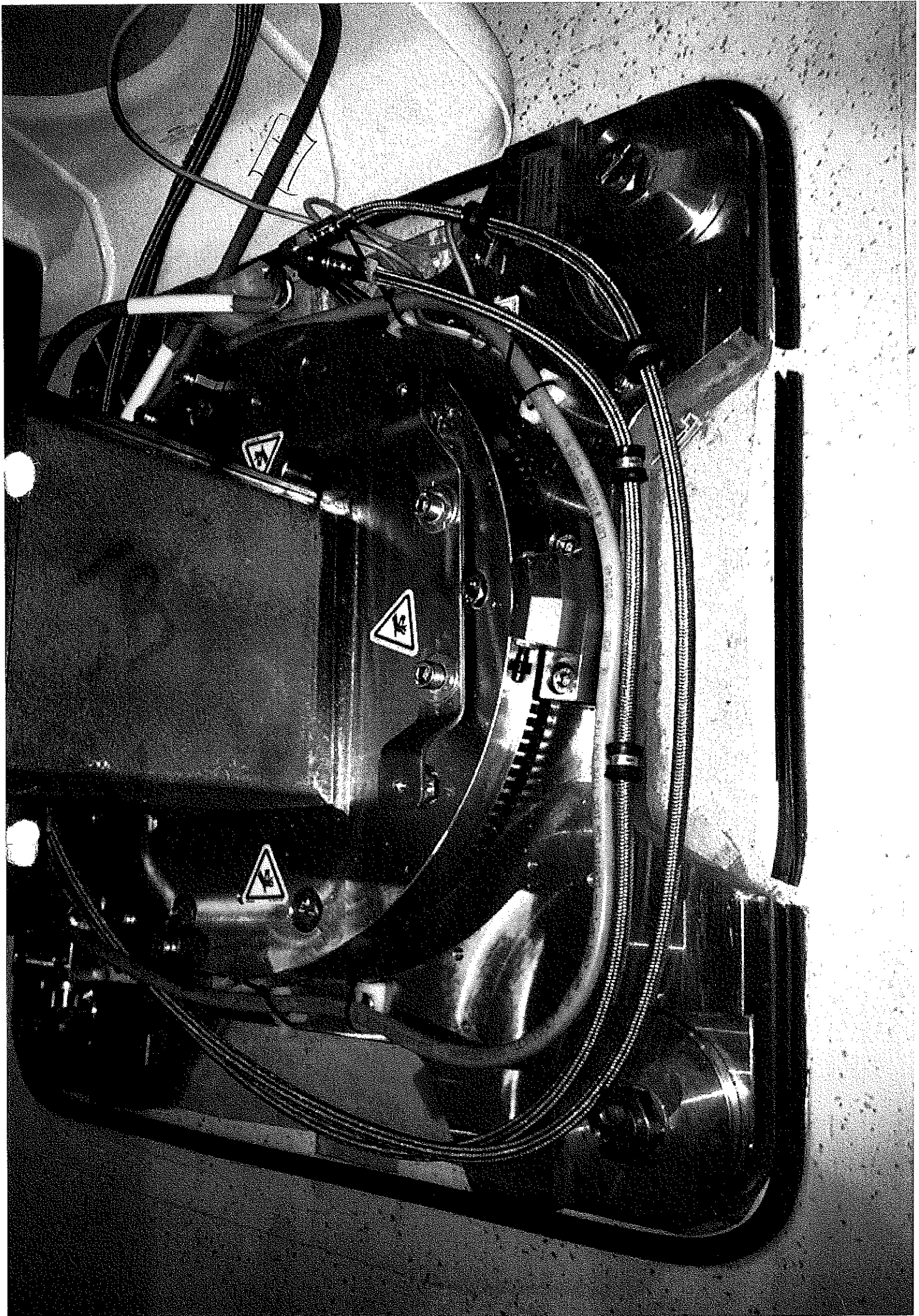


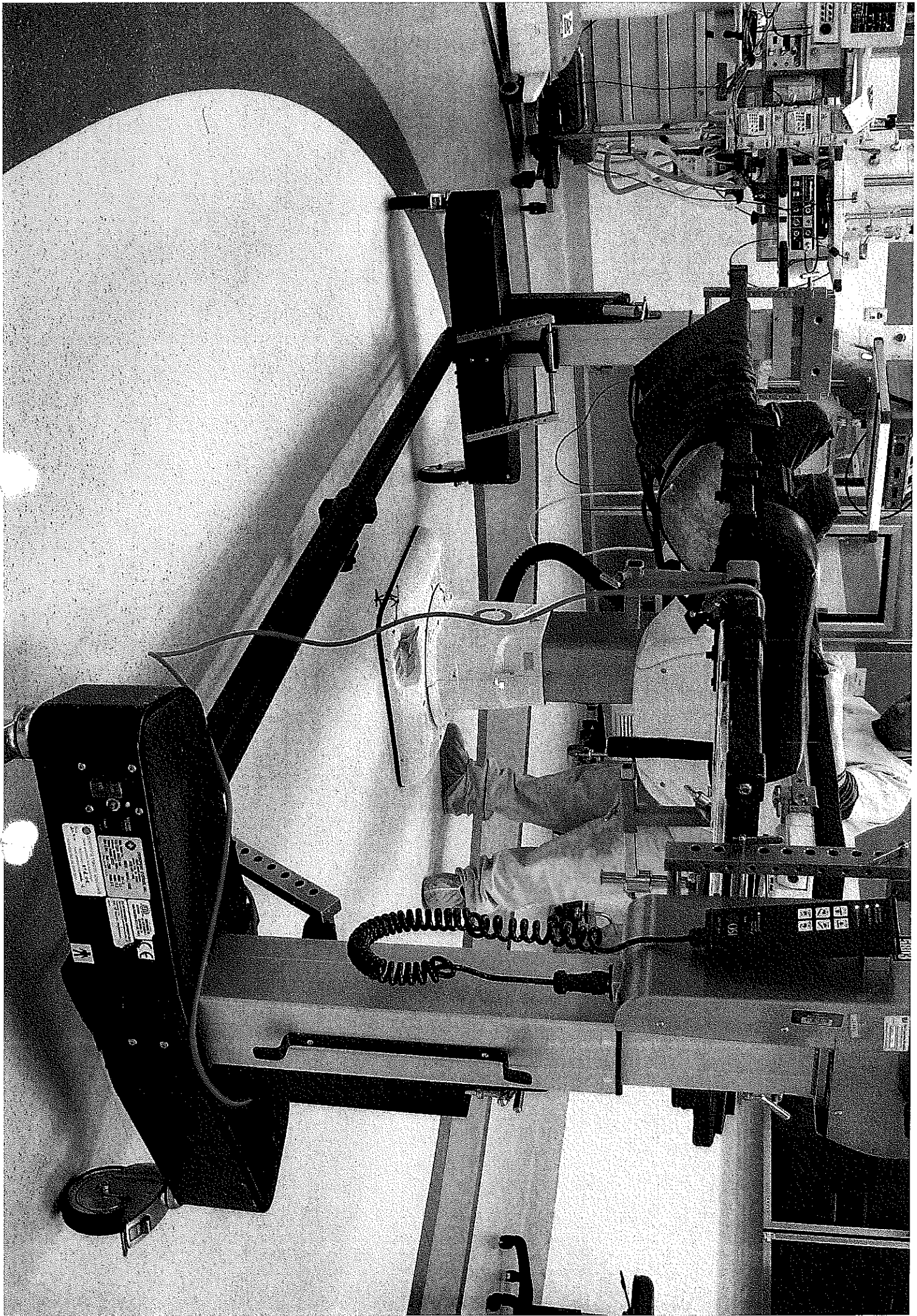












**Kirchner, Horst**

**From:** Kirchner, Horst  
**Sent:** Friday, 17 June 2011 10:24 AM  
**To:** [REDACTED]  
**Subject:** RE: neuro bed base

Cheers.

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*62050363*

*mob. [REDACTED]*

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*Care Excellence Collaboration Integrity*



---

**From:** [REDACTED]  
**Sent:** Friday, 17 June 2011 9:39 AM  
**To:** Kirchner, Horst; [REDACTED]  
**Cc:** [REDACTED], Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

Horst. There is a quick connection already on the power/control cable. The only one without a quick connect is the ground cable.

Best Regards,



---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** June-16-11 6:38 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED], Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

[REDACTED] Thank you for that, we should be able to fit quick connections to the cables then.

cheers

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*62050363*

*mob. [REDACTED]*

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---

**From:** [REDACTED]  
**Sent:** Friday, 17 June 2011 9:27 AM  
**To:** Kirchner, Horst; [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara  
**Subject:** RE: neuro bed base

Horst:

The 240 volt power does not go to the table at all. It terminates in the controller on the wall. From the controller, the only power that goes to the table is 24VDC and 5VDC in a single grey cable along with the control lines. The 240 volts to the controller should be turned off at the circuit breaker in the panel however so as not to risk blowing the 5 or 24 volt fuses should there be moisture ingress or accidental damage to the cable. There should be a dedicated breaker for the OR Table Control Panel.

Best Regards,

Lindley Ward  
Director, Customer Support  
IMRIS Inc.

P 204-480-7088  
F 204-480-7071

---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** June-16-11 5:30 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara; Lindley Ward  
**Subject:** RE: neuro bed base

[REDACTED]  
Where does the 240v cable connect, if we isolate this cable, does this impact on any other power functions?  
I presume the remote is no problem.

[REDACTED] have you got an access date & time for your works.

cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363  
mob. [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Tuesday, 17 May 2011 4:26 PM  
**To:** Kirchner, Horst

**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Friday, 17 June 2011 10:26 AM  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: neuro bed base

*Wednesday*

[Redacted] we will check with your team, on site when we need access.

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob [Redacted]  
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---

**From:** [Redacted]  
**Sent:** Friday, 17 June 2011 9:52 AM  
**To:** Kirchner, Horst  
**Subject:** RE: neuro bed base

We won't stop you, but you are not on my rissc form.  
We will be doing vinyl work around the entry but you can get in via the exit door in the sterile setup. It would also be better to get the bed out that way if that is what you are doing.

[Redacted]

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---

**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Friday, 17 June 2011 9:40 AM  
**To:** [Redacted]  
**Subject:** RE: neuro bed base

[Redacted] thanks, so we can come in while you are on site, I guess.



cheers

*Horst Kirchner*  
Business & Infrastructure  
Strategic Support  
Bldg. 6, L3, TCH  
62050363

mob. [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Friday, 17 June 2011 9:36 AM  
**To:** Kirchner, Horst; [REDACTED]  
**Cc:** Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara; [REDACTED]  
**Subject:** RE: neuro bed base

Horst. We start tonight at 5.00 and hand back at 6.00am 27<sup>th</sup>.  
I don't know specifically what 240 v cable you are referring to but most of the cabling within the shielded area comes from the switch board within the OR on the east wall.  
[REDACTED] is away till Wed next week visiting the old country. He will be in Canberra on Tues but in the wrong time zone and probably not very with it.

[REDACTED]

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**From:** Kirchner, Horst [mailto:Horst.Kirchner@act.gov.au]  
**Sent:** Friday, 17 June 2011 8:30 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED] Silec, Mario (Supply); Grovenor, Priya; JasonSmith, Rhona; Reid, Barbara; [REDACTED]  
**Subject:** RE: neuro bed base

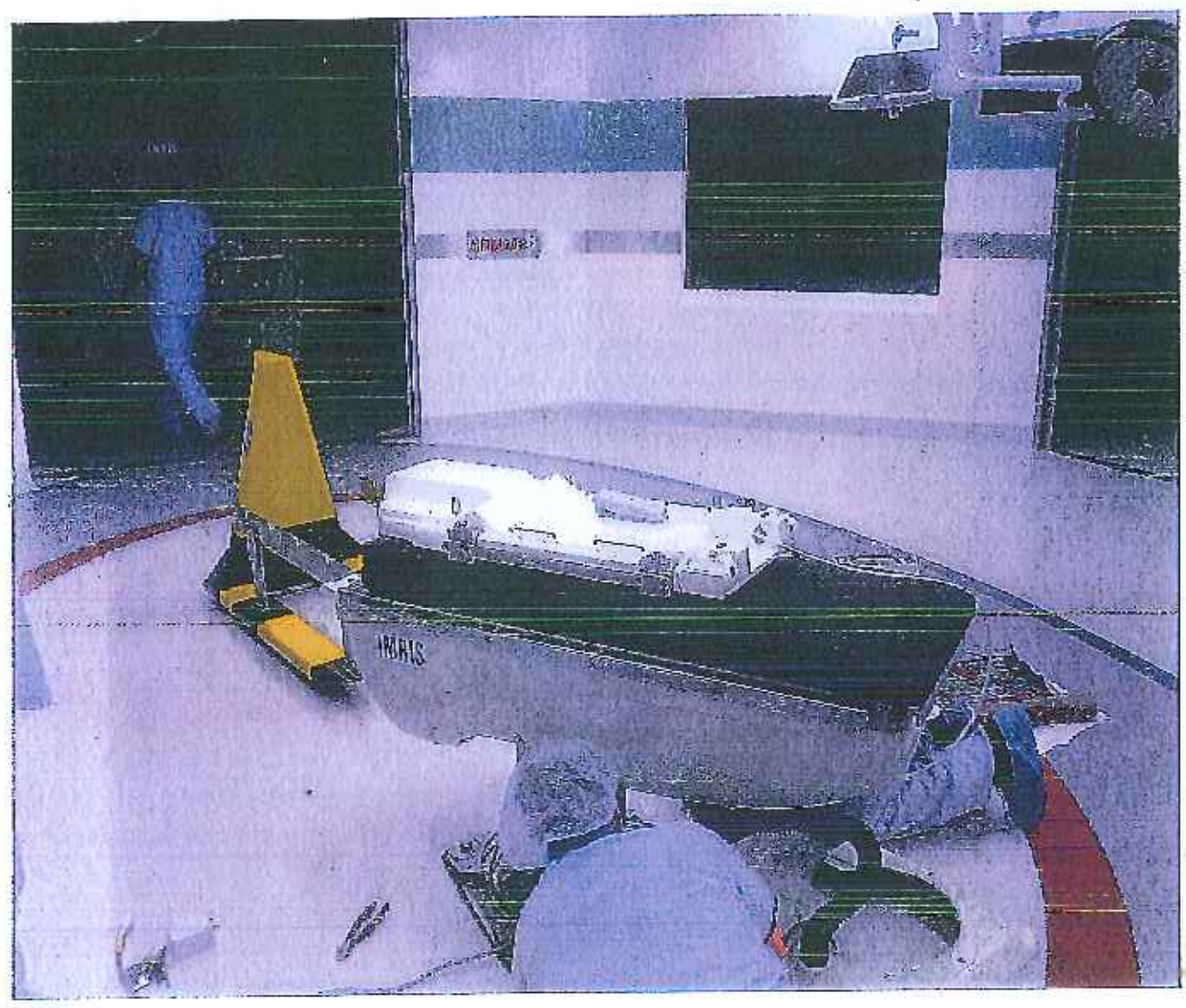
[REDACTED]

Where does the 240v cable connect, if we isolate this cable, does this impact on any other power functions?  
I presume the remote is no problem.

[REDACTED] have you got an access date & time for your works.

cheers

## Refitting Imris Operating Table.



**A guide to installing the IMRIS ORT 100;  
Personal must be trained for this operation.**

- Allow 30 minutes to remove the table.
- Allow 1 hour for the re-fitting.
- Follow the instructions, and use care when lowering the table, there are plastic tubes in the tool kit, to cover the floor mounting studs.
- Clean up after the installation.
- Check that all tools and fittings (bolts, screws, nuts, washers, grommets etc.) are bagged and placed in the tool bag.

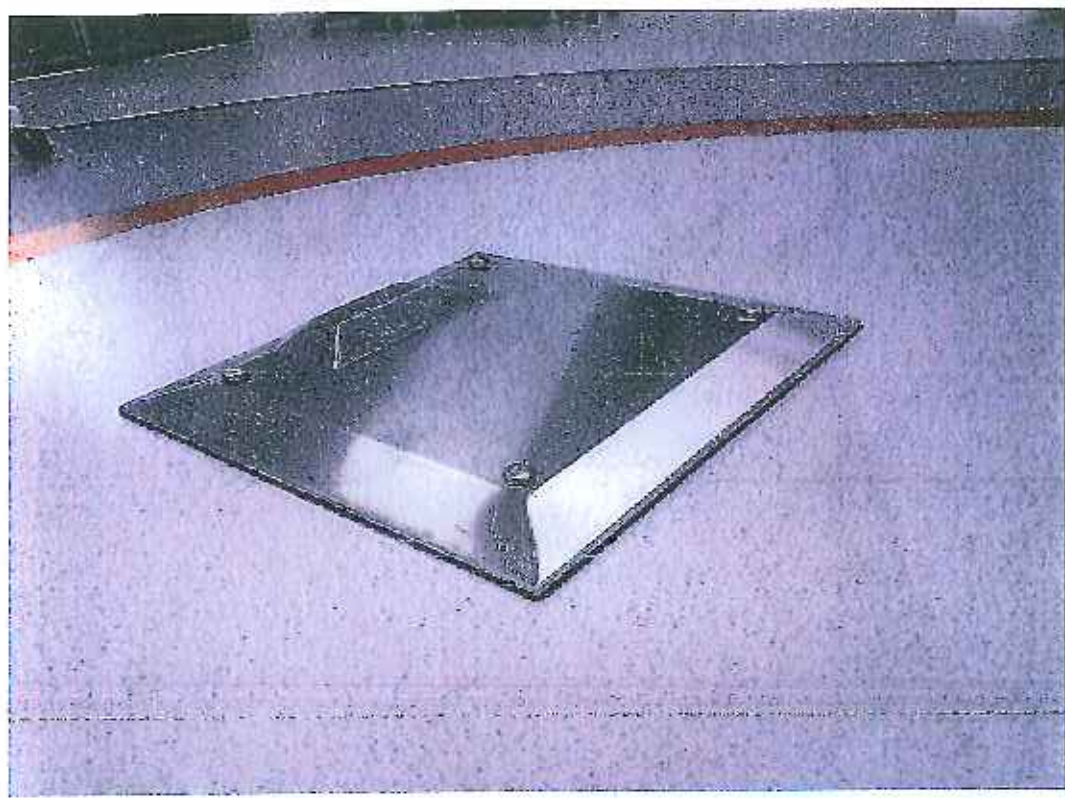
1; Check with Clinical staff, that theatre is ready for installation.



2; Wheel the table & trolley into MRI theatre 14, **Check that power to table is isolated.**

**The key for the Distribution Board is in control room Key Cabinet**

3; Remove stainless steel cover on floor; do not disturb the packing strips or packing filler.



Note, Use the cover as a tray to hold all the nuts, screws and tools



4; Position the bed base over the 4 studs, the studs are numbered as are the holes, the bed has a folding, head attachment, and this must face the Magnet room.

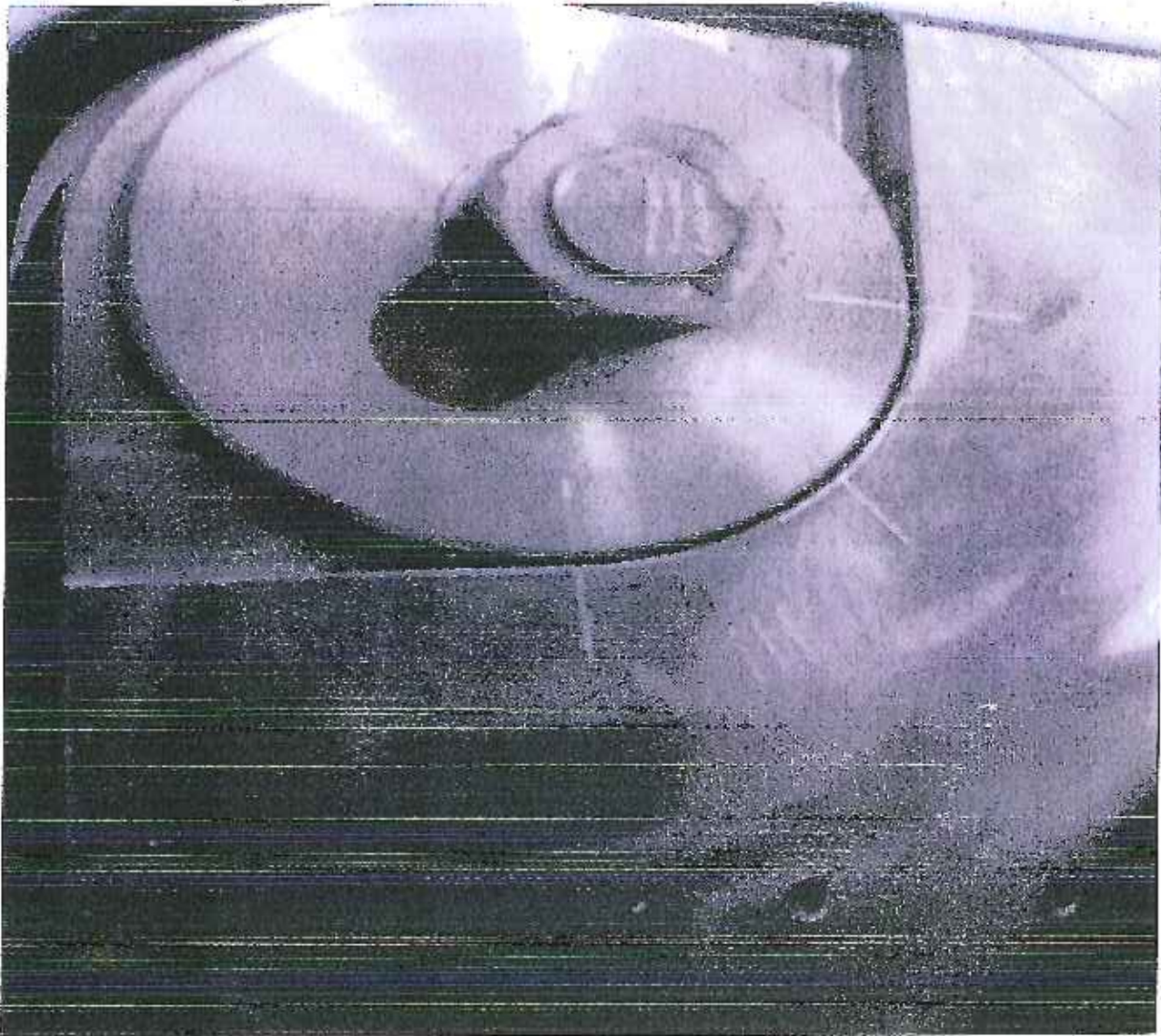


**Do not move the packing strips, fit plastic tubes over studs to reduce chance of damage by bed base.**

5; Position the trolley with table over the base area. This will require a spotter & driver, align the bed base with the edges of packing. Lower the bed onto the floor, do not remove the frame until the bed is sitting flat. **!!!!. Caution keep hands clear when lowering table**

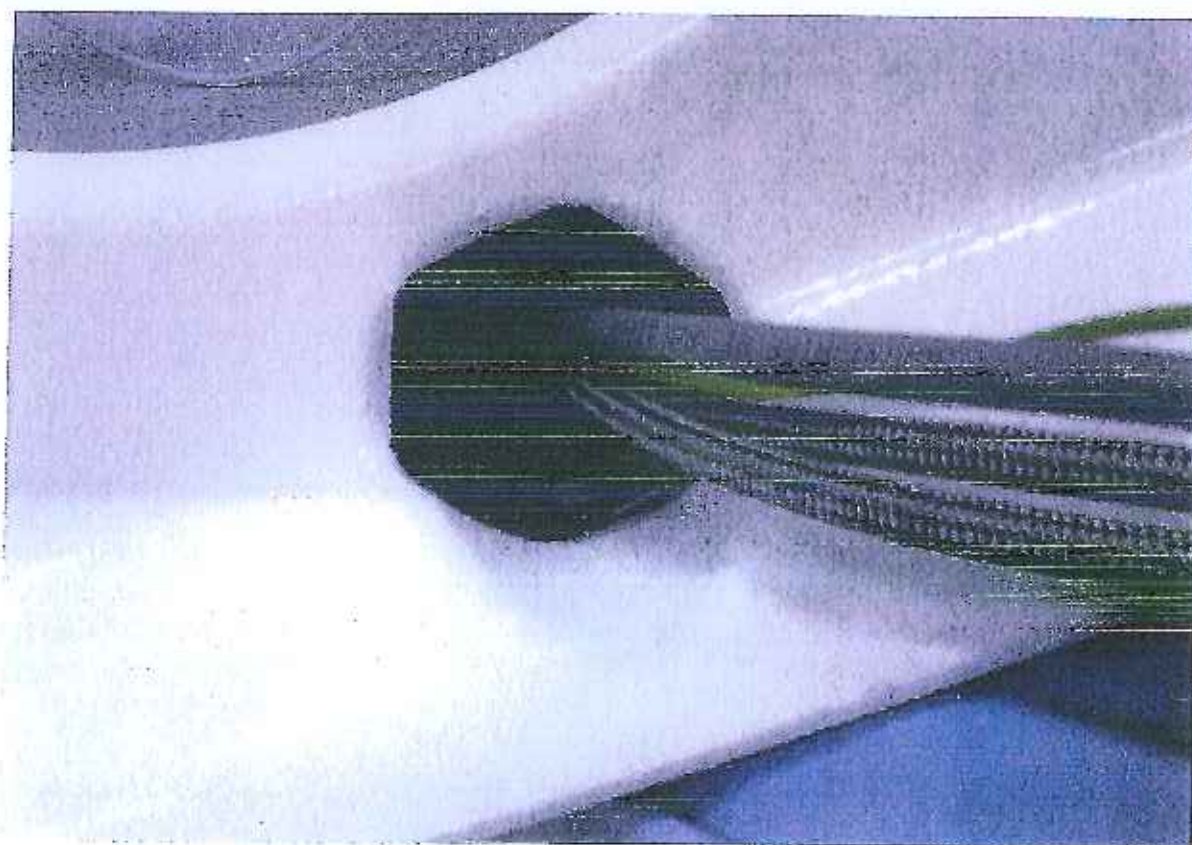


6; Select the correct washer for each of the four studs; align the washers with the etched markings on the bed base, to align the washer to the markings, you will need to move the bed around. Fit anti vibration washer and hand tighten nuts, then tighten nuts diagonally, applying pressure evenly, do not tighten one all the way.



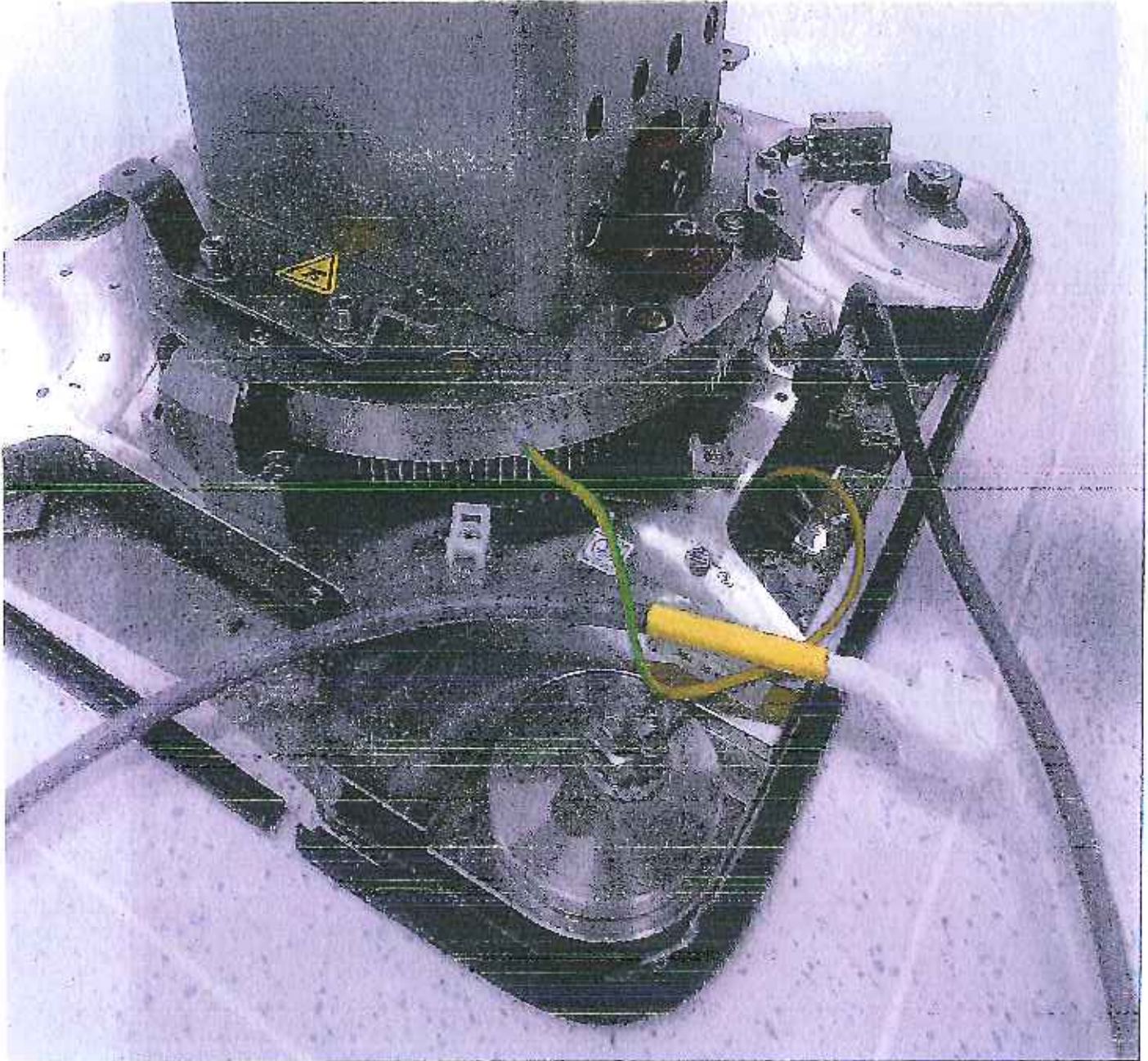
**Note, if the nuts are difficult to screw on, stop and check the threads, there may be a bur to remove with the file, do not force the nut on the stud. All metal burs/fillings must be removed using a vacuum cleaner or magnet.**

7; Run the black control cables & hose through the base cover hole, use the plastic nut to lock the hose in place.

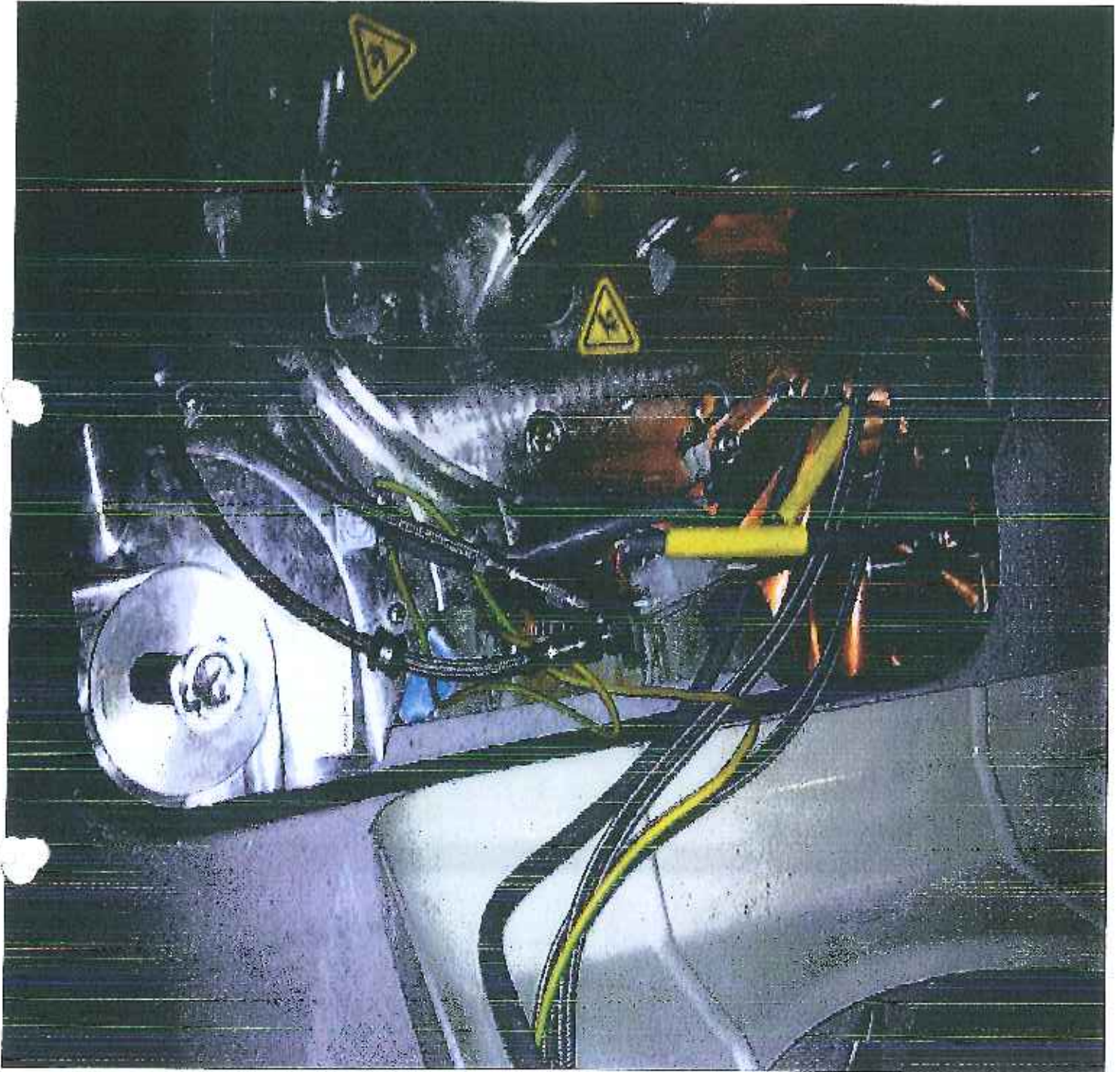




8; Remove the two **red** locking brackets; keep the brackets, Allan bolts & washers in a bag. **Temporarily attach locking pedal make sure base is in Locked position**



9; Connect the control wire, quick coupler, connect the earth wire to the base of the bed.



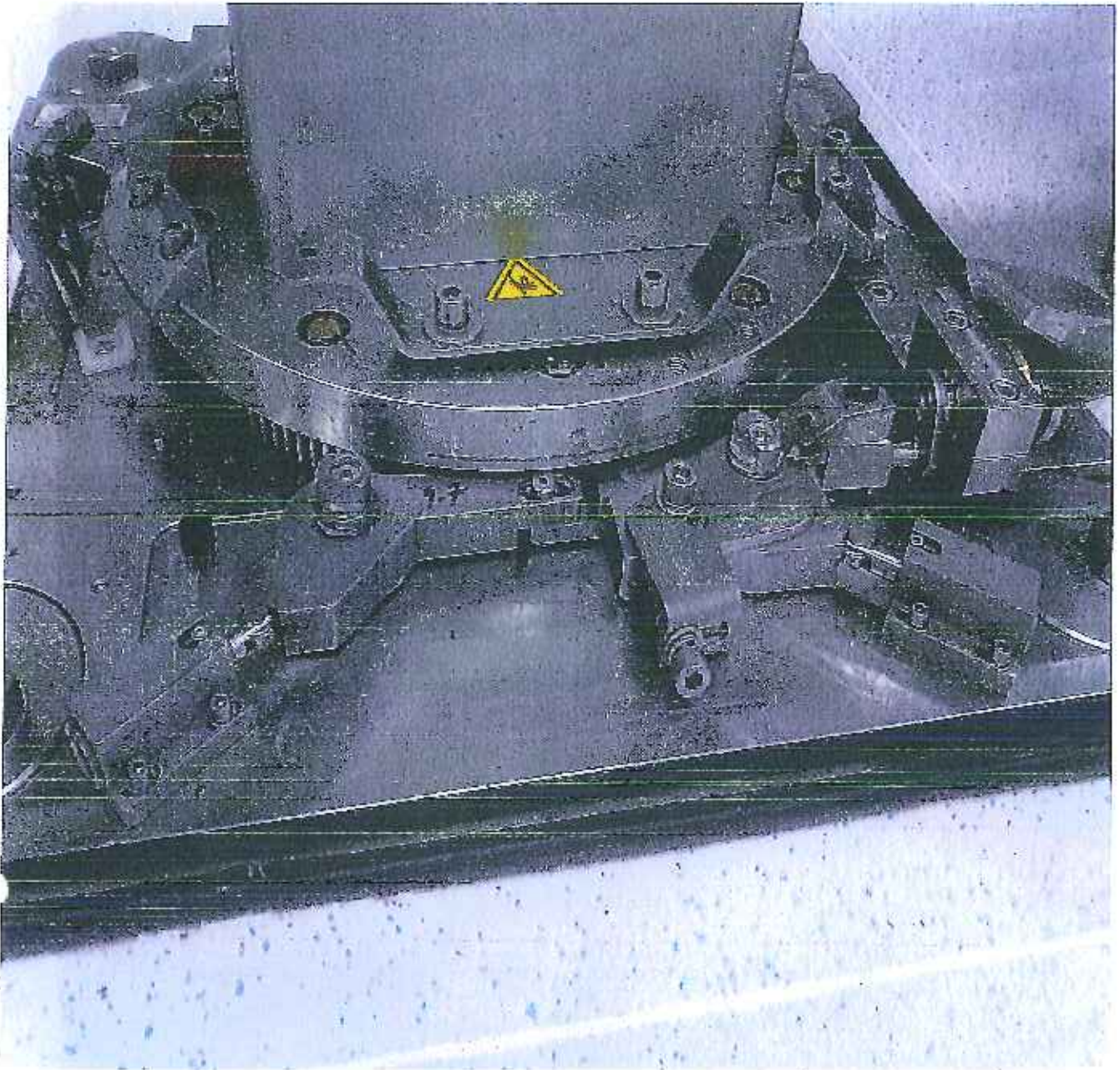
**Check the direction of the hoses and cables, before attaching!!**

10; Connect the hydraulic hose, correct hoses are connected.  
(Make sure the caps and nuts are kept in a bag)



11; Fit hose clamps and cable ties to hold hydraulic & electrical cables in place.

12; Check that foot operated locking clamp is operating correctly, remove to fit base cover.



12; Confirm power is on, test the bed operation, using hand controller.



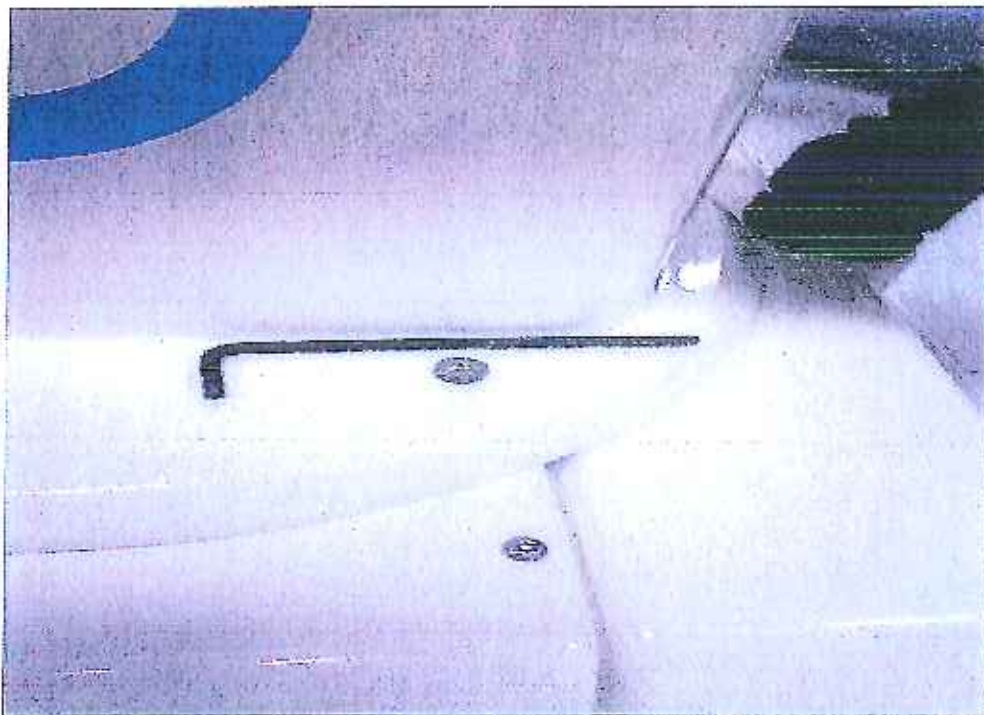
13; Fit bed base and pedestal covers, the rubber seal should be fitted to the base, before fitting covers. Retro fit end cover before locking down base panels (the rubber grommets are a pain!)







**All the cover screws & self tappers should only be finger tightened before final locking down.**



**Remove the trolley, tool kit and cover panel from the suite, keep all items together, have a check list to ensure nothing has been left behind. Clean up and remove all dust/dirt.**



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## Tool Kit for IMRIS removal & install

- 1, Irwin soft tool bag. 350mm
- 1 spanner, ring/open end, 1 inch 1/8. AF (Fuller)
- 1 spanner, ring/open end, 9/16 inch AF (Fuller)
- 1 spanner, ring/open end, ½ inch AF (Fuller)
- 1, Adjustable spanner, 10 inch (Crescent)
- 1 Adjustable spanner, 6 inch (Crescent)
- 1 soft face mallet (fragram)
- 1 pliers side cutters, 200mm (Fuller)
- 1 set Allan keys, metric, 9 pieces; 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10 mm. (fragram)
- 1 screw driver flat, 9.5 x 200mm (Fuller)
- 1 screw driver flat, 5.5 x 100mm (Fuller)
- 1 screwdriver Phillips head, #2 x 100mm (Fuller)
- 1 triangular taper file, 150mm (Nicholson)



**Check each item is replaced in tool bag, after each project.**



## Material list for Imris Table

### Cover plate, stainless steel;

- 4 caps nuts
- 6 stainless washers
- 8 rubber washers



## Pedestal covers, (plastic/ fibre glass)

2 side piece,

- 4 stainless steel cap screw (screw both section together)
- 4 stainless countersunk screws (screw to base cover)

1 base piece

- 4 stainless steel cap screws & 4 flat washers (screw to pedestal base)

1 small base centre piece

- 4 rubber grommets, 4 cap screw & washers



## Table fixing items, cable & hose clamps

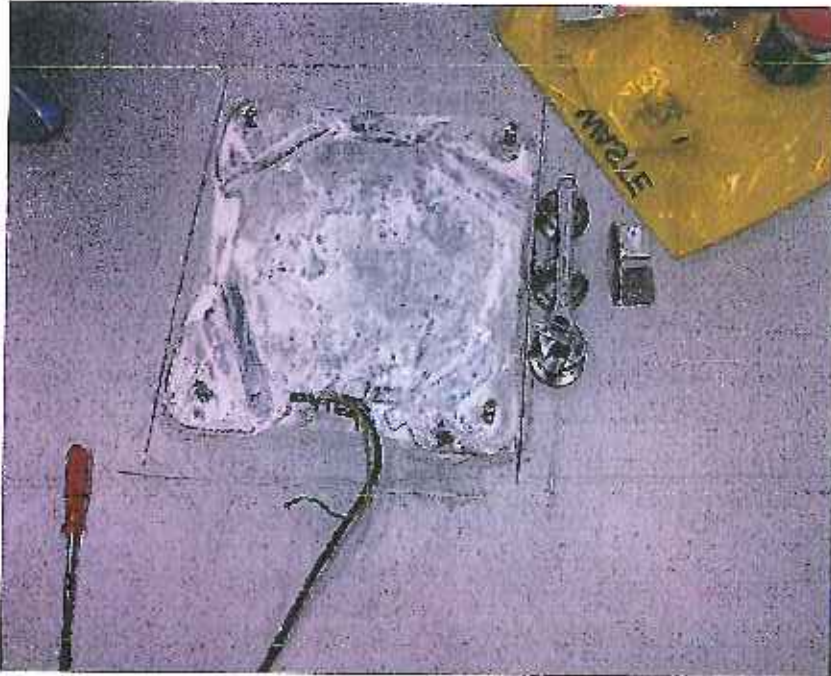
- 1 Table locking lever, 1 cap screw & washer
- 2 Hydraulic hose caps
- 2 Hydraulic hose plugs
- 1 screw for earth lead
- 4 screw for hose clamps
- 4 plastic cable ties for power cord.



- 2 Red angle brackets, (locking clamp when table is lifted, supplied by IMRIS)
- 4 cap screw, 4 spring washers, 4 flat washers

## Main holding down nuts

- 4 nuts
- 4 anti vibration washes
- 4 locating discs, with slotted holes, each is marked with position on base



| Item               | Description                                   | units | bagged    |
|--------------------|-----------------------------------------------|-------|-----------|
| Base cover         | Large plastic base cover                      | 1     |           |
| Base cover         | Small end cover                               | 1     |           |
| Side covers        | Side covers for pedestal                      | 2     |           |
| Cover screws       | Stainless 4 mm, 30mm                          | 4     |           |
| washers            | Flat washers for above                        | 4     | 1 missing |
| Cap screws         | 3mm screw for side covers                     | 4     |           |
| Countersunk screws | 6mm screw to fit side cover to base cover     | 4     |           |
| End cap screws     | Stainless 4 mm 23 mm                          | 4     |           |
| Rubber grommets    | 4 units for end cap                           | 4     | 1 missing |
| Screws             | 4.5 mm Phillips head, for Earth lead & cables | 1     |           |
| End caps           | Stainless end caps for Hydraulic hose         | 2     |           |
| Hose plugs         | Stainless hose plugs for Hydraulic hose       | 2     |           |
| Holding Brackets   | Red angle pieces                              | 2     |           |
| Cap screws         | 10mm to lock angle pieces                     | 4     |           |
| Washers            | Spring washers for above                      | 4     |           |
| Washers            | Flat washers for above                        | 4     |           |
| Locking lever      | Pedestal locking lever, foot operated         | 1     |           |
| Cap screw          | 8mm screw to fit lock lever                   | 1     |           |
| Washers            | Flat & spring for above                       | 2     |           |
| Stud Cover tubes   | Plastic tube pieces for stude                 | 8     |           |

## Spare items, bagged.

|  |                          |    |  |
|--|--------------------------|----|--|
|  | Stainless screws 4mm     | 6  |  |
|  | Cap screw, stainless 4mm | 3  |  |
|  | Rubber washers           | 12 |  |
|  | Cover Tubes for studs    | 4  |  |
|  | Cap washers              |    |  |



**Kirchner, Horst**

---

**To:** [Redacted]  
**Subject:** RE:

Cheers, I look forward to the new locks.

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*62050363*

*mob [Redacted]*

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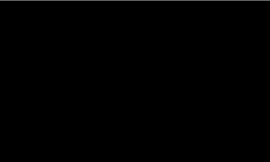
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**From:** [Redacted]  
**Sent:** Thursday, 23 June 2011 10:36 PM  
**To:** Kirchner, Horst  
**Subject:** RE:

Horst:

We are in the process of releasing a Field Change Order to replace the entire locking mechanism for that table with a new design as we have found that it goes out of adjustment too easily and is too difficult to lock. The parts are going into production next week, so I will soon have a date for the delivery of the parts to my group for implementation. The updates will be scheduled with each customer once I have the delivery dates for the parts.

Best Regards,



---

**From:** Kirchner, Horst [<mailto:Horst.Kirchner@act.gov.au>]  
**Sent:** June-22-11 9:59 PM  
**To:** [Redacted]  
**Subject:**

[Redacted] we are taking the table of the floor today, I noticed that the locking pin (picture) was quite loose, this does not seem right, as the table moves when locked?.

cheers

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Bldg. 6, L3, TCH*

*62050363*

*mob [Redacted]*

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Folio 402 - 416

Exempt under Section 36 of the Freedom of Information Act

**McClymont, Geoff**

---

**From:** Kirchner, Horst  
**Sent:** Wednesday, 3 August 2011 1:27 PM  
**To:** Maher, Rhonda; Robertson, Cameron; Geoghegan, Sean; Swain, Rob; Van Lith, Martin; Cotterill, James; Thorburn, Phillip; Reid, Barbara  
**Cc:** Silec, Mario (Supply); Scott, Adrian  
**Subject:** Refitting Imris Operating Table.doc

the updated procedure for the table

---

## Refitting Imris Operating Table.

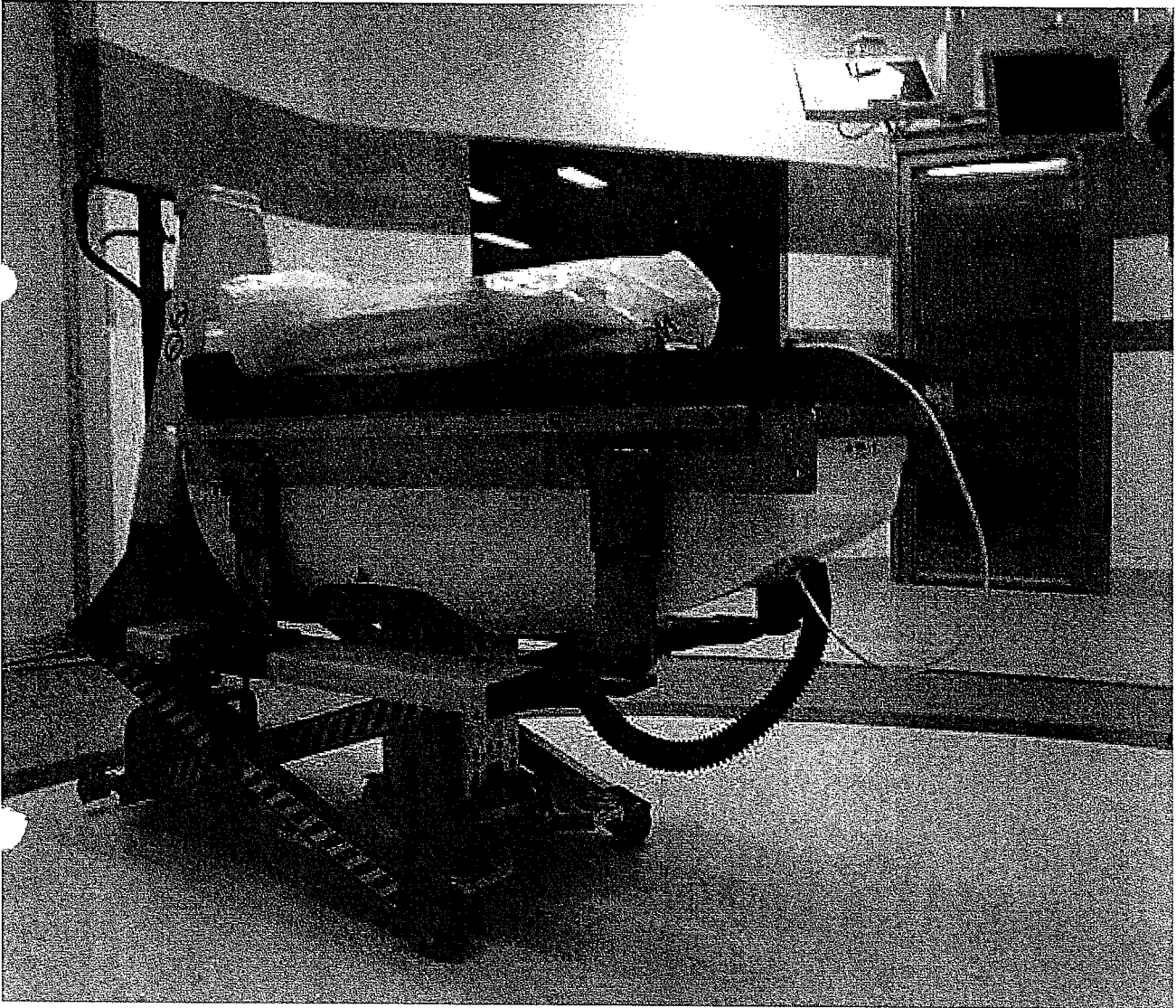


**A guide to installing the IMRIS ORT 100;  
Personal must be trained for this operation.**

- Allow 30 minutes to remove the table.
- Allow 1 hour for the re-fitting.

- Follow the instructions, and use care when lowering the table, there are plastic tubes in the tool kit, to cover the floor mounting studs.
- Clean up after the installation.
- Check that all tools and fittings (bolts, screws, nuts, washers, grommets etc.) are bagged and placed in the tool bag.

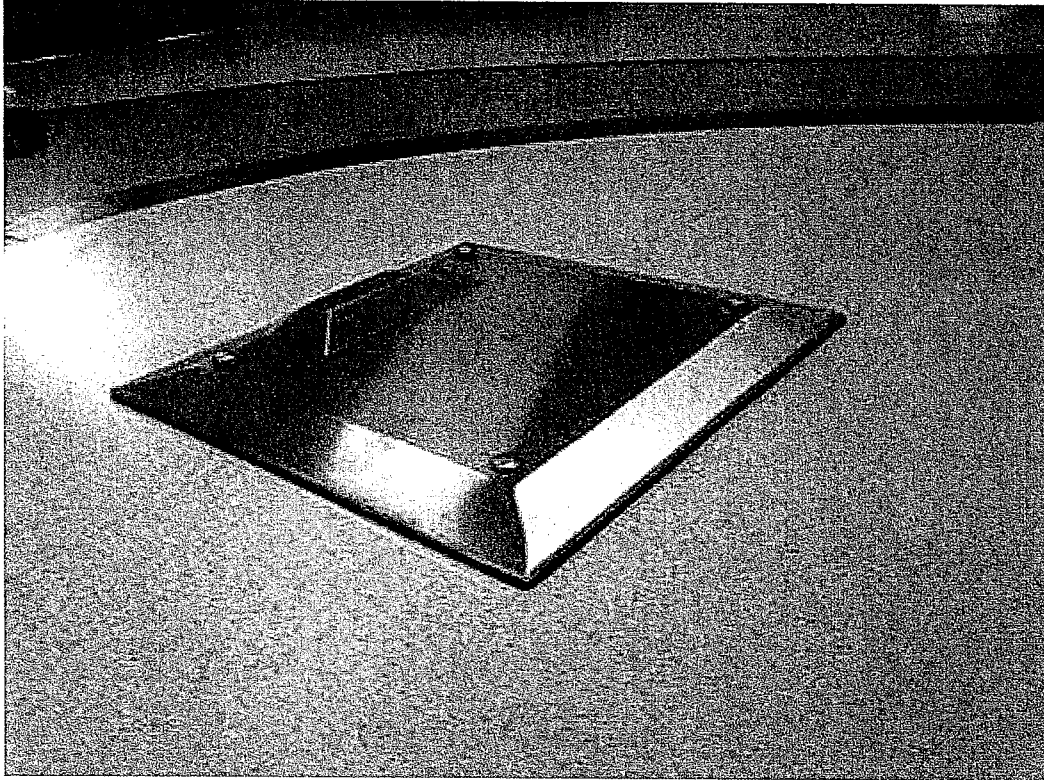
1; Check with Clinical staff, that theatre is ready for installation.



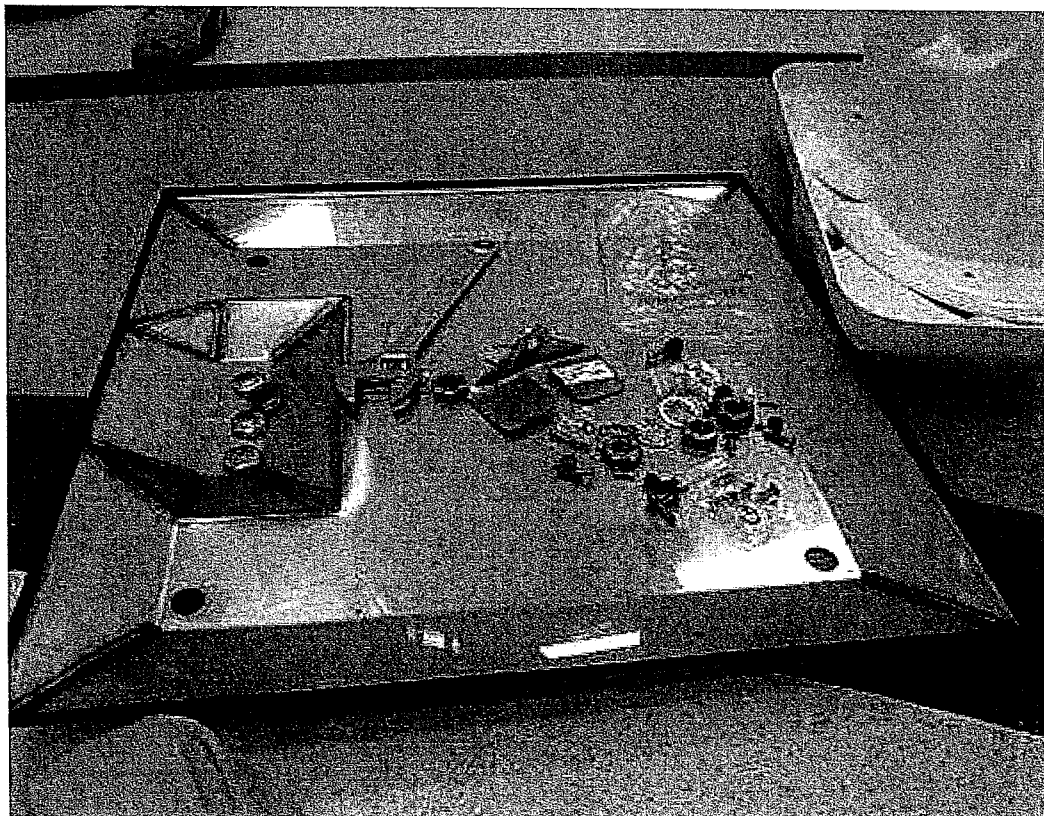
2; Wheel the table & trolley into MRI theatre 14, Check that power to table is isolated.

The key for the Distribution Board is in control room Key Cabinet

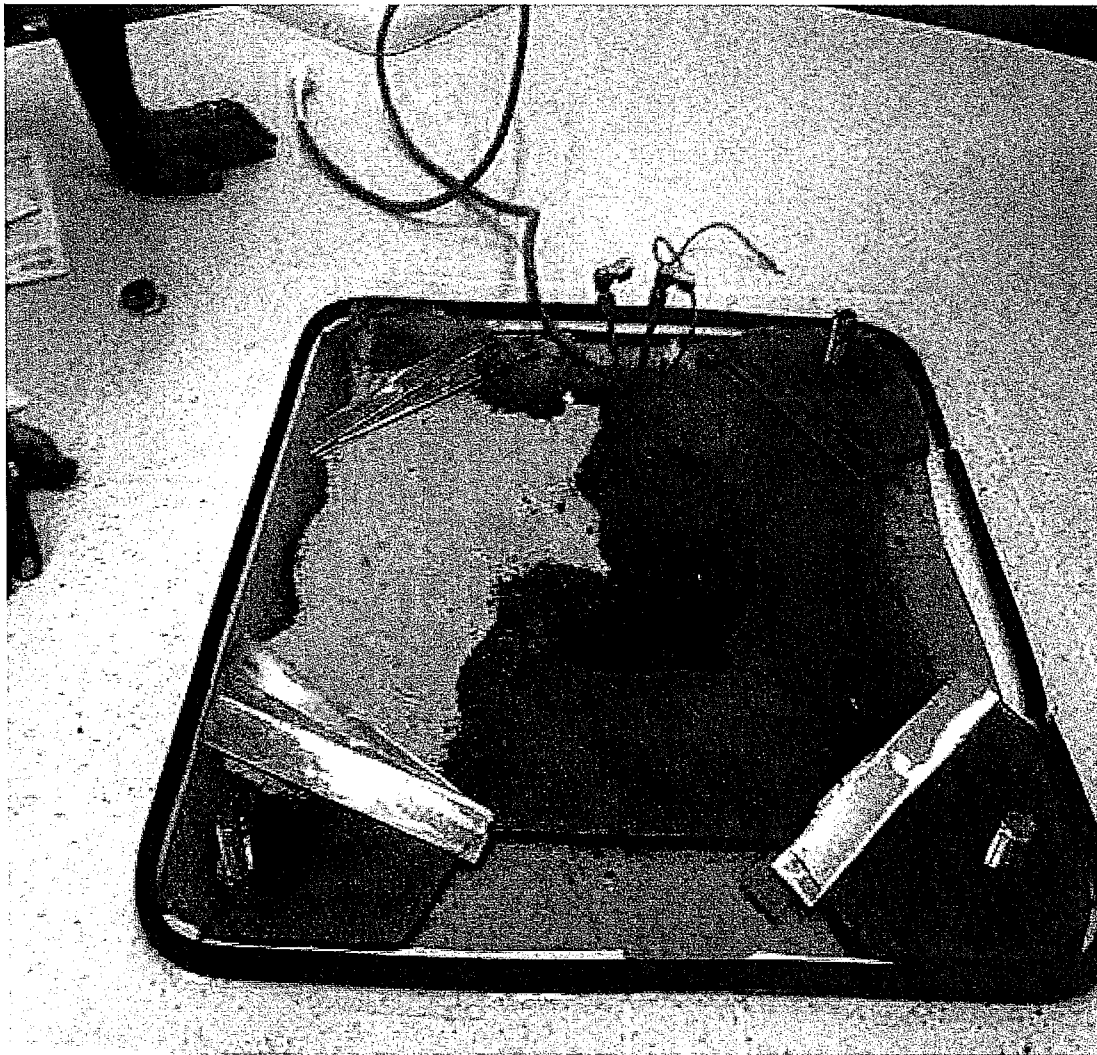
3; Remove stainless steel cover on floor; do not disturb the packing strips or packing filler.



Note, Use the cover as a tray to hold all the nuts, screws and tools



4; Position the bed base over the 4 studs, the studs are numbered as are the holes, the bed has a folding, head attachment, and this must face the Magnet room.



**Do not move the packing strips, fit plastic tubes over studs to reduce chance of damage by bed base.**

5; Position the trolley with table over the base area. This will require a spotter & driver, align the bed base with the edges of packing. Lower the bed onto the floor, do not remove the frame

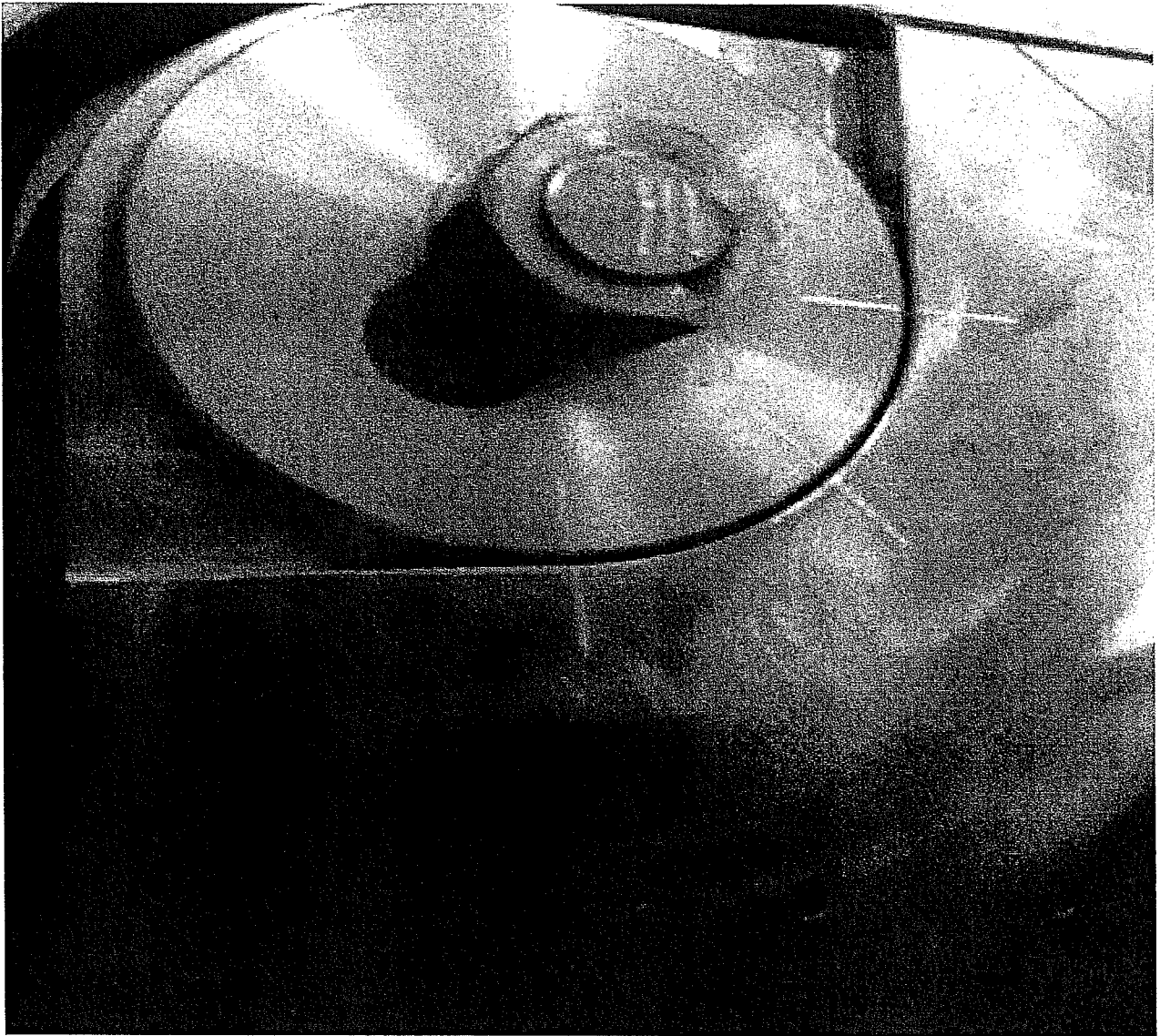
until the bed is sitting flat. !!!!. Caution keep hands clear when lowering table



6; Select the correct washer for each of the four studs; align the washers with the etched markings on the bed base, to align the washer to the markings, you will need to move the bed around. Fit anti vibration washer and hand tighten nuts, then

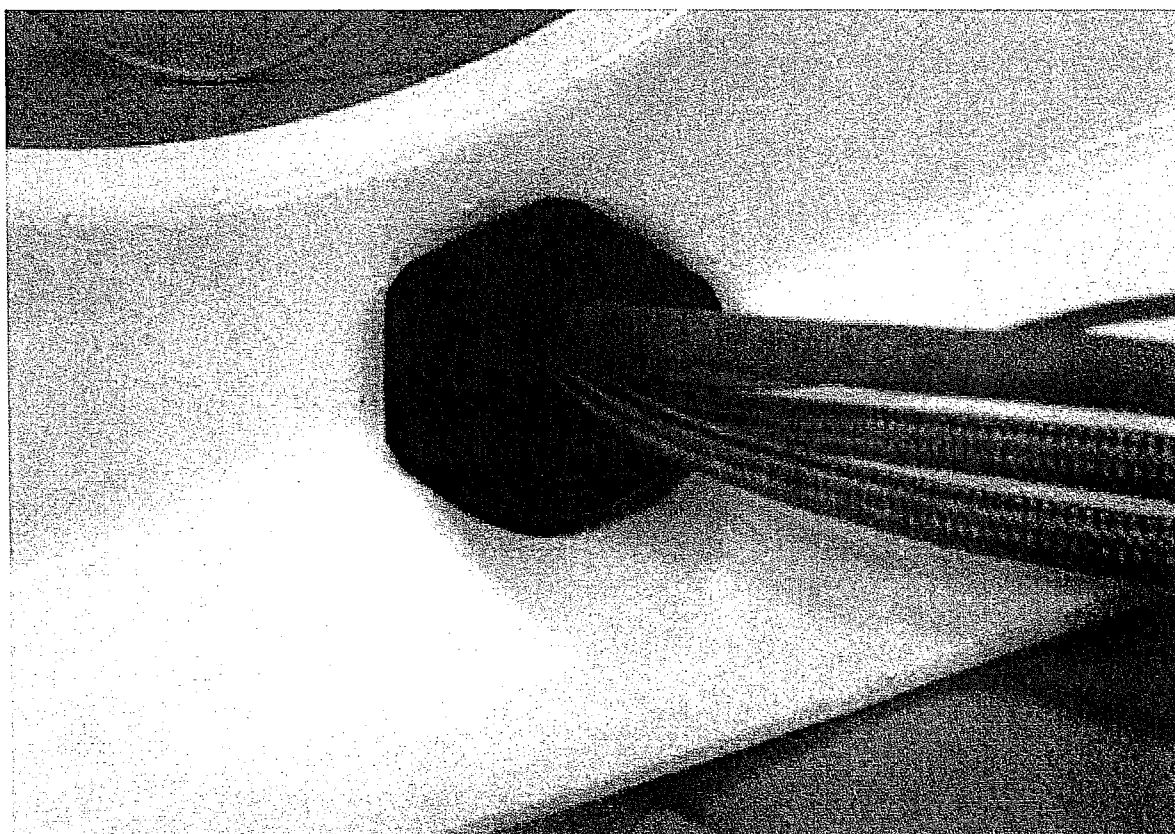
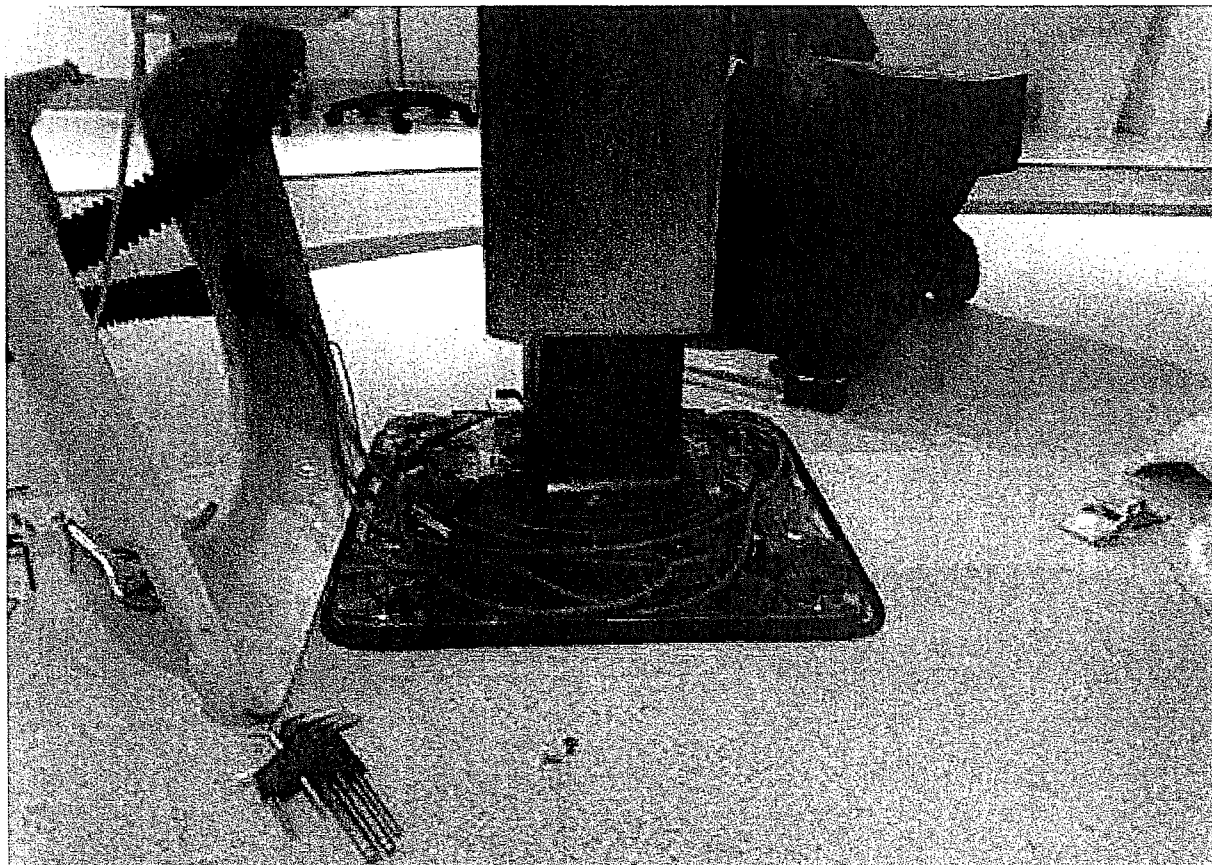


tighten nuts diagonally, applying pressure evenly, do not tighten one all the way.

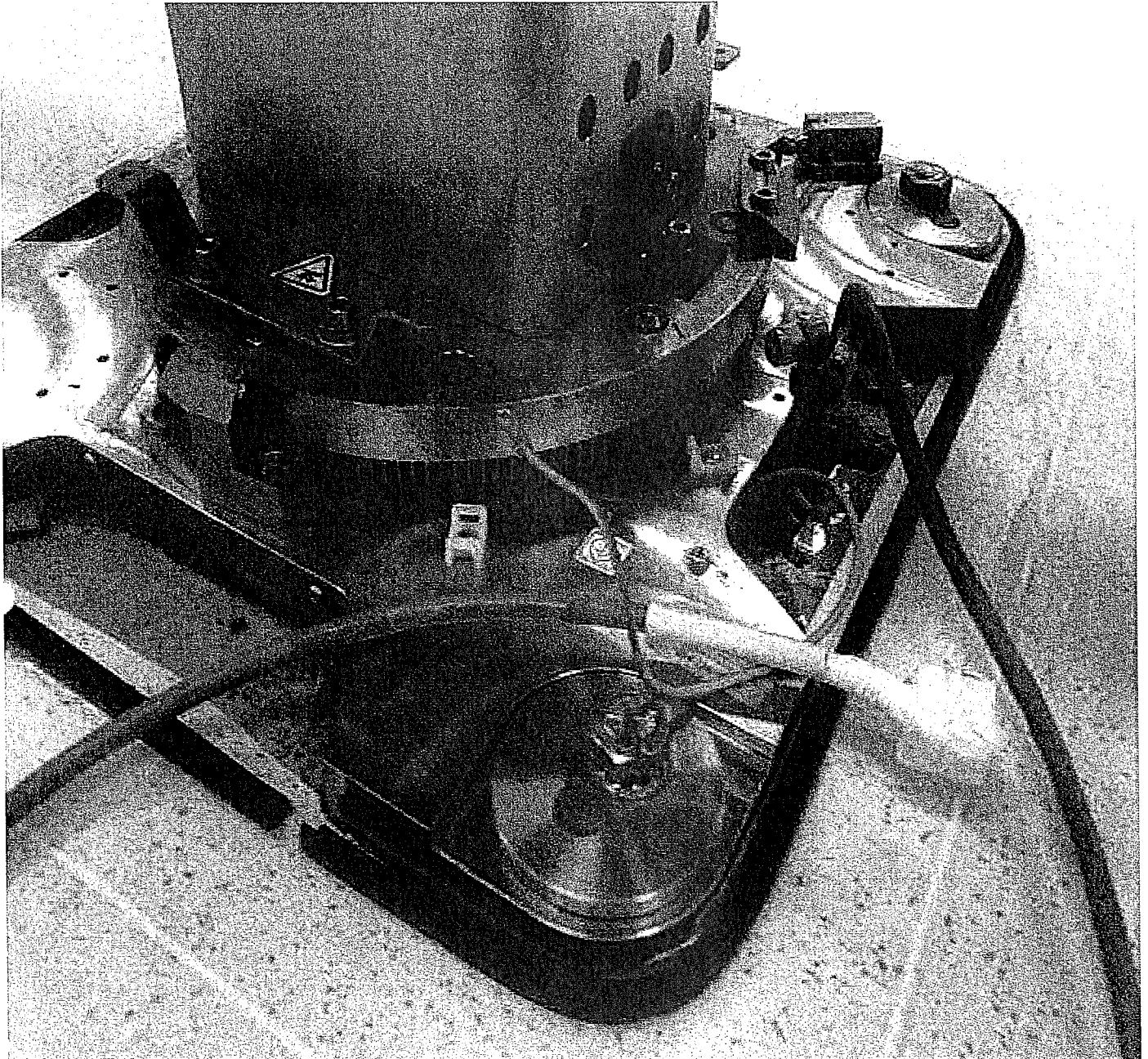


**Note, if the nuts are difficult to screw on, stop and check the threads, there may be a bur to remove with the file, do not force the nut on the stud. All metal burs/fillings must be removed using a vacuum cleaner or magnet.**

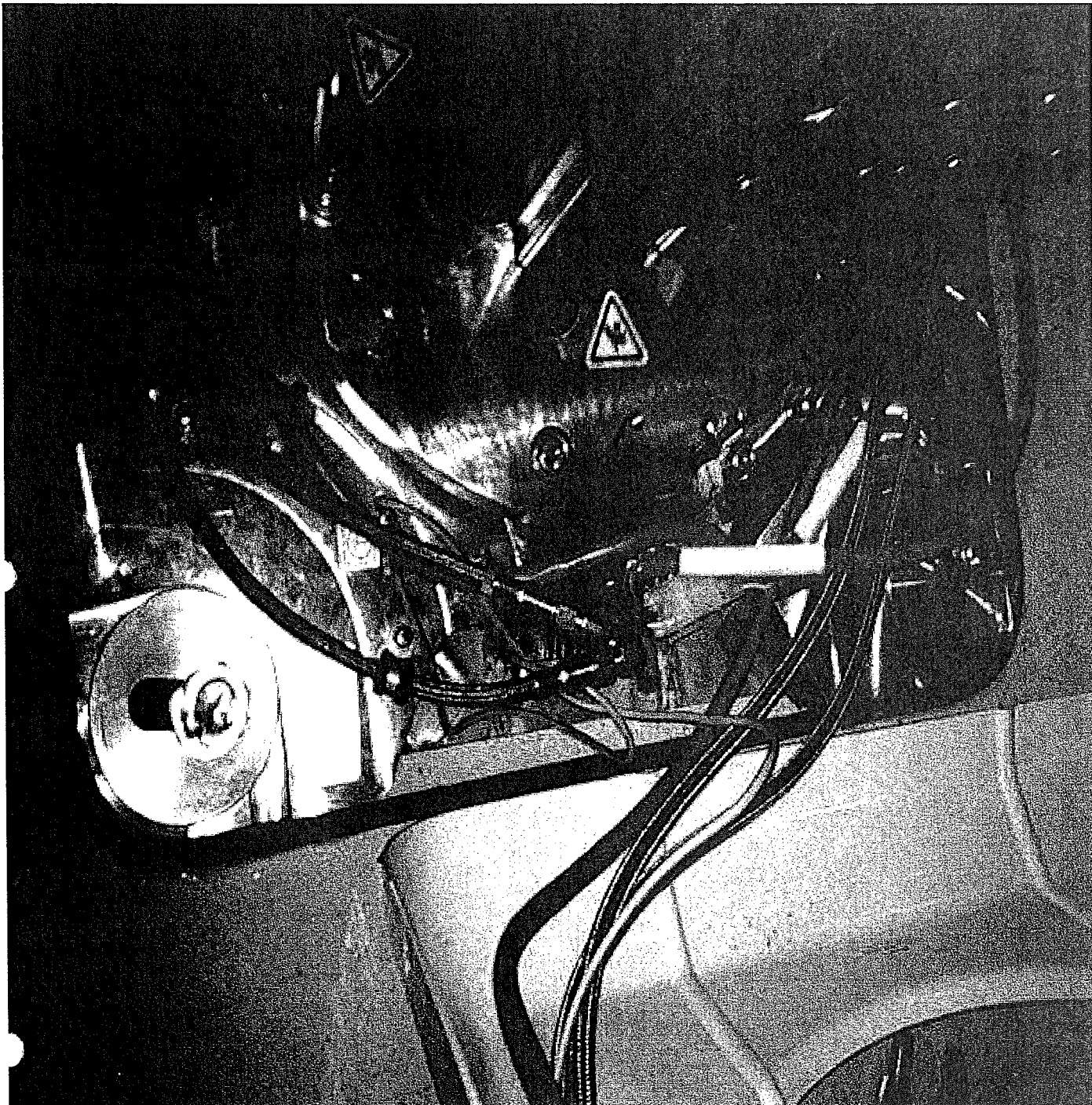
7; Run the black control cables & hose through the base cover hole, use the plastic nut to lock the hose in place.



8; Remove the two red locking brackets; keep the brackets, Allan bolts & washers in a bag. **Temporarily attach locking pedal make sure base is in Locked position**

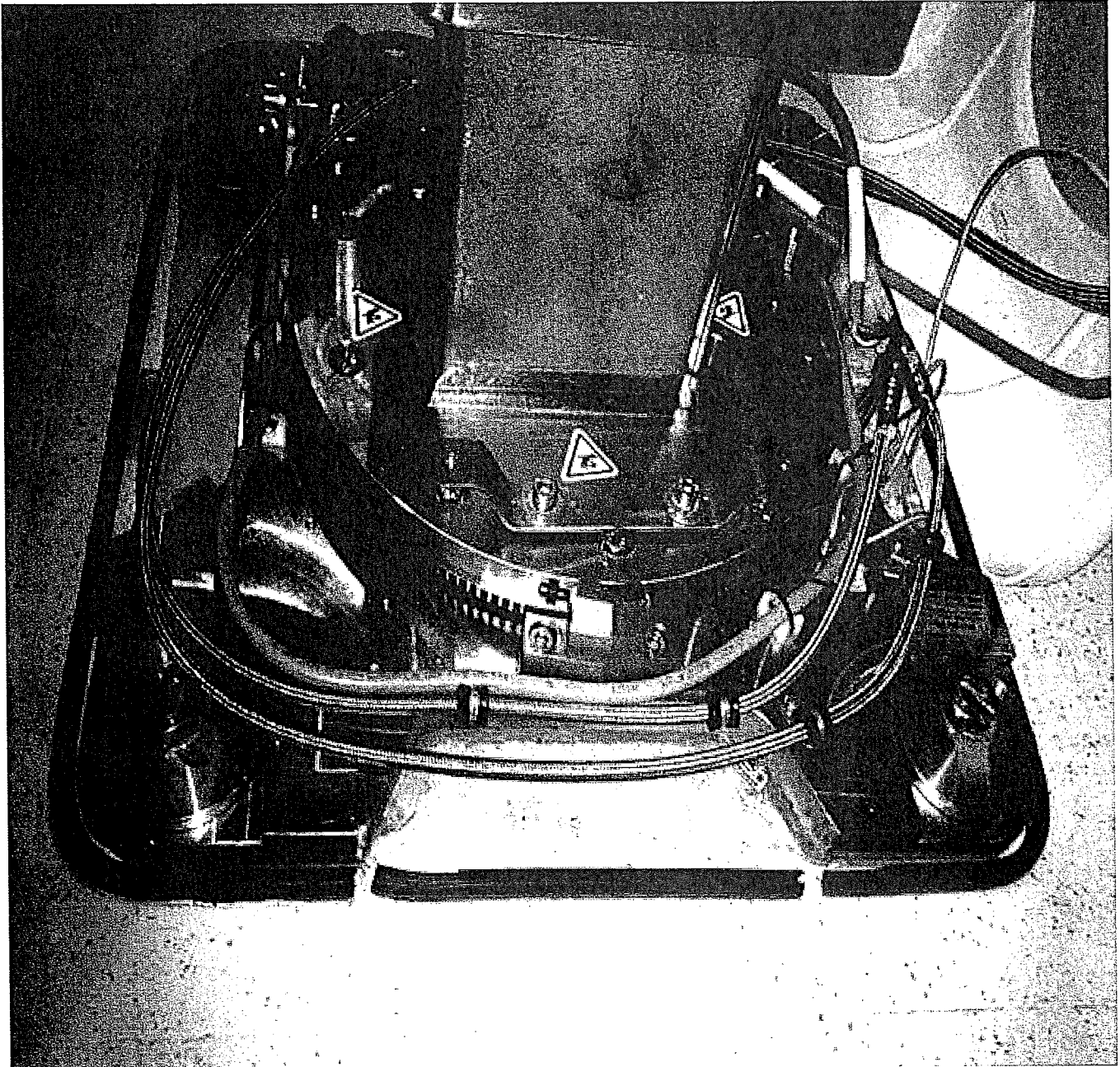


9; Connect the control wire, quick coupler, connect the earth wire to the base of the bed.



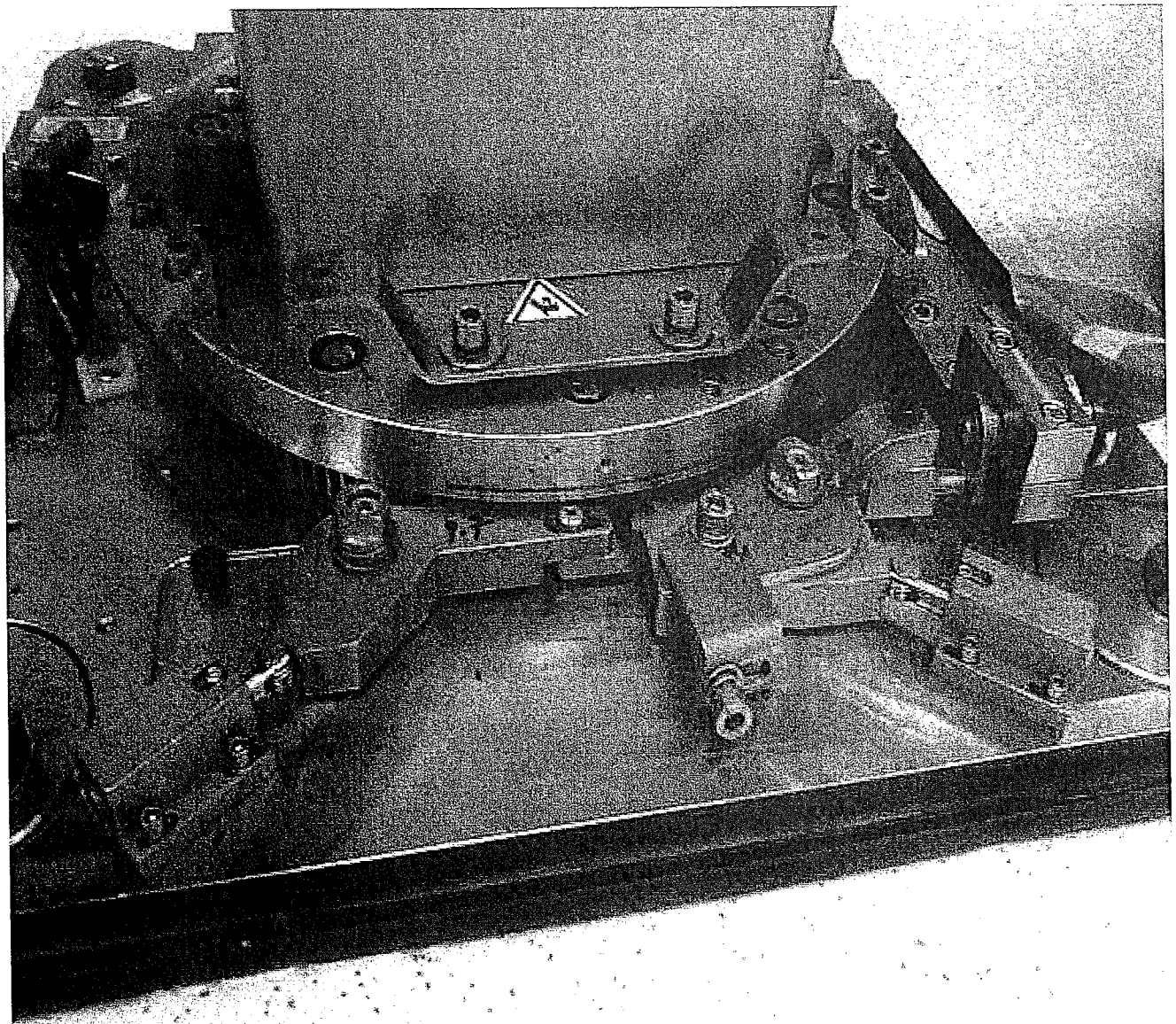
**Check the direction of the hoses and cables, before attaching!!**

10; Connect the hydraulic hose, correct hoses are connected.  
(Make sure the caps and nuts are kept in a bag)

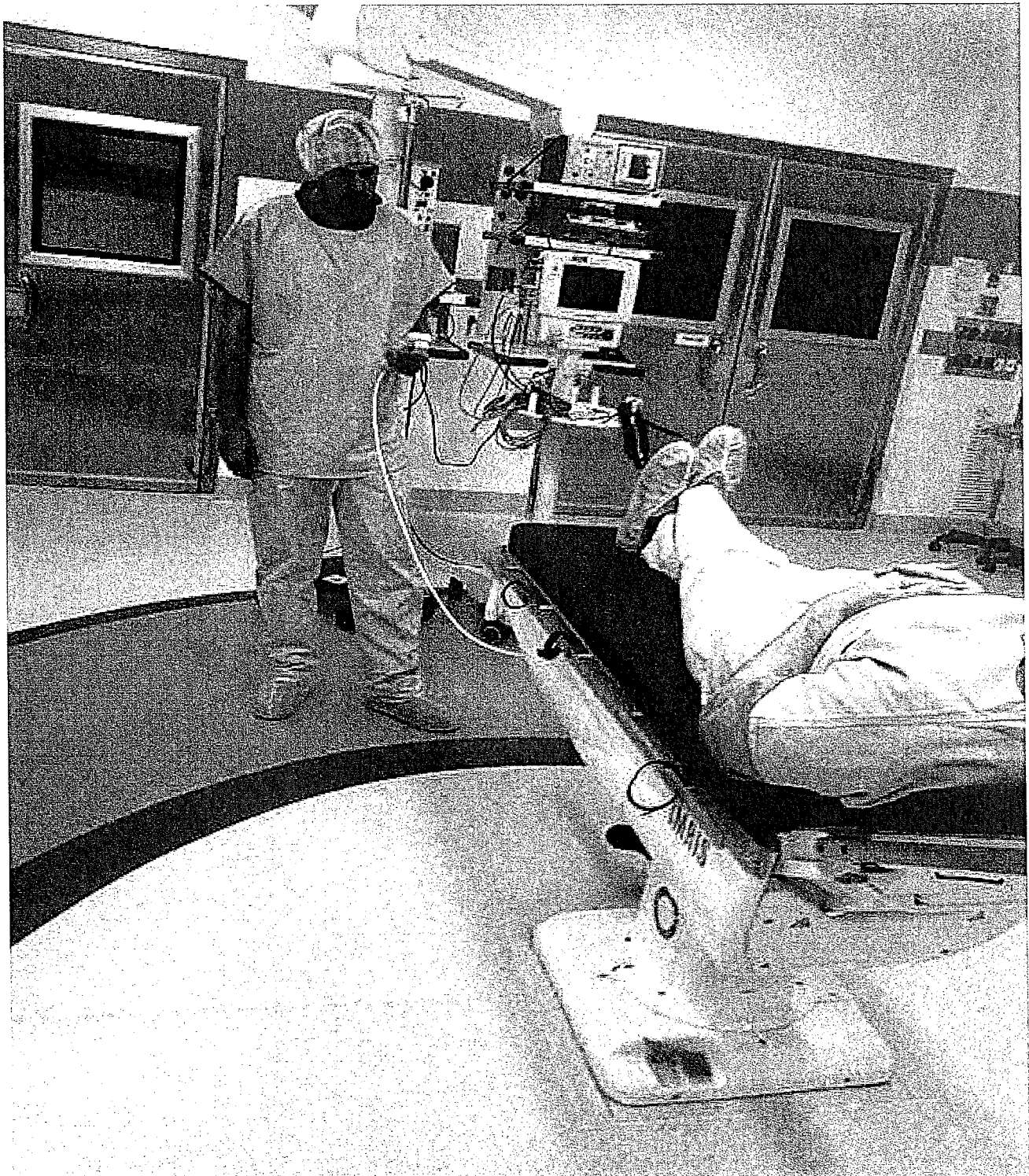


11; Fit hose clamps and cable ties to hold hydraulic & electrical cables in place.

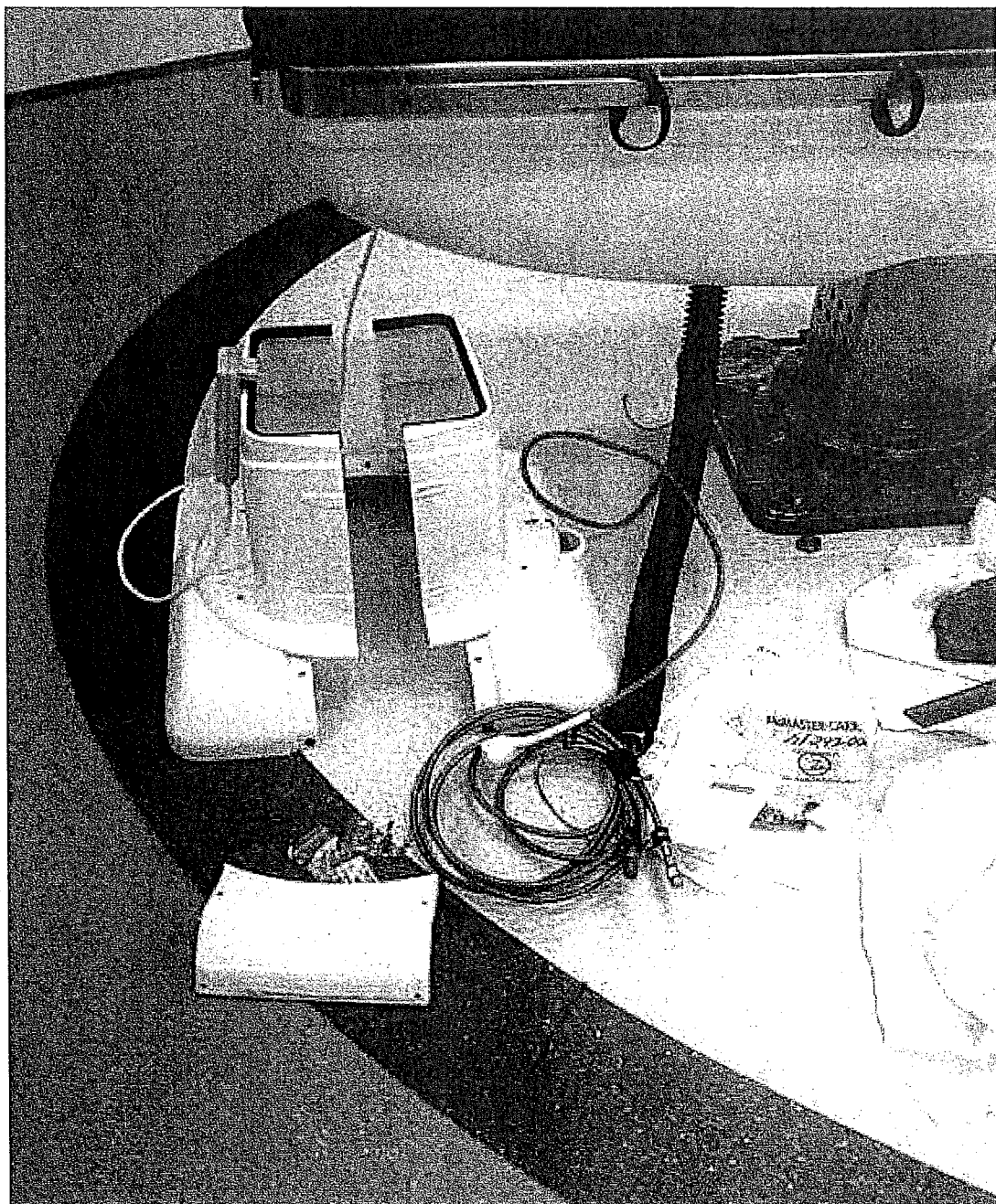
12; Check that foot operated locking clamp is operating correctly, remove to fit base cover.



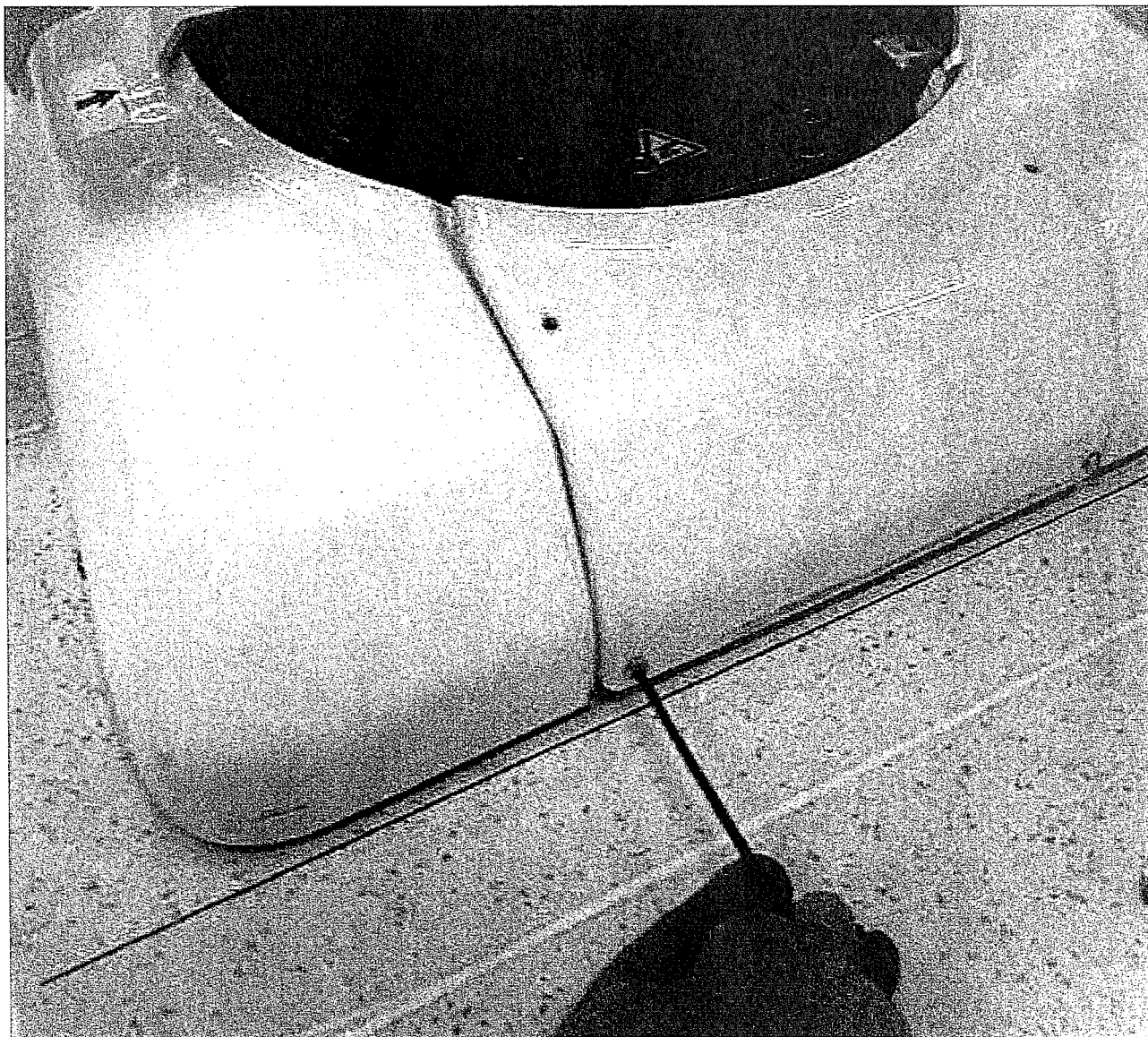
12; Confirm power is on, test the bed operation, using hand controller.



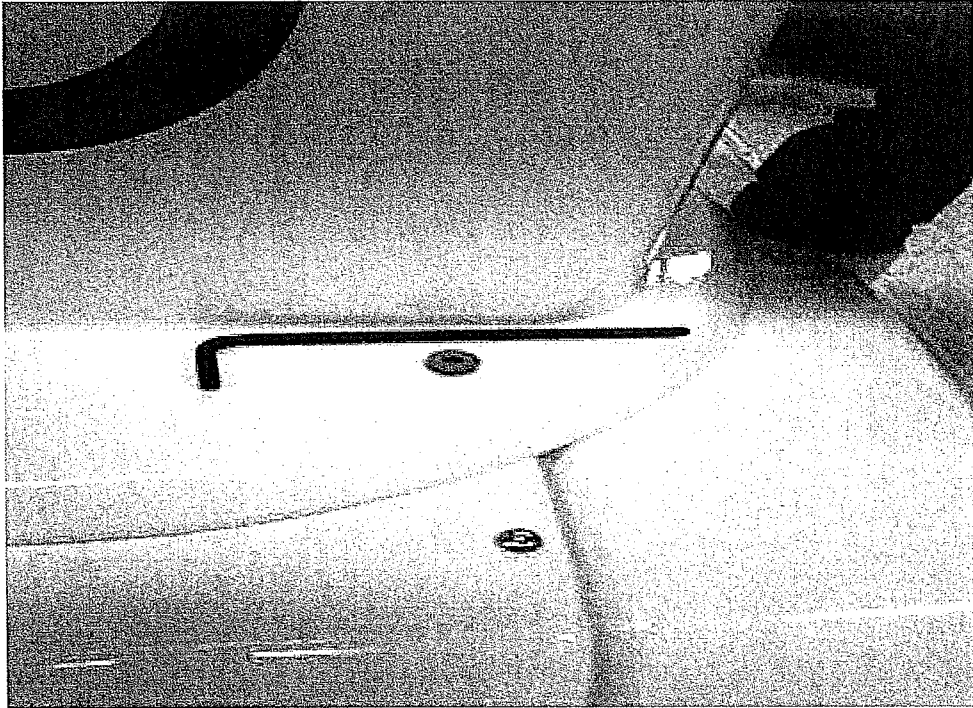
13; Fit bed base and pedestal covers, the rubber seal should be fitted to the base, before fitting covers. Retro fit end cover before locking down base panels (the rubber grommets are a pain!)







**All the cover screws & self tappers should only be finger tightened before final locking down.**



**Remove the trolley, tool kit and cover panel from the suite, keep all items together, have a check list to ensure nothing has been left behind. Clean up and remove all dust/dirt.**

**McClymont, Geoff**

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**From:** Geoghegan, Sean  
**Sent:** Monday, 26 March 2012 4:50 PM  
**To:** McClymont, Geoff  
**Subject:** iMRI FOI - FW: Recap on the MRI table situation

---

**From:** Baker, Jennie  
**Sent:** Thursday, 4 August 2011 10:23 AM  
**To:** Geoghegan, Sean; Thorburn, Phillip  
**Subject:** FW: Recap on the MRI table situation

FYI

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**From:** Cotterill, James  
**Sent:** Thursday, 4 August 2011 10:00 AM  
**To:** Baker, Jennie  
**Subject:** Recap on the MRI table situation

Hi Jennie

Just to recap our conversation regarding the movement of the MRI table, here are the main points:

1. The MRI table has been designed to be fixed/bolted into position and not moved; by moving the table we are taking it outside the manufacturers design parameters.
2. The solid hydraulic lines that feed the table can be easily damaged by regular movement of the table and this poses a real risk.
3. These lines are embedded in a channel within the concrete floor of the Neurosuite, if they were damaged and required repairs it would be an expensive and lengthy process
4. If the hydraulic lines did fail and there is a sudden loss of hydraulic pressure the effect 'could' be sudden movement of the table bed and that 'could' create a life threatening scenario
5. The risks outweigh the gains and I believe we should leave the table in situ and seek an alternative solution
6. I do not believe Clinical Engineering should be involved in unbolting and moving this table, the movement of fixed assets is not within the brief of this department
7. However, if called upon to move the table we do have the ability to do so, but I would consider that an one-off event and out of the ordinary
8. The process of moving the table once or twice poses no 'real-world' risks to patients or staff, but moving it on a regular basis is full of risk
9. I beleive the MRI table should not be moved at all

Regards

James

Biomedical Engineering Technician | Biomedical Engineering Department  
Phone: 6244 3831 | Fax: 6244 3819 | Email: [james.cotterill@act.gov.au](mailto:james.cotterill@act.gov.au)



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**McClymont, Geoff**

---

**From:** Geoghegan, Sean  
**Sent:** Monday, 26 March 2012 4:47 PM  
**To:** McClymont, Geoff  
**Subject:** iMRI FOI - FW: Neuro Theatre Table

---

**From:** Baker, Jennie  
**Sent:** Thursday, 4 August 2011 12:04 PM  
**To:** JasonSmith, Rhona  
**Cc:** Scott, Adrian; Reid, Barbara; Geoghegan, Sean  
**Subject:** RE: Neuro Theatre Table

Hi Rhona,

Sean will have his initial comments ready today. Martin Van Lith and Rob Swane will take a few more days for their formal risk assessment.

Martin is actually on his way up to speak with you at this moment. Until the independent reviews are accepted I would be hesitant to book in the iMRI cases.

When the independent assessments are considered, I am sure B&I will determine a suitable delegate to organise any movement.

Cheers

Jennie

---

**From:** JasonSmith, Rhona  
**Sent:** Thursday, 4 August 2011 11:03 AM  
**To:** Baker, Jennie  
**Cc:** Scott, Adrian; Reid, Barbara  
**Subject:** RE: Neuro Theatre Table

Hi Jennie,

Thank you for the update. I now need clarification as to whether we need to refrain from booking iMRI cases until this is resolved, and the independent assessments have been accepted.

Also, are you able to tell me who will be delegated the task of lifting and replacing the table on a routine basis please?

Regards

Rhona

Rhona JasonSmith  
Assistant Director of Nursing Perioperative Services  
The Canberra Hospital  
ph (02) 62443051  
fx (020) 6244 3348

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---

**From:** Baker, Jennie  
**Sent:** Wednesday, 3 August 2011 4:54 PM  
**To:** JasonSmith, Rhona

**Cc:** Geoghegan, Sean; Scott, Adrian

**Subject:** Neuro Theatre Table

Hi Rhona,

I have tried to ring you but couldn't get through.

Sean Geoghegan has met with Phillip Thorburn to discuss the issues regarding the movement of the above table. Unfortunately he has been caught up with other matters and will not have time to provide written comments until tomorrow.

Basically they feel that under appropriate supervision and care the table can be reinstalled. They did however have concerns about the transfer of risk from the manufacturer to ACT Health, this has potential to transfer the indemnity and financial risk to the Territory and those doing the moving, so basically feel that this requires further investigation and advice as technically with these changes it makes the Territory the manufacturer.

Sean will provide a written opinion tomorrow and Martin Van Lith and Rob Swane will provide an independent risk assessment as soon as they can.

If you have any issues over night please give me a call on [REDACTED]

Cheers

Jennie

**Kirchner, Horst**

---

**From:** JasonSmith, Rhona  
**Sent:** Thursday, 4 August 2011 12:19 PM  
**To:** Burns, Cathy; Bromwich, Carinne  
**Cc:** Reid, Barbara; Lang, Kellie; Robertson, Cameron; Baker, Jennie; (jwf@webone.com.au)  
**Subject:** FW: Neuro Theatre Table

Hi Cathy and Carinne

As per Jennie Baker's email below, please do NOT book any further iMRI cases in OR 14 until we have had confirmation that the independent reviews have been accepted.

Thank you

Rhona

Rhona JasonSmith  
 Assistant Director of Nursing Perioperative Services  
 The Canberra Hospital  
 Phone (02) 62443051  
 fax (020) 6244 3348

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---

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The Canberra Hospital  
ph (02) 62443051  
fx (020 6244 3348

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---

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Sean will provide a written opinion tomorrow and Martin Van Lith and Rob Swane will provide an independent risk assessment as soon as they can.

If you have any issues over night please give me a call on 0408 060 349

Cheers

Jennie

**Baker, Jennie**

---

**From:** Geoghegan, Sean  
**Sent:** Thursday, 4 August 2011 5:02 PM  
**To:** Cotterill, James; Thorburn, Phillip; Van Lith, Martin; Swain, Rob  
**Cc:** Scott, Adrian; JasonSmith, Rhona; Baker, Jennie  
**Subject:** Draft risk assessment for iMRI table movement  
**Attachments:** Neurosuite\_MRI\_table\_move\_Risk\_Assessment\_20110804.xlsm

Hi James, Phil, Martin and Rob,

Please find attached my initial draft risk assessment table for some aspects of safety and liability risks associated movement of the iMRI table in the MRI Neurosuite. I have not considered the risks associated with the physical act of moving the table but I have concentrated on the risks associated with the clinical implementation of the system following reinstallation.

Please note that there are five high and one extreme risks that I have rated which are reduced to a single high risk following mitigation. Two of the mitigation strategies may, in themselves, need to have a risk assessment (the mitigation strategies for Risk IDs 2 and 3).

ased the attached risk table on discussion and e-mails I have had with James and Phil.

Please review and add to this as you see fit.

My apologies for not using the risk table associated with the ACT Health Risk Management Policy – I could not find an editable version of the risk assessment form on our intranet so I have resorted to the risk assessment table use for Project Management in ACT Health.

I understand that Martin and Rob are also undertaking a risk assessment, and I would be more than happy for the risks James, Phil and I have identified to be included in one place. I'm happy to make that happen. Martin – can you provide me with the correct form and the risks you have identified for me to collate these into one form?

Cheers,

Sean

**Sean Geoghegan**

Chief Medical Physicist Medical Physics and Medical Technology Systems

Phone: 6244 2256 | Mobile: [REDACTED] Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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Risk Register

| Risk ID | Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Likelihood Rating | Consequ Rating | Mitigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Rev Likeli' Rating | Rev Conseq Rating | Monitor & Control | WBS Ref | Risk Owner |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------|---------|------------|
| 1       | People - Electrical shock to patient or staff following reinstallation of IMRIS neurosurgical table onto floor plate subsequent to removal of the IMRIS neurosurgical table from the neurosurgical suite. The likelihood of electrical safety being compromised is highest immediately after reinstallation or any other maintenance or modification work performed on an item                                                                                                                                                               | 2                 | 4              | Electrical safety testing needs to be performed by appropriately qualified staff following reinstallation of the table.                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                  | 4                 |                   |         |            |
| 2       | People - Hydraulics fail during use leading to injury to patient or staff following reinstallation of IMRIS neurosurgical table onto floor plate subsequent to removal of the IMRIS neurosurgical table from the neurosurgical suite. The hydraulic connectors are not designed to be repeatedly disconnected and reconnected. There is an increased likelihood of failure for each an <del>serv</del> disconnection and reconnection procedure.                                                                                             | 3                 | 3              | The hydraulic stand should not be disconnected and the table top only should be removed. A cover over the stand should be used when the table top is removed where the top of the cover could be used as a table in theatre. There is sufficient space in the operating room to allow for a mobile operating room table to be brought in and used. This mitigation strategy needs to be risk assessed                                                                                                                                                       | 1                  | 3                 |                   |         |            |
| 3       | People - Injury possibly leading to death caused by magnetised metal or other objects flying through the air towards the MRI magnet when the magnet is brought into the operating room. Each time work on the table top or other items not cleared for use in a controlled MRI space there is the possibility that a magnetisable object could be left in the room (metal filings, metal instruments, magnetised plastic labels) which could become a lethal projectile accelerated by the strong magnetic field produced by the MRI magnet. | 2                 | 4              | Qualified MRI safety staff to sweep the room with a magnetic roller and visually inspect the room. Following this, the magnet is to be brought into the room with no patient or other staff present to sweep the room clear of mobile magnetisable objects that were missed in the initial inspection. Although this action may result in a reduced magnetic field uniformity if a magnetisable object is trapped by the magnet, it is better that this happen without other staff or a patient present. This mitigation strategy needs to be risk assessed | 1                  | 4                 |                   |         |            |

Likelihood Consequence

Overall

1. Low, 2. Medium, 3. High, 4. Very High, 5. Extreme Extreme 9, High 8, Major 7, Significant 6, Moderate 5, Low

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Risk Register

| Risk ID | Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Likelihood Rating | Consequ Rating | Mitigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rev Likeli' Rating | Rev Conseq Rating | Monitor & Control | WBS Ref | Risk Owner |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------|---------|------------|
| 4       | Clinical - Reduced quality MRI images caused by non-uniform magnetic field in the MRI from foreign magnetised objects used to secure the table into position or attracted into the magnet or incorrect positioning of coordinate systems with incorrect alignment of the table top influencing the quality assurance and calibration of the MRI leading to incorrect diagnosis or assessment of surgical outcome. The magnetic field of the MRI magnet is shimmed (adjusted) during original installation to take account of the magnetic field disturbance caused by the table and other magnetisable objects in the room within the area of influence of the magnet.                                                                                                                                                            | 2                 | 4              | Same mitigation strategy as Risk ID 3 with the addition of checking the quality and geometric accuracy of the MRI image system following reinstallation of the table.                                                                                                                                                                                                                                                                                                                              | 1                  | 4                 |                   |         |            |
| 5       | Property - Damage to the MRI magnet or table from repeated removal and reinstallation makes the iMRI neurosuite system non-functional or reduced function to make the system inappropriate for clinical use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                 | 4              | Implementation of the mitigation strategies used to address Risk IDs 1, 2 and 3.                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                  | 4                 |                   |         |            |
| 6       | Finance - The Territory is found to be liable for any financial claim resulting from inadequate performance of or failure of a safety system that is part of the iMRI neurosurgical system. From making modifications to the iMRI system, such as using non-genuine parts during reinstallation of the table or repeatedly disconnecting and reconnecting the table power, drive and communication systems the Territory is very likely to be considered as the manufacturer of the system and subject to TGA requirements. Full liability for the entire iMRI system will rest with the Territory. The warranty for the entire system, including the magnet, is very likely to already have been voided by moving the table. It is possible that the individuals who made the decision have also transferred part of the risk to | 4                 | 3              | No mitigation available to remove the financial liability to the Territory or the individuals who made the decision given that the irrevocable action giving rise to the risk transfer has already been taken. Implementation of the mitigation strategies used to address Risk IDs 1, 2 and 3 will reduce the likelihood of an incident leading to significant financial liability. Minor financial liability from warranty claims that can no longer be pursued cannot be reduced in likelihood. | 3                  | 3                 |                   |         |            |

439

Overall

Likelihood Consequence

1. Low, 2. Medium, 3. High, 4. Very High, 5. Extreme Extreme 9, High 8, Major 7, Significant 6, Moderate 5, Low

Risk Register

| Risk ID | Risk                                                                                                                                                                                                                            | Likelihood Rating | Consequ Rating | Mitigation                                                                       | Rev Likeli Rating | Rev Conseq Rating | Monitor & Control | WBS Ref | Risk Owner |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------------------------------------------------------------|-------------------|-------------------|-------------------|---------|------------|
| 7       | Reputation - The Territory is unable to make use of the IMRI system resulting from damage or modification to the IMRI system making it inappropriate for clinical used leading to the public perception of a waste of resources | 2                 | 5              | Implementation of the mitigation strategies used to address Risk IDs 1, 2 and 3. | 1                 | 5                 |                   |         |            |
|         |                                                                                                                                                                                                                                 |                   |                |                                                                                  |                   |                   |                   |         |            |
|         |                                                                                                                                                                                                                                 |                   |                |                                                                                  |                   |                   |                   |         |            |
|         |                                                                                                                                                                                                                                 |                   |                |                                                                                  |                   |                   |                   |         |            |
|         |                                                                                                                                                                                                                                 |                   |                |                                                                                  |                   |                   |                   |         |            |

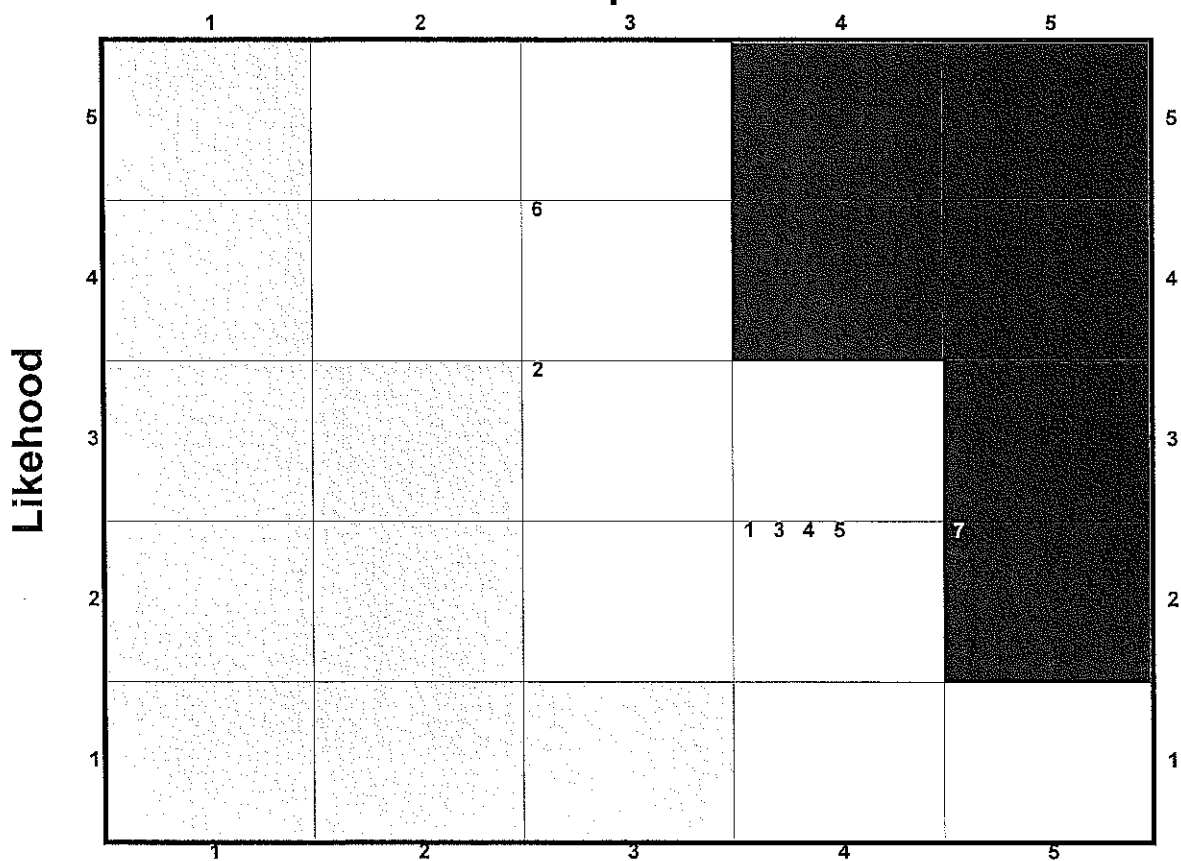
Likelihood Consequence

Overall

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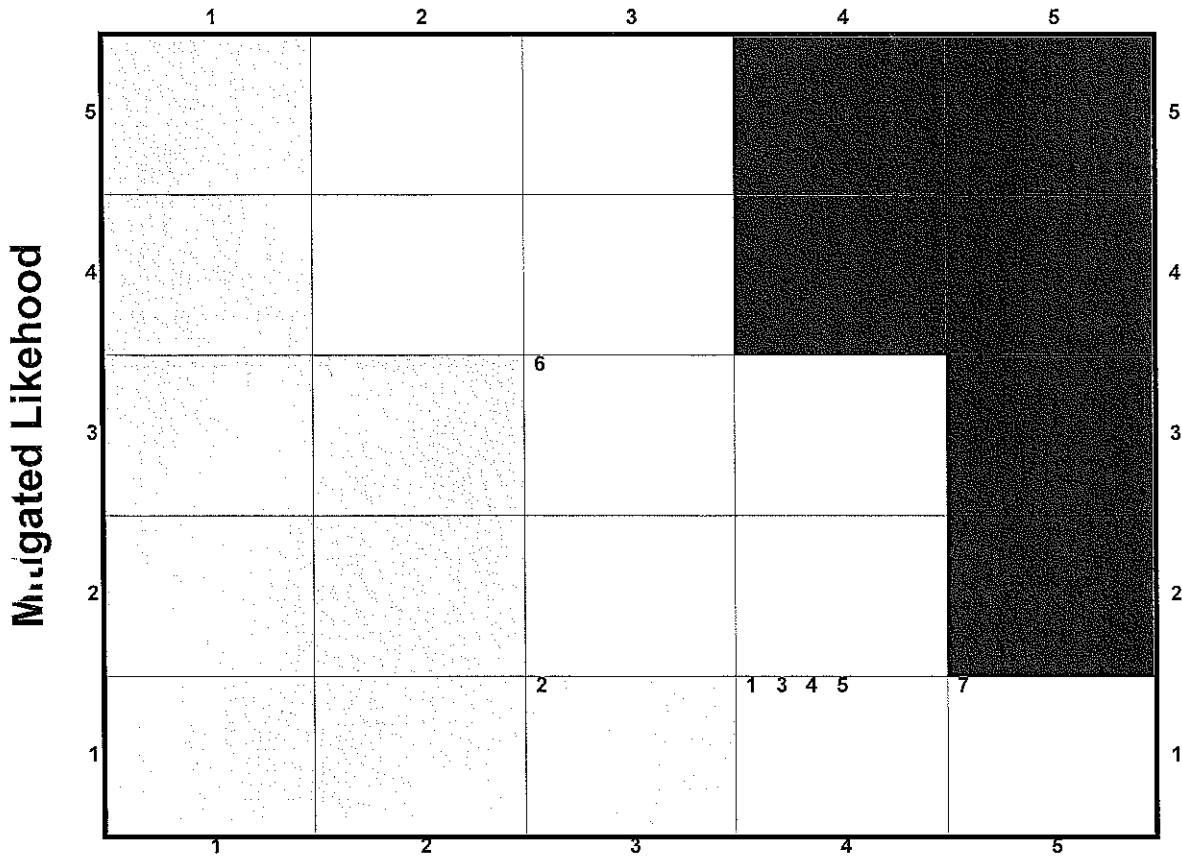
# Likelihood / Impact Grid

## Consequence



Likelihood / Impact Grid

Mitigated Consequence



**McClymont, Geoff**

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**From:** Geoghegan, Sean  
**Sent:** Monday, 26 March 2012 4:35 PM  
**To:** McClymont, Geoff  
**Subject:** iMRI FOI - FW: Draft risk assessment for iMRI table movement

---

**From:** Van Lith, Martin  
**Sent:** Thursday, 4 August 2011 5:20 PM  
**To:** Geoghegan, Sean  
**Subject:** RE: Draft risk assessment for iMRI table movement

Thanks Sean. Looks very good.

That is what I am looking for but will need to set up a template for you tomorrow for everybody to use.

You can then transfer the document into the new template.

I would like to meet with you on Monday if possible for 1 hour to discuss your view on this. For example, I need the medical physics role and view on moving the table.

Will book something in.

Kind regards

**Martin Van Lith**



Coordinator, Accreditation and Risk Management, Systems & Reporting  
*Business and Infrastructure – committed to timely, responsive and client-focused services*

Ph: (02) 6205 0594 Email: <mailto:Martin.VanLith@act.gov.au>

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---

**From:** Geoghegan, Sean  
**Sent:** Thursday, 4 August 2011 5:02 PM  
**To:** Cotterill, James; Thorburn, Phillip; Van Lith, Martin; Swain, Rob  
**Cc:** Scott, Adrian; JasonSmith, Rhona; Baker, Jennie  
**Subject:** Draft risk assessment for iMRI table movement

Hi James, Phil, Martin and Rob,

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Please note that there are five high and one extreme risks that I have rated which are reduced to a single high risk following mitigation. Two of the mitigation strategies may, in themselves, need to have a risk assessment (the mitigation strategies for Risk IDs 2 and 3).

I based the attached risk table on discussion and e-mails I have had with James and Phil.

Please review and add to this as you see fit.

My apologies for not using the risk table associated with the ACT Health Risk Management Policy – I could not find an editable version of the risk assessment form on our intranet so I have resorted to the risk assessment table use for Project Management in ACT Health.

I understand that Martin and Rob are also undertaking a risk assessment, and I would be more than happy for the risks James, Phil and I have identified to be included in one place. I'm happy to make that happen. Martin – can you provide me with the correct form and the risks you have identified for me to collate these into one form?

Cheers,

Sean

**Sean Geoghegan**

Chief Medical Physicist Medical Physics and Medical Technology Systems

Phone: 6244 2256 | Mobile: [REDACTED] Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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**McClymont, Geoff**

---

**From:** Cotterill, James  
**Sent:** Saturday, 6 August 2011 2:01 PM  
**To:** Thorburn, Phillip; Baker, Jennie  
**Cc:** Geoghegan, Sean; Salehzahi, Farshid; Ringland, Alan; Williams, Horace; Belle, Kyril  
**Subject:** Suitability of the IMRIS ORT100 table for non-MR applications  
**Attachments:** T300032-000 Rev G.pdf

Hi Phil,

I just received a call back from [REDACTED] the local representative for IMRIS in Melbourne.

[REDACTED] was very helpful and emailed me a number of interesting documents, including the user manual, which I've attached to this email.

With regards to available options for the ORT100 table top; apparently there is an option for neonates, but no other options are available at this stage.

[REDACTED] acknowledges that whilst the ORT100 was designed to cater for the vast majority of surgical procedures, certain specialised procedures are best performed on an alternate table.

According to [REDACTED] the way other hospitals approach the problem is to leave the MR table fixed in situ and simply wheel in an alternate table and operate it along-side the MR table.

Apparently [REDACTED] has seen this before and in one case staff placed a cover over the ORT100 and utilised the top for holding instruments and consumables.

Notable points:

1. There appears to be little evidence to support the removal of the ORT100 from the Neurosuite
2. The ORT100 is a fully functional operating table with a wide range of movements and functionality; but essentially it's a standard operating table that is MR compatible
3. The back section of ORT100 is radiolucent and therefore X-ray compatible
4. The ORT100 has a removable back section and the body rotated 180 degrees, which would help matters if an alternate table was to be used alongside
5. The Neurosuite is very large, there appears to be adequate room for an alternative table to be used alongside the ORT100
6. The local IMRIS representative *does not* support the removal of the ORT100 and warns against such action
7. Removing the ORT100 has voided the manufacturer's warranty and introduced the possibility for a range of risk and liabilities
8. If we ask IMRIS to re-install and certify the ORT100 there is a good chance they may re-instate the warranty?

Solution:

On the occasions where the Neurosuite is required for non-MRI applications *and* an alternate table is required (ie: the Jackson table) then the ORT100 can be rotated into the least obstructive position and covered/protected from liquid ingress and damage.

If the above solution is incompatible to the requirements of the surgeon/theatre staff then an alternative OPR could be used.

Regards

**James Cotterill**

Biomedical Engineering Technician | Biomedical Engineering Department  
 Phone: 6244 3831 | Fax: 6244 3819 | Email: [james.cotterill@act.gov.au](mailto:james.cotterill@act.gov.au)



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---

**From:** Thorburn, Phillip  
**Sent:** Friday, 5 August 2011 3:55 PM  
**To:** Cotterill, James  
**Subject:** RE: IMRES table

Thanks James, have a great weekend.

**Phillip Thorburn**  
Senior Biomedical Engineer | Redevelopment Unit  
PhoneExt: 45255 | Mobile: [REDACTED]

---

**From:** Cotterill, James  
**Sent:** Friday, 5 August 2011 2:04 PM  
**To:** Thorburn, Phillip  
**Subject:** IMRES table

Hi Phil

To date I've not been able to obtain any further product information from IMRES, their web site does not mention any options for the table

I have contacted the local representative for IMRES in Melbourne and I'm waiting on his call back.

I'll keep you informed.

Regards

**Baker, Jennie**

---

**From:** Baker, Jennie  
**Sent:** Saturday, 6 August 2011 7:24 PM  
**To:** Scott, Adrian  
**Subject:** FW: Suitability of the IMRIS ORT100 table for non-MR applications  
**Attachments:** T300032-000 Rev G.pdf

Hi Adrian,

This looks like there might be a solution available.

Jennie

---

**From:** Cotterill, James  
**Sent:** Saturday, 6 August 2011 14:01  
**To:** Thorburn, Phillip; Baker, Jennie  
**Cc:** Geoghegan, Sean; Salehzahi, Farshid; Ringland, Alan; Williams, Horace; Belle, Kyril  
**Subject:** Suitability of the IMRIS ORT100 table for non-MR applications

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6. The local IMRIS representative *does not* support the removal of the ORT100 and warns against such action
7. Removing the ORT100 has voided the manufacturer's warranty and introduced the possibility for a range of risk and liabilities
8. If we ask IMRIS to re-install and certify the ORT100 there is a good chance they may re-instate the warranty?

Solution:

On the occasions where the Neurosuite is required for non-MRI applications *and* an alternate table is required (ie: the Jackson table) then the ORT100 can be rotated into the least obstructive position and covered/protected from liquid ingress and damage.

If the above solution is incompatible to the requirements of the surgeon/theatre staff then an alternative OPR could be used.

Regards

**James Cotterill**

Biomedical Engineering Technician | Biomedical Engineering Department  
Phone: 6244 3831 | Fax: 6244 3819 | Email: [james.cotterill@act.gov.au](mailto:james.cotterill@act.gov.au)



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**From:** Thorburn, Phillip  
**Sent:** Friday, 5 August 2011 3:55 PM  
**To:** Cotterill, James  
**Subject:** RE: IMRES table

Thanks James, have a great weekend.

**Phillip Thorburn**

Senior Biomedical Engineer | Redevelopment Unit  
PhoneExt: 45255 | Mobile: [REDACTED]

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**From:** Cotterill, James  
**Sent:** Friday, 5 August 2011 2:04 PM  
**To:** Thorburn, Phillip  
**Subject:** IMRES table

Hi Phil

To date I've not been able to obtain any further product information from IMRES, their web site does not mention any options for the table

I have contacted the local representative for IMRES in Melbourne and I'm waiting on his call back.

I'll keep you informed.

Regards

**Kirchner, Horst**

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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 10:17 PM  
**To:** Kirchner, Horst; JasonSmith, Rhona; Cotterill, James; Baker, Jennie; Scott, Adrian; Robertson, Cameron  
**Subject:** FW: The Neuro Theatre Table

Hi Jennie, Adrian, Horst, James, Rhona and Cameron,

with regard to the reinstallation of the neurosuite table on the evening of Tuesday 9 August in preparation for a case on the following Wednesday morning:

Jennie - please confirm whether Biomedical Engineering will be taking over the responsibility for detaching and reinstalling the neurosuite table. Please also confirm support for the following.

Adrian - please advise me how you expect the B&I staff costs to be managed.

Horst - would you please make your expertise available for tomorrow evening from 18:00 to reattach the neuro table, or at least hand over the kit and documentation to me if either you are unavailable or it is agreed that BME will be looking after this from now on. I think that I'd appreciate you being around/on-the-phone never-the-less.

James - I believe that you're on-call Tuesday evening, so please assist or lead the reinstallation of the table or pass this information onto the person who is on-call and is capable of reinstalling the table or providing assistance to Horst.

Rhona - please provide access to the neurosuite after the last case on Tuesday as well as arrange for an End Of Day Check after the table has been reinstalled. I don't know who does the End Of Day Check, so please let me know who that is so that I can let that person know when we're finished. Please also let me know what lock up procedure you want me to follow if I need to be the last person to leave if I cannot leave the neurosuite theatre to the person doing the End Of Day Check.

Cameron - please confirm that the MRI imaging system will be tested on Wednesday morning prior to clinical use. Please also confirm that, as the MRI Safety Officer, you're satisfied with what we're doing.

There are two items left - access to a Wardsman and access to a trades person to assist with the installation. If you organised this in the past, then please do so again and let me know. I think that we will not need the trades person if we have Horst and James (or the on-call BME) working together on this with assistance from a Wardsman.

I'll be there for the entire process and will ensure handover to the person doing the End Of Day Check as well as contacting Rhona by SMS and Cameron via e-mail on completion.

I believe that we'll be finished with the reinstallation within two hours of being given the theatre, including the End Of Day Check. Please correct my estimate if you believe I am wrong.

Please call me on 6244 2256 if you have any queries. This number reaches me 24/7.

Cheers,

Sean

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Sean Geoghegan, PhD  
 Chief Medical Physicist    ACT Health    ACT Australia  
 p: +61 2 6244 2256    f: +61 2 6244 2276    m: [REDACTED]  
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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 21:42  
**To:** Baker, Jennie

**Cc:** Cotterill, James; Kirchner, Horst; JasonSmith, Rhona; Thorburn, Phillip; Robertson, Cameron  
**Subject:** RE: The Neuro Theatre Table

Hi Jennie,

sorry to take so long to get back to you.

I believe that it is safe to return the table to use on condition that the SOPs shown to us this morning by Rhona are followed by the Neurosuite staff. These SOPs cover testing that the room is clear of mobile magnetisable objects (covered in their End Of Day Check SOP) and determining that the image quality is clinically sufficient. I caught up with Cameron Robertson after our meeting this morning and he confirmed that they conduct image quality tests on the MRI before use.

The single highest likelihood risk is the risk that the hydraulics will fail. This will eventually happen with work hardening and fatigue of the steel hydraulic connecting tubes at the base of the table stand that protrude from the floor. We probably have many cycles of detachment and reattachment before failure occurs. I believe that a practical alternative to repeatedly detaching and reattaching the hydraulics with the current configuration can be devised in the short to medium term - this will be addressed as part of our risk assessment being developed between Martin Van Lith, Rob Swain, Phil Thorburn and myself.

Tomorrow, the MRI neuro table will need to be reinstalled for a case from 8:00 on Wednesday morning. We'll get the theatre after the last case of the day at approximately 18:00 on Tuesday. We'll need to arrange staff to install the table, and check the installation. I'll liaise with James, Horst and Rhona to make it happen.

I have a full day of meetings tomorrow, but will keep an eye on my e-mails and make sure that we have all arranged before 18:00 tomorrow.

Cheers,

Sean

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Sean Geoghegan, PhD  
Chief Medical Physicist ACT Health ACT Australia  
p: +61 2 6244 2256 f: +61 2 6244 2276 m: [REDACTED]  
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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 09:46  
**To:** Baker, Jennie; Thorburn, Phillip  
**Subject:** RE: The Neuro Theatre Table

Hi Jennie,

I'll provide you with an opinion after our meeting with Rhona this morning at 10:00.

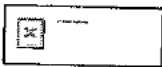
Cheers,

Sean

**Sean Geoghegan**

Chief Medical Physicist Medical Physics and Medical Technology Systems

Phone: 6244 2256 | Mobile [REDACTED] | Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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**From:** Baker, Jennie  
**Sent:** Monday, 8 August 2011 9:44 AM  
**To:** Geoghegan, Sean; Thorburn, Phillip  
**Subject:** The Neuro Theatre Table

**Kirchner, Horst**

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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 9:42 PM  
**To:** Baker, Jennie  
**Cc:** Cotterill, James; Kirchner, Horst; JasonSmith, Rhona; Thorburn, Phillip; Robertson, Cameron  
**Subject:** RE: The Neuro Theatre Table

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Cheers,

Sean

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Sean Geoghegan, PhD  
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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 09:46  
**To:** Baker, Jennie; Thorburn, Phillip  
**Subject:** RE: The Neuro Theatre Table

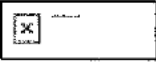
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Cheers,

Sean

**Sean Geoghegan**  
Chief Medical Physicist Medical Physics and Medical Technology Systems  
Phone: 6244 2256 | Mobile [REDACTED] | Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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**From:** Baker, Jennie

**Sent:** Monday, 8 August 2011 9:44 AM

**To:** Geoghegan, Sean; Thorburn, Phillip

**Subject:** The Neuro Theatre Table

Hi Gentlemen,

Adrian has informed me that we will receive a request to reinstall the MRI table for a case on Wednesday.

In your professional opinions do you consider it safe for use as a MRI/Neuro table after installation by the Facilities/BME team?

Jennie

**Jennie Baker**

Director Business Support

ACT Health

Phone 02 6244 3045

Mobile [REDACTED]

[jennie.baker@act.gov.au](mailto:jennie.baker@act.gov.au)

**Kirchner, Horst**

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**From:** Geoghegan, Sean  
**Sent:** Tuesday, 9 August 2011 1:23 PM  
**To:** Kirchner, Horst; Sommariva, Maurice  
**Cc:** Baker, Jennie; Thorburn, Phillip; Cotterill, James  
**Subject:** FW: The Neuro Theatre Table

Hi Horst and Maurice,

it looks like we'll be on from 16:00 for the iMRI table move this afternoon. Are you able to make it then?

Cheers,

Sean

**Sean Geoghegan**

Chief Medical Physicist Medical Physics and Medical Technology Systems

Phone: 6244 2256 | Mobile: [REDACTED] Fax: 6244 3819 | Email: [sean.geoghegan@act.gov.au](mailto:sean.geoghegan@act.gov.au)



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**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 9 August 2011 12:53 PM  
**To:** Geoghegan, Sean  
**Subject:** RE: The Neuro Theatre Table

Hi Sean

As per our phone conversation, I am anticipating that we will be able to have access to the Neuro Suite from around 4pm, and I will phone you if that time alters. I have planned for an In-between clean to be undertaken at the end of the 2<sup>nd</sup> case so that the environment will be safe for you and your colleagues to work in. Once you have completed the installation of the table an End-of-Day clean will be undertaken and all the associated checks carried out as per the SOPs. Angela Goodridge is the Patient Flow CNC in-charge of the unit this evening and she is the person to contact when the works have been completed. You will not be required to 'lock up' after you finish, as there will still be a body of clinical re-stocking and setting up to be completed by the nursing staff in preparation for the next day.

Thank you

Rhona

Rhona JasonSmith  
Assistant Director of Nursing Perioperative Services  
The Canberra Hospital  
ph (02) 62443051  
fx (020) 6244 3348

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**From:** Geoghegan, Sean  
**Sent:** Monday, 8 August 2011 10:17 PM  
**To:** Kirchner, Horst; JasonSmith, Rhona; Cotterill, James; Baker, Jennie; Scott, Adrian; Robertson, Cameron  
**Subject:** FW: The Neuro Theatre Table

Hi Jennie, Adrian, Horst, James, Rhona and Cameron,

with regard to the reinstallation of the neurosuite table on the evening of Tuesday 9 August in preparation for a case on the following Wednesday morning: