

**From:** [REDACTED]  
**Sent:** Wednesday, 19 October 2011 10:32 AM  
**To:** Reid, Barbara  
**Cc:** [REDACTED]  
**Subject:** Follow up  
**Attachments:** RE: TCH neuro suite warrenty expiry; SA-11-0719 TOP Service Agreement  
 IMRISneuro Matrix 1 5T - Canberra.pdf

Dear Barb,

Thanks so much for meeting with [REDACTED] and I yesterday, it was a very helpful discussion.

We'll take the risk report that you gave us and we'll have a response to all of their concerns so that we can get the suite up and running asap. We are planning to get back to you next week with our response....after a cursory look, we don't see any red flags and so we should be able to come up with a solid plan. As part of the plan Michael will come to the table replacements to be sure to mitigate risk.

Clearly as part of the plan, we'll need TCH to sign the service contract. I have attached my e-mails with Alan Ringland about it as well as the contract itself (which terms have been unchanged since the tender).

Just to recap on the removable OR table. We are hoping to file and get approval by Australian regulatory clearance in the first quarter of 2012 and so we could sell and install it immediately after that. As I mentioned during the meeting there would be some construction involved to replace the current table with the removable table. RF shield modifications would need to be done in addition to changes to the floor since the old table needs to be completely removed. We still don't have a price estimate yet but unfortunately it would likely be shockingly expensive. As a very rough estimate, I'd suggest budgeting AUS \$750,000 for the total project.

I'll send you in a follow up e-mail info about our vascular products. I might also suggest that the interested parties go for a site visit at RCH in Melbourne since they have our three room neurosurgical - vascular solution from May 5<sup>th</sup> to 11<sup>th</sup> at the ISMRM conference [REDACTED]. They are planning to have tours of the suite during the conference. Of course we can also set up private tours at a later date as well.

Also, can you please share Dr. Fuller's e-mail address so I can connect with him.

Kindest Regards,

[REDACTED]

---

[REDACTED]

M. 204 291 6707 (Canada)  
 M. 03 9005 6799 (Australia)  
 M. 70 7847 7036 (South Korea)  
 M. 852 8199 9245 (Hong Kong)  
 E. [REDACTED]  
[www.imris.com](http://www.imris.com)

This email has been scanned by the IMRIS Email Security System

**Baker, Jennie**

---

**From:** JasonSmith, Rhona  
**Sent:** Friday, 21 October 2011 4:14 PM  
**To:** Dredge, David; Wall, Bernie; Ringland, Alan  
**Cc:** O'Dwyer, Mike; Baker, Jennie  
**Subject:** RE: RISKMAN SUBMITTED today

Hi All,

I believe Biomed / Horace has been looking into the issue from their perspective today and that a report is forthcoming.

Additional information to hand is that the critical equipment was plugged into red Essential Power outlets not the blue UPS outlets.

This may be because the majority of the nurses do not understand the difference as most theatres only have red outlets.

All critical equipment in OR 14 is being transferred to UPS outlets this evening.

An explanation of the difference in these outlets is being provided as a communication to all nursing staff.

Regards  
Rhona

Rhona JasonSmith  
Ag DON SAOH  
The Canberra Hospital  
P 62443275

---

**From:** Dredge, David  
**Sent:** Thursday, 20 October 2011 5:46 PM  
**To:** Wall, Bernie; JasonSmith, Rhona  
**Cc:** O'Dwyer, Mike; Baker, Jennie  
**Subject:** RE: RISKMAN SUBMITTED today

All – for consideration, how we may have a solution that risk is minimised to patients.  
Is this something to be done during hrs of theatre operational use?  
Is OR 14 equipment back up supply configuration consistent with the rest of theatres?

---

**From:** Wall, Bernie  
**Sent:** Thursday, 20 October 2011 4:35 PM  
**To:** JasonSmith, Rhona  
**Cc:** Dredge, David; O'Dwyer, Mike  
**Subject:** RE: RISKMAN SUBMITTED today

Rhona,

The power outage at 12.17pm was caused by the generator that had been providing essential power supply to several areas of Building 12 being turned off. This test is carried out monthly to ensure that the generator will supply on going (full load/demand) power to essential services should the campus lose its main electrical supply from ACTEW (current service provider).

PM&M and its contractors flicked a switch on an electrical distribution board so that main ACTEW electrical supply was reinstated at 12.17pm. The time between switching off of the generator to full main power being reinstated would have only been 3 to 5 seconds.

Bio Med will be able to advise on what medical equipment in OR14 is supported by UPS.

I will be away tomorrow. Mike O'Dwyer will be able to assist with any further concerns or clarification you require

Regards

Bernie Wall  
Senior Manager  
Property Management & Maintenance  
ACT Health

{w} 02-6244 2407  
{m} [REDACTED]  
{fax} 02-6174 5097

<< OLE Object: Picture (Device Independent Bitmap) >>

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

*Care Excellence Collaboration Integrity*

---

**From:** JasonSmith, Rhona  
**Sent:** Thursday, 20 October 2011 4:08 PM  
**To:** Wall, Bernie  
**Subject:** FW: RISKMAN SUBMITTED today

Rhona JasonSmith  
Ag DON SAOH  
The Canberra Hospital  
P 62443275

---

**From:** Reeves, Kerri  
**Sent:** Thursday, 20 October 2011 4:04 PM  
**To:** JasonSmith, Rhona  
**Subject:** FW: RISKMAN SUBMITTED today

---

**From:** Todd, Kylie  
**Sent:** Thursday, 20 October 2011 3:33 PM  
**To:** Goodridge, Angela  
**Cc:** Lollback, Benjamin; Hosking, Rhonda; Reeves, Kerri  
**Subject:** RISKMAN SUBMITTED today

Hi,

Today's events in OR14, just letting you RISKMAN submitted as requested and info forwarded for your discussions with Bernie Wall re power outage.

**1. EQUIPMENT ISSUE SUMMARY - 0745hrs**

Mayfield adaptor for the marquet operating table was missing which delayed surgery for an hour

**DETAILS:**

On arrival in OR14 the jackson operating table from the previous day needed to be removed from OR14 and the Marquet operating table needed to be brought into OR14. Once this change over of operating tables had occurred it was discovered on setting up the marquet operating table that the mayfield adaptor was missing. The search carried out was extensive of the entire theatre suite including biomedical department. The adaptor was eventually found an hour later amongst the traction table equipment which is NOT the normal place for this item to be stored. this delayed the start of the patients operation by an hour. Alternative operating tables were in use at the time of discovering the missing Mayfield Marquet adaptor.

**2. POWER OUTAGE SUMMARY - 1217hrs**

A short power outage in OR14 at approximately 12:17pm, effected all electrical equipment being used in the operating room during surgery.

**DETAILS**

short power outage in OR14 at approximately 12:17pm, effected all electrical equipment being used in the operating room during surgery. Dr Halcrow was operating on a patient who was having a right craniotomy and debulking of a right temporal mass and right temporal lobectomy when all theatre lights, diathermy, stealth navigation, ultrasonic aspirator, anaesthetic slave monitor, calf compressor, microscope, control room computers displaying images of tumour and finally the IMRIS theatre control panel malfunctioned.

**TREATMENT GIVEN**

Over the next 35minutes whilst Dr Halcrow continued doing the right craniotomy and debulking of a right temporal mass and right temporal lobectomy without stealth navigation or images of patients tumour. I had to reset all named items except for theatre lights which came back on automatically. Items requiring attention included diathermy, ultrasonic aspirator, anaesthetic slave monitor which was reset by David Neale (Anaesthetic Registrar), calf compressors, microscope, both control room computers which required the registrars user name and passwords so that the images of the tumour could be redisplayed once I was finally able to go through each image to get the approximate location of the tumour again. David Neale assisted in choosing appropriate images to be displayed once they were located. Finally the IMRIS theatre control panel needed to be reset as the outage caused the display screen to lock and become overscanned and non responsive. Unfortunately as the Stealth requires landmarks to be set up prior to surgery we were not able to recalibrate the stealth navigation system as the patient was already positioned and draped for surgery.

**STEPS TAKEN**

I had to reset all named items except for theatre lights which came back on automatically.

The items requiring attention included:

- \* Diathermy
- \* Ultrasonic aspirator - CUSA
- \* Anaesthetic slave monitor which was reset by David Neale (Anaesthetic Registrar)
- \* Calf compressors
- \* Microscope
- \* Both control room computers which required the registrars user name and passwords so that the images of the tumour could be redisplayed once I was finally able to go through each image to get the approximate location of the tumour again. David Neale assisted in choosing appropriate images to be displayed once they were located.
- \* Finally the IMRIS theatre control panel needed to be reset as the outage caused the display screen to lock and become overscanned and non responsive.
- \* Unfortunately as the Stealth requires landmarks to be set up prior to surgery which we were not able to recalibrate the stealth navigation system as the patient was already positioned and draped for surgery.

Kind regards,

*Kylie*

**Kylie Todd RN/WSR**  
**Perioperative Services | The Canberra Hospital**

Level 3, Building 12, The Canberra Hospital, Yamba Drive, Garran ACT 2605

T 61 2 6244 3647 | M 0431 659 767 | E [Kylie.Todd@act.gov.au](mailto:Kylie.Todd@act.gov.au)

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**From:** [REDACTED]  
**Sent:** Tuesday, 1 November 2011 6:31 AM  
**To:** Reid, Barbara  
**Cc:** [REDACTED]  
**Subject:** Operating Table Risk Report - IMRIS response  
**Attachments:** Case Data Slides.pdf

Dear Barbara,

As you know we're eager in getting the IMRISneuro suite up and running again at TCH as soon as possible (and hopefully increase its usage as well). As we discussed at our last meeting, our plan is to address the issues which shut down the suite. We have reviewed the Risk Management Plan for the removal of the IMRIS Operating Table have addressed each of the 7 risks itemized in the summary final report. Please note that it is very important that the IMRIS service contract needs to be signed before the plan can be implemented. Also, this plan is considered an interim solution until we can sell TCH the IMRIS ORT200 removable operating table. We are planning to have TGA approval for the ORT200 removable operating table in early 2012.

**Risk #1** - The local IMRIS personnel will be the one which installs and removes the current operating table. Having a certified IMRIS employee doing the extracting and installation resumes liability back to the terms of our contract. IMRIS will assume responsibility as a part of our service contract any additional wear and tear due to the install and removal of the IMRIS OR table. As part of this arrangement TCH will need to provide IMRIS suitable notice (over 7 days ) for when the OR table will need to be changed. It is assumed that the table will only need to be installed and removed no more than 3 times in any 30 day period.

**Risk #2** - The local IMRIS personnel will be installing a new locking mechanism.

**Risk #3** - As per the original tender maintenance and service is \$250,000 per year. All maintenance and service is done by a certified IMRIS service technician.

**Risk #4** - TCH responsibility

**Risk #5** - Attached is a list of procedures that other hospitals engage in using our surgical operating table. I realize that it does not provide full spine capabilities but still the operating table has a wide array of capabilities.

**Risk #6** - TCH responsibility

**Risk #7** - TCH responsibility but is also covered through IMRIS safety training. If additional safety training is required, IMRIS can do so.

Also, to cover our bases we have crafted responses to the 11 risks in the detailed Risk Management Plan. Obviously, there is a lot of repetition from the answers above.....

**Risk #1** - TCH signs the proposed service agreement. The local IMRIS personnel will be the only one which installs and removes the current operating table As part of this arrangement TCH will need to provide IMRIS suitable notice (over 7 days ) for when the OR table will need to be changed. It is assumed that the table will only need to be installed and removed no more than 3 times in any 30 day period.

**Risk #2** - Having a certified IMRIS employee doing the extracting and installation resumes liability back to the terms of our contract.

**Risk #3** - With the service contract signed and the IMRIS employee installing and removing the surgical table... Liability will be shifted back to the contract terms.

**Risk #4** - IMRIS will assume responsibility as a part of our service contract any additional wear and tear due to the install and removal by an IMRIS employee of the IMRIS OR table.

**Risk #5** - TCH responsibility to create safety procedure

**Risk #6** - TCH responsibility

**Risk #7** - Attached is a list of procedures that other hospitals engage in using our surgical operating table.

**Risk #8** - The local IMRIS personnel will be installing a new locking mechanism.

**Risk #9** - The service contract will cover service issues and regular maintenance. IMRIS personnel will be the only ones doing work on the system assuring consistency and a single point of contact.

**Risk #10** - TCH responsibility

**Risk #11** - TCH responsibility but is also covered through IMRIS safety training. If additional safety training is required, IMRIS can do so.

I hope that this will help getting things going again and please let me know if you need further clarification on any of the items covered above. Also, if there are any items not addressed then we would be happy to do so.

Please feel free to contact me anytime for support.

Kindest Regards,

[REDACTED]

\_\_\_\_\_

[REDACTED]



M. 204 291 6707 (Canada)  
 M. 03 9005 6799 (Australia)  
 M. 70 7847 7036 (South Korea)  
 M. 852 8199 9245 (Hong Kong)  
 E. [REDACTED]  
[www.imris.com](http://www.imris.com)

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If not ACT Health wide policy add division/service branch name here in 18pt

# Standard Operating Procedure

## iMRIS Operating Table Removal and Re-attachment

### Purpose

The purpose of this SOP is to ensure the safe removal and re-attachment of the iMRIS operating table in Theatre 14.

### Scope

This Standard Operating Procedure applies to the Biomedical Technicians, Electricians, Fitters, Nurses, Wardsmen and Cleaners that will be involved in the removal and installation of the operating table.

*who pm/m/cour*

### Procedures

- The removal and re-attachment of the iMRIS operating is to be performed as per the attached guide.
- This procedure must be performed within business hours the day before intended use to allow for the appropriate personnel to be available.
- Following installation of the table, it must be tested to ensure correct operation by ??? who must then report results to Team Leader/ Patient Flow.
- The theatre will receive the equivalent of an in between case clean following both removal and re-attachment of the operating table. The cleaners are to be contacted by ??? who performs the test of the table or the OR Team Leader.

*how do you test table hydraulics*

### Evaluation

#### Outcome Measures

The iMRI operating table will be removed and reattached:

- without injury to staff
- without impacting on the smooth running of theatre lists
- without damage to property; and
- in good working order.

#### Method

Any incidents of injury or near-injury are to be reported on Riskman.

### Related Legislation and Policies

- Manual handling policy
- Safe work practice
- Work safety Act 2008

*Work safety regulation 2009  
Safety management system*

### Definition of Terms (non-mandatory)

- iMRI: Intraoperative magnetic resonance imagery

Document Number	Replaces Doc No	Version	Issue Date	Review Date	Area Responsible	Publication Date
		Eg 1.0	Eg Jan 2009	Eg Jan 2011	Eg PSQU	7/11/11



**References**

**Attachments**

*Step by step guide from Horst Kirchner*

<b>Consultation Process</b>	
<b>Name Authored By</b>	<b>Position of Author</b>
Ben Lollback	Registered Nurse
<b>Endorsed By</b>	<b>Date</b>

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		<i>Eg 1.0</i>	<i>Eg Jan 2009</i>	<i>Eg Jan 2011</i>	<i>Eg PSQU</i>	<i>7/11/11</i>

**McClymont, Geoff**

---

**From:** Blakely-Kidd, Richard  
**Sent:** Thursday, 10 November 2011 4:33 PM  
**To:** Belle, Kyril  
**Subject:** Neurosuite caterpillar

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi KB,

Am in the process of finalising costs with IMRIS's securities (retention and Bank Guarantee).

With regard to the "caterpillar" cover which I haven't received any advice on its status. Is it still necessary now that the room will hardly be used?

If it is not, we will have to eventually probably release the securities.

regards

*Richard Blakely-Kidd*

Senior Project Officer

Shared Services Procurement

Outposting Address

Level 1, Building 23, The Canberra Hospital ACT

Phone: (02) 6207 6450

Mob: [REDACTED]

Email: [richard.blakely-kidd@act.gov.au](mailto:richard.blakely-kidd@act.gov.au)

Shared Services Procurement

Level 3 North, Dame Pattie Menzies House

16 Challis Street Dickson ACT

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Thursday, 10 November 2011 4:55 PM  
**To:** Blakely-Kidd, Richard  
**Subject:** RE: Neurosuite caterpillar

Hi Richard,

Let me follow this up with surgical services will get back to you tomorrow.

Kyril

---

**From:** Blakely-Kidd, Richard  
**Sent:** Thursday, 10 November 2011 4:33 PM  
**To:** Belle, Kyril  
**Subject:** Neurosuite caterpillar

Hi KB,

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regards

*Richard Blakely-Kidd*  
Senior Project Officer  
Shared Services Procurement  
Outposting Address  
Level 1, Building 23, The Canberra Hospital ACT

Phone: (02) 6207 6450  
Mob: [REDACTED]  
Email: [richard.blakely-kidd@act.gov.au](mailto:richard.blakely-kidd@act.gov.au)

Shared Services Procurement  
Level 3 North, Dame Pattie Menzies House  
16 Challis Street Dickson ACT

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Wednesday, 29 February 2012 10:17 AM  
**To:** Baker, Jennie  
**Subject:** FW: Neurosuite operation query

---

**From:** Belle, Kyril  
**Sent:** Friday, 11 November 2011 2:03 PM  
**To:** Reid, Barbara  
**Subject:** RE: Neurosuite operation query

Hi Barbara,

Thank you for the clarification.

Kyril

---

**From:** Reid, Barbara  
**Sent:** Friday, 11 November 2011 1:50 PM  
**To:** Belle, Kyril  
**Subject:** RE: Neurosuite operation query

Hi Kyril

The neurosuite will be still utilised for its intended use so please follow up with Imris the cover for the caterpillar track. We are currently working through the issues with the table and as soon as they are resolved the theatre will be functioning as per normal.

Barb

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

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---

**From:** Belle, Kyril  
**Sent:** Friday, 11 November 2011 11:41 AM  
**To:** Reid, Barbara  
**Cc:** Baker, Jennie  
**Subject:** RE: Neurosuite operation query  
**Importance:** High

Dear Barbara,  
Sorry about the email title earlier.  
Kyril

---

**From:** Belle, Kyril  
**Sent:** Friday, 11 November 2011 11:40 AM  
**To:** Reid, Barbara

**Cc:** Baker, Jennie  
**Subject:** Neurod  
**Importance:** High

Hi Barbara,

I hope you are well. I have just returned from my maternity leave and require clarification on the Neurosuite operation.

The project is in the process of finalising the costs and releasing IMRIS's securities (retention and Bank Guarantee). At the commissioning stage we identified the "caterpillar" track maybe a potential infection control issue and hence requested IMRIS to design a cover for it. It seems that Neurosuite is no longer used as intended so the cover may not be a requirement. If it is not, we will have to eventually release the securities.

Could you please confirm this at your earliest convenience?

Regards,  
Kyril

**Kyril Belle**

Senior Biomedical Engineer

Biomedical Engineering | Business Support | ACT Health

Phone: +61 2 62444496 | Mobile: [REDACTED] | Email: [Kyril.belle@act.gov.au](mailto:Kyril.belle@act.gov.au)

**McClymont, Geoff**

---

**From:** Reid, Barbara  
**Sent:** Friday, 11 November 2011 1:50 PM  
**To:** Belle, Kyril  
**Subject:** RE: Neurosuite operation query

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

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---

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**Cc:** Baker, Jennie  
**Subject:** RE: Neurosuite operation query  
**Importance:** High

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**Sent:** Friday, 11 November 2011 11:40 AM  
**To:** Reid, Barbara  
**Cc:** Baker, Jennie  
**Subject:** Neurod  
**Importance:** High

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Could you please confirm this at your earliest convenience?

Regards,  
Kyril

**Kyril Belle**

Senior Biomedical Engineer

Biomedical Engineering | Business Support | ACT Health

Phone: +61 2 62444496 | Mobile: [REDACTED] Email: [Kyril.belle@act.gov.au](mailto:Kyril.belle@act.gov.au)

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Friday, 11 November 2011 2:50 PM  
**To:** Blakely-Kidd, Richard  
**Subject:** RE: Neurosuite caterpillar  
**Attachments:** RE: Neurosuite operation query

Hi Richard,

I have confirmed with Barbara Reid (email attached) that Neurosuite is still being used as intended. Therefore we have to get the cover sorted before releasing the securities.

Kyril

---

**From:** Blakely-Kidd, Richard  
**Sent:** Thursday, 10 November 2011 4:33 PM  
**To:** Belle, Kyril  
**Subject:** Neurosuite caterpillar

Hi KB,

Am in the process of finalising costs with IMRIS's securities (retention and Bank Guarantee).  
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regards

*Richard Blakely-Kidd*  
Senior Project Officer  
Shared Services Procurement  
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Level 3 North, Dame Pattie Menzies House  
16 Challis Street Dickson ACT



**McClymont, Geoff**

---

**From:** Van Lith, Martin  
**Sent:** Friday, 11 November 2011 3:45 PM  
**To:** Belle, Kyril  
**Subject:** IMRIS Operating Table  
**Attachments:** Review report 220811.docx; Risk\_Plan\_20110818.docx

Hello Kyril

Report and risk analysis for the IMRIS Operating Table attached

Kind regards

**Martin Van Lith**



Coordinator, Accreditation and Risk Management  
***Business and Infrastructure – committed to timely, responsive and client-focused services***  
Ph: (02) 6205 0594 Email: <mailto:Martin.VanLith@act.gov.au>  
***Care Excellence Collaboration Integrity***



**Business & Infrastructure Branch**  
with support from  
**Surgery and Oral Health Division**  
&  
**Quality and Safety Unit**

**Review**

**Interchange of IMRIS Operating Table in the MRI  
Neurosuite at TCH**

**Final Report**

22 August 2011

## Executive Summary

The review set out to develop a risk management plan and identify key risks associated with the frequent interchange (removal and re-installation) of the IMRIS Operating Table in the MRI Neurosuite at TCH following various concerns associated with interchanging of the Table.

The IMRIS Operating Table has been interchanged to make way for other operating theatre tables so that the operating theatre can be used for other surgical procedures.

The IMRIS Operating Table was supplied and fixed to the floor as part of the installation of the MRI Neurosuite during 2010. The supplier and manufacturer is Intra-Operative Magnetic Resonance Imaging System (IMRIS) Inc. based in Canada.

The review considered the risks for interchanging the IMRIS Operating Table and also for leaving it in position. The review process uncovered other important and closely related risks.

The identified key risks were analysed, current controls identified, assessed and risk treatments proposed to lower the risk levels.

Recommendations were based on the proposed risk treatments for interchanging the IMRIS Operating Table and also for leaving it in position.

### 1. Report Owner

The review was initiated and the report is owned by the Business & Infrastructure Branch Executive Director, currently acting in this position is Mr Adrian Scott.

The review team included:

Martin Van Lith - Coordinator, Accreditation & Risk Management, Business & Infrastructure Branch.

Phil Thorburn – Biomedical Engineer, Redevelopment Unit, Service & Capital Planning

Rhona JasonSmith - Assistant Director of Nursing Perioperative Services

Horst Kirchner - Project Manager, Strategic Asset Management & Accommodation

James Cotterill - Biomedical Engineering Technician, Clinical Engineering

Sean Geoghegan - Chief Medical Physicist, Medical Physics and Medical Technology Systems

Rob Swain - Assistant Director, Workplace Safety, Quality & Safety Unit

### 2. Review Objectives and Scope

The objectives of the review team were to:

- Establish the facts with the interchange of the IMRIS Operating Room Table using Risk Analysis
- Provide a report of the review findings and formulate recommendations
- Look for system gaps and opportunities for improvement

The scope of the review included the interchange of the IMRIS Operating Room Table in the MRI Neurosuite at TCH.

### 3. Review Process

The review process consisted of:

- A documentation review including related Emails and Product Manuals;
- Site visits and demonstration of the re-installation;
- Interviews with key stakeholders;
- Analysis of findings utilising risk analysis;
- Reporting of the findings and recommendations; and
- A risk analysis to support the report (Attachment A).

A telephone discussion was held with Dr John Fuller, Head of Neurosurgery, on 17 August 2011. He stated that the MRI Neurosuite should be used more often as an operating theatre and not wasted. He also stated that as a surgeon he considered that the IMRIS Operating Table was not suitable for other surgery. His opinion was that the operating theatre should be used and that it required the IMRIS Operating Table be moved to make way for other operating theatre tables.

### 4. Summary of Key Risks and Recommendations

The review found that most interviewed stakeholders were concerned over the governance, management and safety associated with the frequent interchange (removal and re-installation) of IMRIS Operating Table in the MRI Neurosuite at TCH.

The Risk Management Plan in Attachment A contains the key risks that fell into the following main categories:

- Clinical
- People
- Property and Services
- Financial
- Business Process and Systems
- Reputation

## Key Risks and Recommendations

Risks	Recommendation
<ul style="list-style-type: none"> <li>The process of interchanging the IMRIS ORT100 Operating Table has adverse effect on the correct and accurate function of the table.</li> <li>All liability for using the MRI equipment in the MRI Neurosuite, including the IMRIS Operating Table, has been moved from the manufacture and installer to the Health Directorate.</li> <li>Litigation from a complication associated with a clinical case following the interchanging of the IMRIS Operating Table.</li> <li>Interchanging the IMRIS Operating Table causes premature 'wear and tear', as well increases the chance for error during each installation.</li> <li>Staff or patient on an operating table being injured from unexpectedly coming in contact with the metal floor plate covering the base for the IMRIS Operating Table.</li> </ul>	<p>1.1 Do not interchange the IMRIS ORT100 Operating Table in the MRI Neurosuite.</p> <p>OR</p> <p>1.2 If the IMRIS ORT100 Operating Table is to be interchanged then implement the risk treatments outlined in the Risk Management Plan</p> <p>1.3 Investigate with IMRIS designing a removable Operating Table suitable for use in the MRI Neurosuite and/or an interchangeable Operating Table top.</p>
<p>Permanent loss of function for the patient unrelated to the underlying illness.</p>	<p><b>Recommendation</b></p> <p>2.1 Supplier / manufacturer to fit a new entire locking mechanism to the IMRIS ORT100 Operating Table.</p> <p>2.2 Health Directorate notify Therapeutic goods Administration (TGA) of the problem with the IMRIS ORT100 Operating Table.</p>
<p><b>Risk</b></p>	<p><b>Recommendation</b></p>
<p>Medical equipment in the MRI Neurosuite, including the IMRIS ORT100 Operating Table not available for surgery.</p>	<p>3.1 Clarify responsibility and appropriately resource, including ongoing costs, the maintenance and upkeep of the medical equipment in the MRI Neurosuite, including the IMRIS ORT100 Operating Table.</p> <p>3.2 Appropriate training and endorsement by the manufacturer for the maintenance staff &amp; other staff for the IMRIS ORT100 Operating Table.</p>
<p><b>Risk</b></p>	<p><b>Recommendation</b></p>
<p>Present lighting pendants in the Neurosuite will not effectively cover the whole operating site for a Jackson Spinal operating theatre table.</p>	<p>4.0 Modify operating theatre light for the MRI Neurosuite, e.g. extending the arm on the pendant holding existing theatre light.</p>
<p><b>Risk</b></p>	<p><b>Recommendation</b></p>
<p>The MRI Neurosuite not being fully utilised for surgery.</p>	<p>5.1 Utilise the IMRIS ORT 100 Operating Table into the least obstructive position when using other operating theatre tables, AND / OR</p> <p>5.2 Regulate the use of the MRI Neurosuite to surgical procedures that can be performed on the IMRIS ORT 100 Operating Table.</p>

Risk	Recommendation
<p>Operating theatres at TCH not fitted with appropriate medical equipment contributing to backlog in surgical operations.</p>	<p>6.0 Schedule the work for the upgrading of the other eight operating theatres with improved theatre pendants, lights and cabling work, as previously planned and partially completed.</p>
Risk	Recommendation
<p>Degrading of the magnetic field for MRI and possible damage to staff and medical equipment from loose remnant small metal items or fragments</p>	<p>7.1 Ensure all staff entering and using the MRI Neurosuite are trained and competent in using this operating theatre, including the cleaning, technical and clinical staff.</p> <p>7.2 Schedule appropriate surgical cases for this operating theatre, i.e. being particularly careful with surgical cases involving metal implants, metal components, screws, etc.</p> <p>7.3 Conduct a metal sweep of the operating theatre with a magnetic roller at the end of each day for detecting and removing remnant small metal items or fragments of metal.</p>

## 5. Conclusion

The risk management plan identified key risks associated with the frequent interchange (removal and re-installation) and also for leaving fixed the IMRIS Operating Table in the MRI Neurosuite at TCH. The process also highlighted other important and closely related risks.

The risk management planning process identified three extreme level, six high level and two medium level risks.

Expedient attention is urged to address the following three extreme level risks.

1. It is recommended that the IMRIS ORT100 Operating Table not be interchanged. The review identified an extreme risk associated with interchanging the IMRIS ORT100 Operating Table from the adverse effect on the correct and accurate function of the table, premature 'wear and tear', increased chance for error during installation, increased liability and possibility to increased litigation exposure, as well as staff or patient on an operating table being injured from unexpectedly coming in contact with the metal floor plate.

If the IMRIS ORT100 Operating Table is to be interchanged then it is recommended that the risk treatments outlined in the Risk Management Plan under Risk Nos. 1, 2, 3 4 and 5 be implemented.

2. It is recommended that the supplier/manufacturer of the IMRIS ORT100 Operating Table fits a new entire locking mechanism and that the Therapeutic Goods Administration (TGA) be notified of the problem with the Table. Limited free movement of the Table top presents an extreme risk from permanent loss of function for the patient unrelated to the underlying illness.
3. It is also recommended that responsibility and appropriate resources be allocated, including ongoing costs, for the maintenance and upkeep of the medical equipment in the MRI Neurosuite, including the IMRIS ORT100 Operating Table. Appropriate training is required and endorsement by the manufacturer for the maintenance staff & other staff for the IMRIS ORT100 Operating Table.

Recommendations 4.0, 5.1, 5.2, 6.0, 7.1, 7.2 and 7.3 listed in the Table above also apply and are presented for follow-up and action to lower the other high and medium risks identified during the review.

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Tuesday, 22 November 2011 5:15 PM  
**To:** Jeff Koffman  
**Cc:** Michael Thomas  
**Subject:** RE: TCH neuro suite warrenty expiry

**Importance:** High

Hi Jeff,

Thank you for sending the documents to me. I tried to ring you but it rang out. We cannot agree to the terms and condition of the agreement as stated in the documents you sent to us. I have several queries and need clarification before I am in a position to sign off.

Can we talk through the agreement over a teleconference at a suitable time to yourself. I would like to finalise the contract sooner rather than later and hopefully before the end of the year.

Regards,  
 Kyril

**Kyril Belle**

Senior Biomedical Engineer, Business Support  
 Phone: 6244 4496 | Mobile: [REDACTED] Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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---

**From:** [REDACTED]  
**Sent:** Tuesday, 22 November 2011 9:12 AM  
**To:** Belle, Kyril  
**Cc:** Ringland, Alan; [REDACTED]  
**Subject:** RE: TCH neuro suite warrenty expiry

Dear Kyril

For your consideration, please find attached a detailed version of the service proposal. Also, as per our discussion I have attached a breakdown of the levels of MR service that Siemens offers. Our proposal has the Top/Gold program. If there is a package that is more appealing then we can certainly try to work with it.

[REDACTED] is our engineer in Australia and he is based in Sydney (I copied him on this email). You will be given his local number which is [REDACTED]. With the attached contract [REDACTED] will always be the first call responder no matter what the issue. However, many of our customers have deep relationships with Siemens and so if the customer knows it's a magnet issue then they will contact the Siemens service person directly even though they have signed our service agreement. The Siemens person will know to contact [REDACTED] because they will likely need his help because it's all interconnected.

As far as breaking up the contract into two pieces....this will take a bit to check out. As I mentioned on the call neither Siemens or IMRIS likes this approach because IMRIS makes significant software and hardware modifications to the magnet and generally speaking Siemens do not want to touch the magnet unless we are there because there have been expensive problems caused in the past because of a Siemens person acted alone. Siemens worldwide won't include an IMRIS magnet (our magnets our manufactured special in the factory) as part of a hospitals shared service contract. However, if we do go this route then we'll have to adjust out contract in terms of room downtime



penalties for IMRIS since [redacted] will not necessarily be the first responder. Please note: having the whole service contract run through Siemens and then they subcontract IMRIS is not a considerable option.

I'll follow up when I have some more clarity from Siemen's on the feasibility on breaking up the contract.

Please don't hesitate to contact me if you have more questions.

Kindest Regards,  
[redacted]



M. 204 291 6707 (Canada)  
M. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
I. 852 8199 9245 (Hong Kong)  
E. [redacted]  
[www.imris.com](http://www.imris.com)

**From:** Belle, Kyril [mailto:Kyril.Belle@act.gov.au]  
**Sent:** November-20-11 7:20 PM  
**To:** Jeff Koffman  
**Cc:** Ringland, Alan  
**Subject:** RE: TCH neuro suite warrenty expiry

Further to our conversation this morning. Can you please follow up on the following queries before we can consider the sign off on the contract.

- The service agreement offered to us is "Gold" level. Is there any other level offered by IMRIS for consideration?
- Who is the Australian Contact for any issues? Where is the technical support team based? We need an Australian number to call if we proceed with the agreement.
- The consideration for Siemens Magnet to be separated from the IMRIS contract.

Regards,  
Kyril

**Kyril Belle**  
Senior Biomedical Engineer, Business Support  
Phone: 6244 4496 | Mobile [redacted] Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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**From:** [Redacted]  
**Sent:** Friday, 23 September 2011 6:14 AM  
**To:** Ringland, Alan  
**Subject:** RE: TCH neuro suite warrenty expiry

Hi Alan,

Sorry to ask but I was wondering/hoping if you could provide some guidance if there was any chance of finalizing the contract before the end of September.

Best Regards,  
[Redacted]

---

**From:** Ringland, Alan [mailto:Alan.Ringland@act.gov.au]  
**Sent:** September-08-11 6:19 PM  
**To:** [Redacted]  
**Subject:** RE: TCH neuro suite warrenty expiry

[Redacted]

Thanks for the follow-up. I have asked our Chief Physicist to review the contract and then it will be forwarded to our Procurement section for processing. I will keep you informed.

Alan

**Alan Ringland**  
Clinical Equipment Manager  
Biomedical Engineering Department | The Canberra Hospital | GARRAN ACT 2605 | p:+61262443816 | f:+61262443819  
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---

**From:** [Redacted]  
**Sent:** Friday, 9 September 2011 5:46 AM  
**To:** Ringland, Alan  
**Cc:** Reid, Barbara; JasonSmith, Rhona; Cotterill, James; [Redacted]  
**Subject:** RE: TCH neuro suite warrenty expiry

Dear Alan,

I just wanted to follow up on the service agreement discussion.... It would be helpful for us to know the status since the warranty period has now expired. We're now in a position in which we'll be needing to charge TCH for time, materials and freight for service.

Please let me know if you have any questions or need additional information.

Kindest Regards,  
[Redacted]

---

**From:** [Redacted]  
**Sent:** July-19-11 3:11 PM

To: Ringland, Alan  
Subject: RE: TCH neuro suite

Dear Alan,

According to our files the TCH warranty expires on August 30, 2011

Please find attached the service contract and pricing that was agreed to as part of the tender. Since the tender was a few years ago, the language in the service agreement needs to be updated and so I'll be sending the updated version in the next few days. I have also attached a pdf which summarizes the IMRIS equipment we also manage through our service contract beyond the Siemens MRI.

I can be in Canberra on Thursday August 11<sup>th</sup> if you would like to meet to go over it.

Kindest Regards,

[Redacted signature]

[Redacted contact information]



M. 204 291 6707 (Canada)  
M. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
M. 852 8199 9245 (Hong Kong)  
E. [Redacted]  
[www.imris.com](http://www.imris.com)

---

**From:** Ringland, Alan [mailto:Alan.Ringland@act.gov.au]  
**Sent:** July-18-11 10:36 PM  
**To:** [Redacted]  
**Subject:** TCH neuro suite

[Redacted]

As Kyril is on maternity leave, I will be arranging the service contract for the Neurosuite at TCH. Can you tell me the expiry date for the warranty period, and the most appropriate person at Imris to provide a quote for on-going support.

Thanks

Alan

**Alan Ringland**

Clinical Equipment Manager  
Biomedical Engineering Department | The Canberra Hospital | GARRAN ACT 2605 | p:+61262443816 | f:+61262443819

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**Kirchner, Horst**

---

**From:** Kirchner, Horst  
**Sent:** Wednesday, 30 November 2011 1:06 PM  
**To:** JasonSmith, Rhona; 'Craig Sellars'; Robertson, Cameron; Hamilton, Stephen  
**Cc:** Wetselaar, Jennifer; Shaw, Diane; Woolf, Rochelle; Goodridge, Angela  
**Subject:** RE: OR 14 Magnet Bay Cleaning

Rhona,

I am no longer involved in these works, Bio medical engineering have taken over all the remove/install & modification responsibilities.

regards

*Horst Kirchner*

*Business & Infrastructure*

*Strategic Support*

*Flg. 6, L3, TCH*

*62050363*

*mob.* [REDACTED]

**Out of office Fridays**

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**ACT**  
Government  
Health

---

**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 29 November 2011 4:37 PM  
**To:** 'Craig Sellars'; Robertson, Cameron; Hamilton, Stephen; Kirchner, Horst  
**Cc:** Wetselaar, Jennifer; Shaw, Diane; Woolf, Rochelle; Goodridge, Angela  
**Subject:** OR 14 Magnet Bay Cleaning

Hi Folks

As per Stev's email below.

There is an operational agreement that the nursing staff will undertake the IMRI end of day clean and checking process once a month in preparation for the next day magnet bay clean. This will be organised in conjunction with Brad Ellis from ISS.

Horst Kirchner will liaise with Cameron Robertson and Steve Hamilton regarding the cover, nuts and bolts of the theatre table.

Thank you

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

Care Excellence Collaboration Integrity

Hi Rhona,

After speaking to you about restarting cleaning of the magnet and magnet bay I spoke with Cameron about moving the magnet out.

Both he and I are in agree that it is unsafe for the magnet to be moved into the theatre for cleaning given that the theatre is not left in a MRI safe configuration at the end of the day and the MRI safe table is removed. The cover over the hole, what's under the cover and the nuts and bolts holding the cover on are all unknown quantities to us so the theatre remains unsafe for MRI.

If the theatre is deemed UNSAFE for scanning then the theatre is UNSAFE for the magnet to be in.

We may have to look at cleaning the magnet and cable track in the magnet bay but even then I would have reservations about having the magnet bay doors open with an unsafe theatre on the other side. Also cleaning the cable track with the magnet parked may prove quite difficult.

We'll nut something out that is safe but I'm just not sure what that is yet....

Regards,

Stephen Hamilton

**McClymont, Geoff**

---

**From:** Wetselaar, Jennifer  
**Sent:** Tuesday, 6 December 2011 5:06 PM  
**To:** Belle, Kyril  
**Subject:** RE: OR 14 Magnet Cleaning

Hi Kyril,

Just noticed my phone has run out of battery(working 2 minutes ago). Please phone on 62442765.

Cheers, Jen

---

**From:** Belle, Kyril  
**Sent:** Tuesday, 6 December 2011 5:01 PM  
**To:** Wetselaar, Jennifer  
**Cc:** JasonSmith, Rhona; Hamilton, Stephen; Robertson, Cameron; Dengate, Melissa  
**Subject:** RE: OR 14 Magnet Cleaning

Dear Jenny,

Will suggest to consider the whole magnet transport system as MR unsafe and take necessary precaution. One of the ways around it is to bring the magnet out in the OR, closing the door and cleaning the tracks in magnet bay. Then reverse the process and do the same in the OR. In the IMRIS service contract we are negotiating so that the cleaning can coincide with the PM while the service engineers are onsite to supervise the cleaning staff.

Hope this helps.

Regards,  
Kyril

---

**From:** Wetselaar, Jennifer  
**Sent:** Monday, 5 December 2011 2:25 PM  
**To:** Belle, Kyril  
**Cc:** JasonSmith, Rhona; Hamilton, Stephen; Robertson, Cameron; Dengate, Melissa  
**Subject:** OR 14 Magnet Cleaning

Hi Kyril,

We are attempting to continue cleaning the MRI magnet and tracks during the period when it is not used for surgery to avoid a build up of dust in the cables etc. To clean the magnet we need to take it out of the magnet bay for access. Could you please tell me if the plate and bolts placed over the operating table based plate have been deemed MRI safe?

Kind regards,

*Jenny Wetselaar*

RN L2 Best Practice Monday & Tuesday

Perioperative Services  
The Canberra Hospital  
ACT Health  
Ph 62442765

**McClymont, Geoff**

---

**From:** Robertson, Cameron  
**Sent:** Wednesday, 7 December 2011 11:21 AM  
**To:** Belle, Kyril; Wetselaar, Jennifer  
**Cc:** JasonSmith, Rhona; Hamilton, Stephen; Dengate, Melissa  
**Subject:** RE: OR 14 Magnet Cleaning

Thank you everyone for your suggestions. As the iMRI Section Manager I believe the responsibility rests with me to determine if it is safe and when the magnet is moved out of the magnet bay and into the theatre as well as supervising cleaning of the magnet and tracks in OR14 . If you would like to discuss this with me please feel free to send me a meeting request. In regards to the cleaning we met last week and were going to meet again this week only for the meeting to be cancelled at the last minute. Until such time the current situation with cleaning remains unchanged.

Regards,

Cameron Robertson

**iMRI Section Manager**  
**Medical Imaging**  
**the Canberra Hospital**

---

**From:** Belle, Kyril  
**Sent:** Tuesday, 6 December 2011 5:01 PM  
**To:** Wetselaar, Jennifer  
**Cc:** JasonSmith, Rhona; Hamilton, Stephen; Robertson, Cameron; Dengate, Melissa  
**Subject:** RE: OR 14 Magnet Cleaning

Dear Jenny,

I will suggest to consider the whole magnet transport system as MR unsafe and take necessary precaution. One of the ways around it is to bring the magnet out in the OR, closing the door and cleaning the tracks in magnet bay. Then reverse the process and do the same in the OR. In the IMRIS service contract we are negotiating so that the cleaning can coincide with the PM while the service engineers are onsite to supervise the cleaning staff.

Hope this helps.

Regards,  
 Kyril

---

**From:** Wetselaar, Jennifer  
**Sent:** Monday, 5 December 2011 2:25 PM  
**To:** Belle, Kyril  
**Cc:** JasonSmith, Rhona; Hamilton, Stephen; Robertson, Cameron; Dengate, Melissa  
**Subject:** OR 14 Magnet Cleaning

Hi Kyril,

We are attempting to continue cleaning the MRI magnet and tracks during the period when it is not used for surgery to avoid a build up of dust in the cables etc. To clean the magnet we need to take it out of the magnet bay for access. Could you please tell me if the plate and bolts placed over the operating table based plate have been deemed MRI safe?

Kind regards,

*Jenny Wetselaar*

RN L2 Best Practice Monday & Tuesday

**McClymont, Geoff**

---

**From:** Blakely-Kidd, Richard  
**Sent:** Thursday, 8 December 2011 5:20 PM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Yep we still have a retention of \$40k that I have not paid.

I am wondering if and when we might receive the cover. They might even choose to cut their losses if nothing can be made to meet the requirements.

Let me know what you want to do as Barbara Reid said she wanted the cover.

---

**From:** Belle, Kyril  
**Sent:** Thursday, 8 December 2011 5:14 PM  
**To:** Blakely-Kidd, Richard  
**Subject:** FW: Canberra iMRI suite

Hi Richard,

Is this true?

Kyril

---

**From:** [REDACTED]  
**Sent:** Friday, 2 December 2011 8:28 AM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Hi Kyril,

Sorry for the delay....attached is the revised service contract with most of the changes we discussed. Please find below a few notes:

- Siemens is adamant that they have spoken to TCH and that you (TCH) are happy with standard business hours coverage, i.e. 8:30am to 5:00pm and so they will not amend their contract to us. As result what we have done is revised the contract structured to reflect IMRIS's PCP from 10:00 am to 7:30 pm and Siemens' typical PCP from 8:30 am to 5:00 pm. We have only made reference to this in Exhibit A at the beginning of the document. If you are in agreement with this approach or Siemens changes their stance and modifies the PCP, we can then rework the balance of the agreement as needed to reflect these differences. I will forward you the email correspondence about the PCP from Siemens as a fyi.
- We have confirmed that remote monitoring of cryogen levels is provided and so the language in the current draft of our agreement is fine.

Please note: We have not included any language in the service agreement for the replacement cover IMRIS has committed to provide to TCH at no cost. TCH is holding back \$40,000 still owed to IMRIS for your system, pending delivery of the new cover. As such there is no need to include language in the service agreement for this delivery. Should you prefer to remit the remaining \$40,000 owing, we would be pleased to add your proposed language into the service agreement.

Kindest Regards,

[REDACTED]





M. 204 291 6707 (Canada)  
M. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
M. 852 8199 9245 (Hong Kong)  
E. [Redacted]  
[www.imris.com](http://www.imris.com)

---

**From:** Belle, Kyril [<mailto:Kyril.Belle@act.gov.au>]  
**Sent:** November-27-11 10:10 PM  
**To:** [Redacted]  
**Subject:** Canberra IMRI suite



Thank you for talking with me regarding the service agreement terms and conditions. I had a query from the project team just recently regarding the Caterpillar track cover that we were discussing at the installation and commissioning stages. At that time we agreed to clean the track regularly preferably coinciding this with the IMRIS PM schedule as theatre will be available and the Service Engineer can supervise the cleaners. **Could you consider including this in the service agreement.**

**Also could you include that when the cover is available from IMRIS it will be supplied to TCH at no extra cost.**

Regards,

Kyril

**Kyril Belle**  
Senior Biomedical Engineer, Business Support  
Phone: 6244 4496 | Mobile: [Redacted] Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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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

**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Thursday, 8 December 2011 5:22 PM  
**To:** Blakely-Kidd, Richard  
**Subject:** RE: Canberra iMRI suite

Hi Richard,  
I will leave the cover out from the service agreement as I was previously going to ask them to do. They are likely to respond to you than me chasing up through contract.  
Appreciate your response.

Kyril

---

**From:** Blakely-Kidd, Richard  
**Sent:** Thursday, 8 December 2011 5:20 PM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Yep we still have a retention of \$40k that I have not paid.  
I am wondering if and when we might receive the cover. They might even choose to cut their losses if nothing can be made to meet the requirements.  
Let me know what you want to do as Barbara Reid said she wanted the cover.

---

**From:** Belle, Kyril  
**Sent:** Thursday, 8 December 2011 5:14 PM  
**To:** Blakely-Kidd, Richard  
**Subject:** FW: Canberra iMRI suite

Hi Richard,

Is this true?

Kyril

---

**From:** [REDACTED]  
**Sent:** Friday, 2 December 2011 8:28 AM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Hi Kyril,

Sorry for the delay....attached is the revised service contract with most of the changes we discussed. Please find below a few notes:

- Siemens is adamant that they have spoken to TCH and that you (TCH) are happy with standard business hours coverage, i.e. 8:30am to 5:00pm and so they will not amend their contract to us. As result what we have done is revised the contract structured to reflect IMRIS's PCP from 10:00 am to 7:30 pm and Siemens' typical PCP from 8:30 am to 5:00 pm. We have only made reference to this in Exhibit A at the beginning of the document. If you are in agreement with this approach or Siemens changes their stance and modifies the PCP, we can then rework the balance of the agreement as needed to reflect these differences. I will forward you the email correspondence about the PCP from Siemens as a fyi.
- We have confirmed that remote monitoring of cryogen levels is provided and so the language in the current draft of our agreement is fine.

Please note: We have not included any language in the service agreement for the replacement cover IMRIS has committed to provide to TCH at no cost. TCH is holding back \$40,000 still owed to IMRIS for your system, pending delivery of the new cover. As such there is no need to include language in the service agreement for this delivery. Should you prefer to remit the remaining \$40,000 owing, we would be pleased to add your proposed language into the service agreement.

Kindest Regards,

[Redacted signature]

\_\_\_\_\_

[Redacted contact information]



M. 204 291 6707 (Canada)  
A. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
M. 852 8199 9245 (Hong Kong)  
E. [Redacted]  
[www.imris.com](http://www.imris.com)

**From:** Belle, Kyril [<mailto:Kyril.Belle@act.gov.au>]  
**Sent:** November-27-11 10:10 PM  
**To:** [Redacted]  
**Subject:** Canberra IMRI suite

[Redacted]

Thank you for talking with me regarding the service agreement terms and conditions. I had a query from the project team just recently regarding the Caterpillar track cover that we were discussing at the installation and commissioning stages. At that time we agreed to clean the track regularly preferably coinciding this with the IMRIS schedule as theatre will be available and the Service Engineer can supervise the cleaners. **Could you consider including this in the service agreement.**

**Also could you include that when the cover is available from IMRIS it will be supplied to TCH at no extra cost.**

Regards,

Kyril

**Kyril Belle**  
Senior Biomedical Engineer, Business Support  
Phone: 6244 4496 | Mobile: [Redacted] | Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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**McClymont, Geoff**

---

**From:** Belle, Kyril  
**Sent:** Thursday, 8 December 2011 5:30 PM  
**To:** Jeff Koffman  
**Subject:** RE: Canberra iMRI suite

[Redacted]

All looks good and I am able to sign this off and send for contract to be formulated. It has come to my attention that Michael recently organised with us to visit and work on the iMRIS table. However he did not turn up or contacted us to let us know that he will not be coming.

I am not sure why he has not contacted or when he will do that work. Could you please follow this up for us. I hope it is not a reflection of service we will be getting regularly.

Also, once we have the service agreement in place it is required that a copy of all PM/service reports are sent electronically to myself.

Kyril

---

**From:** [Redacted]  
**Sent:** Friday, 2 December 2011 8:28 AM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Hi Kyril,

Sorry for the delay....attached is the revised service contract with most of the changes we discussed. Please find below a few notes:

- Siemens is adamant that they have spoken to TCH and that you (TCH) are happy with standard business hours coverage, i.e. 8:30am to 5:00pm and so they will not amend their contract to us. As result what we have done is revised the contract structured to reflect iMRIS's PCP from 10:00 am to 7:30 pm and Siemens' typical PCP from 8:30 am to 5:00 pm. We have only made reference to this in Exhibit A at the beginning of the document. If you are in agreement with this approach or Siemens changes their stance and modifies the PCP, we can then rework the balance of the agreement as needed to reflect these differences. I will forward you the email correspondence about the PCP from Siemens as a fyi.
- We have confirmed that remote monitoring of cryogen levels is provided and so the language in the current draft of our agreement is fine.

Please note: We have not included any language in the service agreement for the replacement cover iMRIS has committed to provide to TCH at no cost. TCH is holding back \$40,000 still owed to iMRIS for your system, pending delivery of the new cover. As such there is no need to include language in the service agreement for this delivery. Should you prefer to remit the remaining \$40,000 owing, we would be pleased to add your proposed language into the service agreement.

Kindest Regards,

[Redacted]

---

[Redacted]



M. 204 291 6707 (Canada)  
M. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
M. 852 8199 9245 (Hong Kong)  
E. [Redacted]  
[www.imris.com](http://www.imris.com)

---

**From:** Belle, Kyril [<mailto:Kyril.Belle@act.gov.au>]  
**Sent:** November-27-11 10:10 PM  
**To:** [Redacted]  
**Subject:** Canberra IMRI suite



Thank you for talking with me regarding the service agreement terms and conditions. I had a query from the project team just recently regarding the Caterpillar track cover that we were discussing at the installation and commissioning stages. At that time we agreed to clean the track regularly preferably coinciding this with the IMRIS PM schedule as theatre will be available and the Service Engineer can supervise the cleaners. **Could you consider including this in the service agreement.**

**Also could you include that when the cover is available from IMRIS it will be supplied to TCH at no extra cost.**

Regards,

Kyril

**Kyril Belle**  
Senior Biomedical Engineer, Business Support  
Phone: 6244 4496 | Mobile: [Redacted] Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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This email has been scanned by the IMRIS Email Security System

**McClymont, Geoff**

---

**From:** [Redacted]  
**Sent:** Thursday, 8 December 2011 6:54 PM  
**To:** Belle, Kyril  
**Subject:** Re: Canberra iMRI suite

Dear Kyril,

That's great news about the contract.

I'm sorry about the communication mishap with Michael. I'll connect with him today and have him call you tomorrow to arrange a service time.

Kindest Regards,  
[Redacted]

---

**From:** Belle, Kyril [mailto:Kyril.Belle@act.gov.au]  
**Sent:** Thursday, December 08, 2011 12:29 AM  
**To:** [Redacted]  
**Subject:** RE: Canberra iMRI suite

[Redacted]

All looks good and I am able to sign this off and send for contract to be formulated. It has come to my attention that Michael recently organised with us to visit and work on the iMRIS table. However he did not turn up or contacted us to let us know that he will not be coming.

I am not sure why he has not contacted or when he will do that work. Could you please follow this up for us. I hope it is not a reflection of service we will be getting regularly.

Also, once we have the service agreement in place it is required that a copy of all PM/service reports are sent electronically to myself.

Kyril

---

**From:** [Redacted]  
**Sent:** Friday, 2 December 2011 8:28 AM  
**To:** Belle, Kyril  
**Subject:** RE: Canberra iMRI suite

Hi Kyril,

Sorry for the delay....attached is the revised service contract with most of the changes we discussed. Please find below a few notes:

- Siemens is adamant that they have spoken to TCH and that you (TCH) are happy with standard business hours coverage, i.e. 8:30am to 5:00pm and so they will not amend their contract to us. As result what we have done is revised the contract structured to reflect iMRIS's PCP from 10:00 am to 7:30 pm and Siemens' typical PCP from 8:30 am to 5:00 pm. We have only made reference to this in Exhibit A at the beginning of the document. If you are in agreement with this approach or Siemens changes their stance and modifies the PCP, we can then rework the balance of the agreement as needed to reflect these differences. I will forward you the email correspondence about the PCP from Siemens as a fyi.

- We have confirmed that remote monitoring of cryogen levels is provided and so the language in the current draft of our agreement is fine.

Please note: We have not included any language in the service agreement for the replacement cover IMRIS has committed to provide to TCH at no cost. TCH is holding back \$40,000 still owed to IMRIS for your system, pending delivery of the new cover. As such there is no need to include language in the service agreement for this delivery. Should you prefer to remit the remaining \$40,000 owing, we would be pleased to add your proposed language into the service agreement.

Kindest Regards,

[Redacted]

---

[Redacted]



M. 204 291 6707 (Canada)  
 M. 03 9005 6799 (Australia)  
 M. 70 7847 7036 (South Korea)  
 M. 852 8199 9245 (Hong Kong)  
 E. [Redacted]  
[www.imris.com](http://www.imris.com)

**From:** Belle, Kyril [mailto:Kyril.Belle@act.gov.au]  
**Sent:** November-27-11 10:10 PM  
**To:** [Redacted]  
**Subject:** Canberra IMRI suite

[Redacted]

Thank you for talking with me regarding the service agreement terms and conditions. I had a query from the project am just recently regarding the Caterpillar track cover that we were discussing at the installation and commissioning stages. At that time we agreed to clean the track regularly preferably coinciding this with the IMRIS PM schedule as theatre will be available and the Service Engineer can supervise the cleaners. **Could you consider including this in the service agreement.**

**Also could you include that when the cover is available from IMRIS it will be supplied to TCH at no extra cost.**

Regards,

Kyril

**Kyril Belle**  
 Senior Biomedical Engineer, Business Support  
 Phone: 6244 4496 | Mobile: [Redacted] Email: [kyril.belle@act.gov.au](mailto:kyril.belle@act.gov.au)

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**McClymont, Geoff**

---

**From:** [REDACTED]  
**Sent:** Thursday, 8 December 2011 10:06 PM  
**To:** Belle, Kyril  
**Cc:** Jeff Koffman  
**Subject:** Upgrade to OR table rotary lock.

Hi Kyril

Not sure what has happened but I had arranged to have the upgrade of the rotary lock Last Friday. I received a voice message late thursday from James asking us to proceed with the Work for the next day.

The upgrade was carried out by Kelvin last Friday and while on site we had tried to contact James Cotterill without luck.

If you could supply me with a single point of contact for the Imris suite it would help me to insure information gets to the correct person.

Regards

[REDACTED]

This email has been scanned by the IMRIS Email Security System



**McClymont, Geoff**

**From:** [Redacted]  
**Sent:** Thursday, 8 December 2011 10:11 PM  
**To:** Belle, Kyril  
**Subject:** Fw: service canberra hospital

Hi Kyril  
Could you please follow up on the email below which I have been asked to follow up on.

Regards  
Michael

---

**From:** [Redacted]  
**Sent:** Friday, December 02, 2011 01:08 PM  
**To:** [Redacted]  
**Subject:** FW: service canberra hospital

[Redacted]  
I have sent several emails to Amanda Keogh to request a copy of the purchase order #H1290163, and, as of to-date I have not received a copy.

Could you please direct me to whom I would contact in the purchasing department at Canberra Hospital, to obtain the required copy in order to invoice the hospital.

Thanking you in advance for your help.

Regards,

[Redacted]



Please consider the environment before printing this e-mail.

---

**From:** Kerry Hourd  
**Sent:** Tuesday, November 01, 2011 4:11 PM  
**To:** [Redacted]  
**Subject:** service canberra hospital

[Redacted]

Please invoice now.

Thanks,

[Redacted]



Tel: 204-480-7079  
Fax: 204-480-7071  
[www.imris.com](http://www.imris.com)

Please consider the environment before printing this e-mail.

**From:** [REDACTED]  
**Sent:** October-19-11 3:28 PM  
**To:** [REDACTED]  
**Subject:** RE: service canberra hospital

[REDACTED]  
The actual problem was with their computer which had been updated with software. I diagnosed the problem they fixed it.

The invoice amount should only be for the amount quoted.

regards

[REDACTED]



Please consider the environment before printing this e-mail.

**From:** [REDACTED]  
**Sent:** Thursday, October 20, 2011 4:07 AM  
**To:** [REDACTED]  
**Subject:** service canberra hospital

Hi Michael,

Where are we with this?

Thanks,

[REDACTED]



Tel: 204-480-7079  
Fax: 204-480-7071  
[www.imris.com](http://www.imris.com)

Please consider the environment before printing this e-mail.

**From:** [REDACTED]  
**Sent:** October-03-11 12:46 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** service canberra hospital

[REDACTED]

When the work has been completed, would you please forward your hours to [REDACTED] so we can generate the invoice. As you mentioned in your e-mail to the customer, the quotation was for diagnostic purposes and the actual time will change based on your visit.

Also, have you had a chance to contact Siemens for their rates based on my e-mail (attached)?

Thanks,

[REDACTED]



Tel: 204-480-7079  
Fax: 204-480-7071  
[www.imris.com](http://www.imris.com)

Please consider the environment before printing this e-mail.

---

**From:** [REDACTED]  
**Sent:** October-03-11 9:59 AM  
**To:** [REDACTED]  
**Subject:** Fw: service canberra hospital

---

**From:** [REDACTED]  
**Sent:** Friday, September 30, 2011 09:42 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fw: service canberra hospital

Please see email below with PO details

---

**From:** Keogh, Amanda [mailto:Amanda.Keogh@act.gov.au]  
**Sent:** Friday, September 23, 2011 01:01 AM  
**To:** [REDACTED]  
**Cc:** Woolf, Rochelle <Rochelle.Woolf@act.gov.au>  
**Subject:** RE: service canberra hospital

[REDACTED]  
PO H1290163  
Please direct your invoice to me for payment  
The nurse to speak with is Rochelle Woolf she will give you the access that you need

Thanks for your help  
Amanda keogh

---

**From:** [REDACTED]  
**Sent:** Friday, 23 September 2011 2:25 PM  
**To:** Keogh, Amanda  
**Subject:** Re: service canberra hospital

Hi Amanda  
I haven't been able to get a quote out of head office so to keep things moving rightly or wrongly I will provide the quote via these email.  
General call out min 4 hours @ \$220 per hour plus GST.  
Travel time is 5 hours @ \$80per hour 2.5hrs each way.  
As I had said at the start this is not from head office just based on my knowledge at pricing which is limited at this stage.  
So if it is less I'm sure that you will pay the invoice amount but if its more you would only pay the cost quoted above.  
This is only for the initial visit to diagnose the problem but does not included any parts or return visits that maybe required to fix the problem.

Hope that this is enough to get the process started.

Regards



**From:** Keogh, Amanda [mailto:Amanda.Keogh@act.gov.au]  
**Sent:** Thursday, September 22, 2011 08:02 PM  
**To:** [Redacted]  
**Subject:** FW: service canberra hospital

---

**From:** Keogh, Amanda  
**Sent:** Friday, 23 September 2011 10:58 AM  
**To:** [Redacted]  
**Subject:** FW: service canberra hospital

---

**From:** Keogh, Amanda  
**Sent:** Friday, 23 September 2011 10:56 AM  
**To:** [Redacted]  
**Subject:** service canberra hospital

Hello Michael,  
In order to get a PO number for you to come and fix the Matrix system screen in OR 14 I need a preliminary quote stating travel expenses and a basic service fee.

Thanks  
Amanda Keogh  
Resource Manager  
The Canberra Hospital  
02 61745785

---

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## Magnetic Resonance Imaging Staff Safety Training Quiz



Print Name: ..... Date: .....

Department:..... Position: ..... Phone number:.....

Please circle the correct answer(s). There may be more than one correct answer:

1. The **static magnetic field** is \_\_\_\_\_
2. What is required to gain ID card access to the MRI environment?
  - a. Being part of the Neurosurgery team
  - b. Having had MRI Safety Training
  - c. Having filled out the Safety Screening Form
3. What does MR safe mean?
  - a. The item cannot enter the MRI Suite.
  - b. The item can be in MRI Suite but must remain outside the 0.5 mT line.
  - c. The item can be anywhere in the MRI Suite and is not a risk to staff or the patient.
4. An object that is not labelled is to be considered MR **SAFE/UNSAFE**?
5. MR conditional means:
  - a. The item cannot enter MRI Suite.
  - b. The item can enter the MRI Suite but the restrictions as per labelling must be adhered to.
  - c. The item can be in the MRI Suite but must remain outside the 0.5 mT line.
6. Which of the following objects are not permitted in Zone IV:
  - a. Keys
  - b. Mobile phones
  - c. MR safe patient trolley
  - d. Swipe Cards
  - e. A fire extinguisher
7. To determine the MR status of an object, I should:
  - a. Check with the MRI Radiographer.
  - b. Check the object with a hand held magnet.
  - c. Check the manufacturer's specifications.
8. A quench is...
  - a. How the staff shutdown the magnet after hours, to ensure maximum safety.
  - b. Deactivation of the magnetic field.
  - c. Emergency stopping of the power to the scanner.
9. When should a quench be performed?
  - a. When there is risk for personal injury or life
  - b. If there is an inextinguishable fire in the MRI Suite
  - c. When the magnet is not functioning properly

- 10. The magnetic field gets stronger as you get **closer to/further away** from the scanner.
  
- 11. What colour is the 0.5mT line in the Neurosurgical MRI Suite Operating Room? \_\_\_\_\_
  
- 12. A person with a cardiac pacemaker:
  - a. Does not need to fill out a patient screening form.
  - b. Is not suitable to undergo MRI scan.
  - c. There are no restrictions.
  
- 13. What is the ACT Health/TCH policy when it comes to pregnant staff in the MRI environment?
  - a. Pregnant staff cannot work in the MRI environment.
  - b. Pregnant staff can work in the MRI environment but must not be in the MRI room during scanning.
  - c. Pregnant staff can work in the MRI environment without restrictions.
  
- 14. When do you need to notify the MR Radiographer of changes to your medical history?
  - a. After a visit to the chiropractor.
  - b. After any type of surgery.
  - c. If you become pregnant.
  
- 15. What equipment can be used to extinguish or control a fire in the MRI Suite? \_\_\_\_\_
  
- 16. List two reasons a person **WOULD NOT** be allowed in the MR environment.
   
\_\_\_\_\_
   
\_\_\_\_\_

Staff Signature: .....

Checked by (print): .....Signature: .....Date:.....

Title (please circle): Radiographer / Radiologist / MRI Physicist

**McClymont, Geoff**

---

**From:** Ringland, Alan  
**Sent:** Wednesday, 21 December 2011 9:01 AM  
**To:** [REDACTED]  
**Cc:** Belle, Kyril  
**Subject:** RE: service canberra hospital - Copy of Purchase Order Required

[REDACTED]

I have no knowledge of this purchase order. I have forwarded it to Elvira Frangiaco, who is currently acting in Amanda Keogh's position.

Alan

**Alan Ringland**

Clinical Equipment Manager  
Biomedical Engineering Department | The Canberra Hospital | GARRAN ACT 2605 | p:+61262443816 | f:+61262443819

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---

**From:** [REDACTED]  
**Sent:** Wednesday, 21 December 2011 2:00 AM  
**To:** Ringland, Alan  
**Subject:** FW: service canberra hospital - Copy of Purchase Order Required

Hello Alan:

Please see below for my request to receive a copy of Purchase Order #H1290163, for services provided to Canberra Hospital in September 2011, by [REDACTED]

Could you kindly send the copy to my attention as soon as possible.

Thanking you in advance for your help.

Regards,

[REDACTED]



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---

**From:** [REDACTED]  
**Sent:** Tuesday, December 20, 2011 8:37 AM  
**To:** 'Kyril.Belle@act.gov.au'  
**Cc:** [REDACTED]; 'Alan.Ringland@act.gov.au'; 'Barbara.Reid@act.gov.au'  
**Subject:** RE: service canberra hospital - Copy of Purchase Order Required

Hello Kyril:

Please see below for the email chain as I have been trying to obtain a copy of the Purchase Order #H1290163, for services provided to Canberra Hospital in September 2011, by [REDACTED]

Thank you for your help.

Regards,

[Redacted]



Please consider the environment before printing this e-mail.

**From:** [Redacted]  
**Sent:** Tuesday, December 20, 2011 5:16 AM  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: service canberra hospital - Copy of Purchase Order Required

[Redacted]

As an interim solution I'd suggest to e-mail 3 people about the invoice:

Belle, Kyril ([Kyril.Belle@act.gov.au](mailto:Kyril.Belle@act.gov.au)) - all invoices should go through Kyril.  
Ringland, Alan ([Alan.Ringland@act.gov.au](mailto:Alan.Ringland@act.gov.au))

And copy the email to:  
Reid, Barbara <[Barbara.Reid@act.gov.au](mailto:Barbara.Reid@act.gov.au)>

Kindest Regards,

[Redacted]

-----

[Redacted]



M. 204 291 6707 (Canada)  
M. 03 9005 6799 (Australia)  
M. 70 7847 7036 (South Korea)  
1. 852 8199 9245 (Hong Kong)  
E. [Redacted]  
[www.imris.com](http://www.imris.com)

**From:** [Redacted]  
**Sent:** December-19-11 4:02 PM  
**To:** [Redacted]  
**Cc:** [Redacted]; 'Amanda.Keogh@act.gov.au'; Rochelle.Woolf@act.gov.au  
**Subject:** FW: service canberra hospital - Copy of Purchase Order Required

[Redacted]

Could you please provide me with the name of the person whom I can contact for a **copy of a Purchase Order #H1290163**, so that we can bill for the service that [Redacted] provided back in September 2011. This is urgent since year end is quickly approaching upon us.

Thank you for your help.

Regards,





Please consider the environment before printing this e-mail.

**From:** [Redacted]  
**Sent:** Friday, December 16, 2011 3:56 PM  
**To:** [Redacted]  
**Subject:** Re: service canberra hospital - Copy of Purchase Order Required



Have you had any other correspondence for the Hospital?

Regards



**From:** [Redacted]  
**Sent:** Friday, December 16, 2011 09:12 AM  
**To:** Rochelle.Woolf@act.gov.au <Rochelle.Woolf@act.gov.au>  
**Cc:** [Redacted]  
**Subject:** FW: service canberra hospital - Copy of Purchase Order Required

Hi Rochelle:

Thank you for providing the Purchase Order #H1290163. Please provide a copy for our record keeping, and, I will then be in a position to invoice Canberra Hospital for the service provided by [Redacted]

Thank you for your help.

Regards,



Please consider the environment before printing this e-mail.

**From:** [Redacted]  
**Sent:** Friday, December 09, 2011 10:38 AM  
**To:** [Redacted]  
**Cc:** Brad Woods; 'Amanda.Keogh@act.gov.au'  
**Subject:** RE: service canberra hospital - Copy of Purchase Order Required

Hi Michael:

Any word on obtaining a copy of the Purchase Order?  
Thank you.

Regards,



Please consider the environment before printing this e-mail.

**From:** [Redacted]  
**Sent:** Monday, December 05, 2011 4:26 PM

To: [REDACTED]  
Cc: Brad Woods; 'Amanda.Keogh@act.gov.au'  
Subject: Re: service canberra hospital

[REDACTED]  
I will follow up today.

Regards  
[REDACTED]

---

From: [REDACTED]  
Sent: Monday, December 05, 2011 04:16 PM  
To: [REDACTED]  
Cc: Brad Woods; Amanda.Keogh@act.gov.au <Amanda.Keogh@act.gov.au>  
Subject: FW: service canberra hospital

[REDACTED]  
Please see below as I have been trying to obtain a copy of the Purchase Order #H1290163 in order to invoice Canberra Hospital.  
Kindly advise.

Thank you.

[REDACTED]  
**IMRIS**   
 Please consider the environment before printing this e-mail.

---

From: [REDACTED]  
Sent: Friday, December 02, 2011 1:08 PM  
To: [REDACTED]  
Subject: FW: service canberra hospital

[REDACTED]  
I have sent several emails to Amanda Keogh to request a copy of the purchase order #H1290163, and, as of to-date I have not received a copy.

Could you please direct me to whom I would contact in the purchasing department at Canberra Hospital, to obtain the required copy in order to invoice the hospital.

Thanking you in advance for your help.

Regards,

[REDACTED]  
**IMRIS**   
 Please consider the environment before printing this e-mail.

---

From: [REDACTED]  
Sent: Tuesday, November 01, 2011 4:11 PM  
To: [REDACTED]  
Subject: service canberra hospital

[REDACTED]

Please invoice now.

Thanks,



Tel: 204-480-7079

Fax: 204-480-7071

[www.imris.com](http://www.imris.com)

Please consider the environment before printing this e-mail.

---

**From:** [Redacted]  
**Sent:** October-19-11 3:28 PM  
**To:** [Redacted]  
**Subject:** RE: service canberra hospital



The actual problem was with their computer which had been updated with software. I diagnosed the problem they fixed it.

The invoice amount should only be for the amount quoted.

regards



Please consider the environment before printing this e-mail.

---

**From:** [Redacted]  
**Sent:** Thursday, October 20, 2011 4:07 AM  
**To:** [Redacted]  
**Subject:** service canberra hospital



Where are we with this?

Thanks,



Tel: 204-480-7079

Fax: 204-480-7071

[www.imris.com](http://www.imris.com)

Please consider the environment before printing this e-mail.

---

**From:** [Redacted]  
**Sent:** October-03-11 12:46 PM  
**To:** [Redacted]

**Cc:** [redacted]  
**Subject:** service canberra hospital

[redacted]

When the work has been completed, would you please forward your hours to [redacted] so we can generate the invoice. As you mentioned in your e-mail to the customer, the quotation was for diagnostic purposes and the actual time will change based on your visit.

Also, have you had a chance to contact Siemens for their rates based on my e-mail (attached)?

Thanks,

[redacted]

**IMRIS**   
Tel: 204-480-7079  
Fax: 204-480-7071  
[www.imris.com](http://www.imris.com)

 Please consider the environment before printing this e-mail.

---

**From:** [redacted]  
**Sent:** October-03-11 9:59 AM  
**To:** [redacted]  
**Subject:** Fw: service canberra hospital

---

**From:** [redacted]  
**Sent:** Friday, September 30, 2011 09:42 PM  
**To:** [redacted]  
**Cc:** [redacted]  
**Subject:** Fw: service canberra hospital

Please see email below with PO details

---

**From:** Keogh, Amanda [mailto:Amanda.Keogh@act.gov.au]  
**Sent:** Friday, September 23, 2011 01:01 AM  
**To:** [redacted]  
**Cc:** Woolf, Rochelle <Rochelle.Woolf@act.gov.au>  
**Subject:** RE: service canberra hospital

[redacted]

PO H1290163  
Please direct your invoice to me for payment  
The nurse to speak with is Rochelle Woolf she will give you the access that you need

Thanks for your help  
Amanda keogh

---

**From:** [redacted]  
**Sent:** Friday, 23 September 2011 2:25 PM

**To:** Keogh, Amanda  
**Subject:** Re: service canberra hospital

Hi Amanda

I haven't been able to get a quote out of head office so to keep things moving rightly or wrongly I will provide the quote via these email.

General call out min 4 hours @ \$220 per hour plus GST.

Travel time is 5 hours @ \$80per hour 2.5hrs each way.

As I had said at the start this is not from head office just based on my knowledge at pricing which is limited at this stage.

So if it is less I'm sure that you will pay the invoice amount but if its more you would only pay the cost quoted above. This is only for the initial visit to diagnose the problem but does not included any parts or return visits that maybe required to fix the problem.

Hope that this is enough to get the process started.

Regards

[Redacted signature]

---

**From:** Keogh, Amanda [mailto:Amanda.Keogh@act.gov.au]  
**Sent:** Thursday, September 22, 2011 08:02 PM  
**To:** [Redacted]  
**Subject:** FW: service canberra hospital

---

**From:** Keogh, Amanda  
**Sent:** Friday, 23 September 2011 10:58 AM  
**To:** [Redacted]  
**Subject:** FW: service canberra hospital

---

**From:** Keogh, Amanda  
**Sent:** Friday, 23 September 2011 10:56 AM  
**To:** [Redacted]  
**Subject:** service canberra hospital

[Redacted]

In order to get a PO number for you to come and fix the Matrix system screen in OR 14 I need a preliminary quote stating travel expenses and a basic service fee.

Thanks  
Amanda Keogh  
Resource Manager  
The Canberra Hospital  
02 61745785

---

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---

**Baker, Jennie**

---

**From:** Jennie Baker [REDACTED]  
**Sent:** Tuesday, 10 January 2012 2:49 PM  
**To:** Belle, Kyril  
**Cc:** Baker, Jennie; Ringland, Alan; Williams, Horace; [REDACTED]  
**Subject:** Re: Theatre 14: Operational Integrity Issues

Hi Kyril,

Thanks for that.

I just wanted to be sure that we had settled al of the previously identified UPS related issues.

As Rhona has concerns about her staff "not recovering emotionally", I just wanted to be sure that there were no outstanding issues.

See you tomorrow.

Jennie

Jennie Baker  
[REDACTED]

Sent from my iPad

On 10/01/2012, at 13:46, "Belle, Kyril" <[Kyril.Belle@act.gov.au](mailto:Kyril.Belle@act.gov.au)> wrote:

Hi Jennie,

From the email below I cannot see any Biomedical related issue. From what I can gather we have assessed the neuro-navigation device setup and identified that the camera head requires a power point in the ceiling which remains operational during power outage whether outage is maintenance related or otherwise. This needs to be initiated by Theatres and I believe that theatre has been advised of this.

Also, I am not sure what compressor issue is being talked about below. However my first reference point will be to establish how the system is setup for the diagnostic MRI and how is the testing of generators affecting the operation of diagnostic MRI ? As I understand all MRIS in the hospital are same except the Espree has a larger bore with slightly different software to allow manipulation via IMRIS matrix.

Regards,  
Kyril

---

**From:** Baker, Jennie  
**Sent:** Wednesday, 4 January 2012 7:03 PM  
**To:** Ringland, Alan; Williams, Horace  
**Cc:** Belle, Kyril  
**Subject:** FW: Theatre 14: Operational Integrity Issues

Gentlemen,

Could you please look into this & advise whether there are any issues for BME?

Horace, I notice that your name is on the distribution list, is there any relevant history we need to know?.

Alan, I know that Kyril and you were looking into the UPS bits.

If there is anything that those in this email should know, please inform Manfred so people are not chasing their tails.

What ever could one of you please let me know what the outcome of your consideration is either via [REDACTED] or on my mobile?

Thanks

Jennie

---

**From:** Halton, Manfred  
**Sent:** Tuesday, 3 January 2012 17:55  
**To:** JasonSmith, Rhona; O'Dwyer, Mike; Wall, Bernie; Petherbridge, Brett; Cadden, Mitchell; Blakely-Kidd, Richard; Baker, Jennie; Robertson, Cameron  
**Cc:** Dredge, David; Scott, Adrian  
**Subject:** RE: Theatre 14: Operational Integrity Issues

All

There is obviously something of a significant problem here – we don't have any consolidated information of what is at issue, and what needs to be done.

As a responsive corporate citizen it is concerning to pick up on various statements/ ISSUES RAISED and unresolved in the emails below, viz:

- (Rhona Jason-Smith 20/12/2011): "my staff who have still not emotionally recovered from the experience" – comment: Stealth machine recalibration ?, is this related to facility issues or the use of/ operation of clinical equipment?
- (Rhona Jason-Smith 29/11/2011): "there is no light in the magnet bay. Apparently the lights in there only last a few weeks. This needs to be resolved for safety reasons"
- (Bernie Wall 29/11/2011): "the lights have not worked from early on and the advice provided was leave them off, this needs to be explored further" – comment: are these lights critical, who decided to "leave them off", apparently not sanctioned by the users ?
- (Rhona Jason-Smith 29/11/2011): "Who maintains the UPS to ensure that the power supply remains uninterrupted" – comment: clear direction is needed as to responsibility for UPS servicing
- (Rhona Jason-Smith 29/11/2011): "the smoke sensor in the Electrical Distribution Board room of OR14 needs relocating" – comment: why does it need relocation now, why was it installed the way it is currently located, when was this brought up under DLP, what was decided to be done and by whom
- (Bernie Wall 29/11/2011): "When PM&M are undertaking monthly testing of our generator this compressor alarm is activated. Advice from Siemens is that if the compressor is required during the four hour [*generator testing*] outage it may not operate" – comment: a potential design issue, is the compressor operation inhibited by the activation of the compressor alarm ??? NOTE that we always have either normal ACTEW power supply, or we have essential power (generator) supply. This also goes to the issue of potential loss of helium gas (raised in the email below), and needs to be clearly resolved as a design/ operational matter.
- (Bernie Wall 29/11/2011): "In an emergency (most probably after hours) no one can get access to the plant room (I know this is for safety issues) but we should be able to set up a warning light outside the door" – comment: I believe that this refers to the electrical switchboard room, and access issues/ waring lights should be clearly determined and implemented

**RECOMMENDED ACTION**

It is suggested that all of the addressees agree/ respond to meet asap to sort out and to get clarity on:

- what the issues/problems are
- what should/can be done
- what (if any) are outstanding DLP notifications – have MainA requests been raised ?
- what (if any) are original design shortcomings/ latent defects
- get approvals for actions/ costs
- decide responsibility, ie, who (organisational area) does what, eg Project Manager/ contractor, PM&M, Biomed, other

Regards

Manfred Halton

Senior Manager Engineering Services (CADP)

B&I – Infrastructure Support

02 6174 5324 | [REDACTED]

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**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 20 December 2011 5:10 PM  
**To:** Halton, Manfred  
**Subject:** RE: Theatre 14: Operational Integrity Issues

Hi Manfred

I have only just re-read this email, so sorry for the delay. Unfortunately I am unable to provide any information in relation to Question 2 as I was not here during the DLP period.

As for Question 2, I was also only involved on a very superficial level in the design stage and not all in the installation and commissioning. It is my understanding from my staff who have still not emotionally recovered from the experience that there were a number of INHERENT OPERATIONAL SHORTCOMINGS/ or DEFECTS that were not addressed during the design/ installation/ commissioning.

I would be happy to set up a meeting with you and these staff members to discuss the matters.

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:** Halton, Manfred  
**Sent:** Wednesday, 30 November 2011 9:33 AM  
**To:** JasonSmith, Rhona  
**Subject:** RE: Theatre 14: Operational Integrity Issues

Sure Rhona

Happy to be at your service  
am I getting a reputation for sorting things out ?

If possible, could you respond (also others) to my questions 1. and 2. (the email below)

*Regards*  
Manfred Halton  
Senior Manager Engineering Services (CADP)  
B&I – Infrastructure Support  
02 6174 5324 | 

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**From:** JasonSmith, Rhona  
**Sent:** Wednesday, 30 November 2011 9:16 AM  
**To:** Halton, Manfred  
**Subject:** RE: Theatre 14: Operational Integrity Issues

Hi Manfred

Thank you so much for taking up these issues. I didn't know where to go with it

Am starting to breath normally again...☺

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:** Halton, Manfred  
**Sent:** Tuesday, 29 November 2011 6:01 PM  
**To:** Wall, Bernie; Petherbridge, Brett; JasonSmith, Rhona; Robertson, Cameron; Williams, Horace; Gomes, Dario; Warylo, Michael  
**Cc:** Cadden, Mitchell; Dredge, David; Scott, Adrian  
**Subject:** RE: Theatre 14: Operational Integrity Issues

Hello All

As I have been notified below, and have been invited into the issue, the following comments are made:

Just because DLP expired in August 2011, does not mean that DLP does not apply.

Can be either:

- notified defects not correctly rectified
  - defects not arising during the 12 months DLP period, but being an inherent fault of the facility or equipment, and contractually treated as a latent defect
1. What of the below issues were known and officially notified DURING the DLP period, ie prior to August 2011
  2. Are there any INHERENT OPERATIONAL SHORTCOMINGS/ or DEFECTS that should reasonably have been addressed as part of the design/ installation/ commissioning – ie this would point to latent DLP defects

3. Discussion in the emails below re UPS is not clear. Is there a UPS ? Is it for the compressor ?

I question the use/suitability of a UPS for a 4 hour compressor running time, to me, this points to a requirement for connection to the essential electrical supply (generator). It is also mentioned below that \$200K (or portion thereof) of helium gas is at stake because of this. If so, then GE Shaw (the project manager) and Siemens should be asked their position on this issue, regarding operational intent/ procedure/ integrity of the installation

Regards  
 Manfred Halton  
 Senior Manager Engineering Services (CADP)  
 B&I – Infrastructure Support  
 02 6174 5324 | [REDACTED]

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**From:** Wall, Bernie  
**Sent:** Tuesday, 29 November 2011 4:45 PM  
**To:** Petherbridge, Brett; JasonSmith, Rhona; Robertson, Cameron; Williams, Horace; Gomes, Dario; Warylo, Michael  
**Cc:** Halton, Manfred  
**Subject:** RE: Theatre 14

Brett,

From our meeting this morning I got the impression that some issues have been issues for a while now. The lights have not worked from early on and the advice provided was leave them off.

This needs to be explored further.

Happy to meet and discuss with RDU, Rhona (other interested parties) and Manfred

Regards

Bernie Wall  
 Senior Manager  
 Property Management & Maintenance  
 ACT Health

(w) 02-6244 2407  
(m) [REDACTED]  
(fax) 02-6174 5097

<image003.jpg>

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**From:** Petherbridge, Brett  
**Sent:** Tuesday, 29 November 2011 2:57 PM  
**To:** JasonSmith, Rhona; Robertson, Cameron; Williams, Horace; Gomes, Dario; Warylo, Michael  
**Cc:** Wall, Bernie  
**Subject:** RE: Theatre 14

All,

Defects Liability Period expired early August '11. These requests are outside of that time period so would be operational requests via Biomed and/or Property Management.

Regards,

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

---

**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 29 November 2011 1:59 PM  
**To:** Robertson, Cameron; Petherbridge, Brett; Williams, Horace; Gomes, Dario; Warylo, Michael  
**Cc:** Wall, Bernie  
**Subject:** RE: Theatre 14

Hi Folks

Further to Bernie's email, there have been several questions raised.

- 1) What has been the outcome of the incident in OR14 involving the monthly testing of the generator and the Stealth machine that could not be recalibrated in the middle of an operation? Are the machine and the monitor now both connected to UPS? I think this one is yours Horace and Brett.
- 2) Who maintains the UPS to ensure that the power supply remains uninterrupted? ie who is responsible for change the batteries? I am informed that it is not B&I.
- 3) Bernie and Michael, the smoke sensor in the Electrical Distribution Board room of OR14 needs relocating. A mainet request is being generated.
- 4) There is no light in the magnet bay. Apparently the lights in there only last a few weeks. This needs to be resolved for safety reasons. Who is responsible for this? Brett?

These requests are now on record so your early response would be appreciated.

Warm 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:** Wall, Bernie  
**Sent:** Thursday, 24 November 2011 2:40 PM  
**To:** JasonSmith, Rhona  
**Cc:** Robertson, Cameron; Dredge, David; Thomson, William; Warylo, Michael; Gomes, Dario; Petherbridge, Brett  
**Subject:** ==printed== Theatre 14

Rhona,

PM&M received a call today from Kylie Todd around 1.30pm regarding a compressor light fault in this theatre and that they where about to operate and needed assurance all was well.

On arrival Cameron was able to let Willie and myself into the back room where the electrical distribution board (EDB) and several other pieces of equipment are located.

My concerns are

1. When PM&M are undertaking monthly testing of our generator this compressor alarm is activated. Advice from Siemens is that if the compressor is required during the four hour outage it may not operate. The increase temperature cause by this would most probably expel the helium (\$200k). There should be suitable UPS installed (or even turned on) so clinical services can be undertaken when power is lost to the campus
2. There is not clean access to the EDB
3. The smoke sensor in the room will not work due to the air transfer
4. In an emergency (most probably after hours) no one can get access to the plant room (I know this is for safety issues) but we should be able to set up a warning light outside the door that would notify respondents that the magnetic is running an entry is prohibited.

Can we meet early next week to look at these and any other minor issues

Regards

Bernie Wall  
Senior Manager  
Property Management & Maintenance  
ACT Health

(w) 02-6244 2407  
(m) [REDACTED]  
(fax) 02-6174 5097

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**Baker, Jennie**

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**From:** Halton, Manfred  
**Sent:** Wednesday, 25 January 2012 12:37 PM  
**To:** JasonSmith, Rhona; 'Kevin O'Hara'; ron@geshaw.com.au; Petherbridge, Brett; Thorburn, Phillip; Gerry Crowley (crowpro@bigpond.com); Wall, Bernie; O'Dwyer, Mike; Fowler, Paul; Baker, Jennie; Belle, Kyril; Robertson, Cameron; Cadden, Mitchell; James Keith Dredge, David; Scott, Adrian; Blakely-Kidd, Richard; Beckingham, Wendy  
**Cc:**  
**Subject:** FW: OP14 Minutes of Meeting  
**Attachments:** 2012.01 OP14 meeting minutes (mgh) v2.doc

ALL

Please find attached the minutes of the OP14 meeting held on 18 January at the request of Rhona JasonSmith, Assistant Director of Nursing Perioperative Services, to address facility and operational issues associated with this new theatre.

The ADON has requested a follow-up meeting to report on item close-out and/or progress, to be held on 15 February 2012 (TBC).

It is suggested that all MainA requests (as listed below) be raised immediately to allow relevant work to be initiated asap.

As a summary of ACTIONS, the following is drawn to attention:

- **ITEM 1 Lighting in Magnet Bay**
  - *check what has been installed as against specification, [REDACTED] to supply details of globes, Cameron Robertson to do physical globe check against data*
  - *PM&M to carry out maintenance and replacements from now on*
  - *PM&M to stock the required globe type*
  - *PM&M to undertake regular periodic tests of the lighting (frequency to be established)*
  - *due to criticality of the lighting, PM&M to record tests of lighting and replacements in an on-site log book*
- **ITEM 2 UPS Maintenance Responsibility**
  - *PM&M to carry out periodic testing and maintenance on the OP14 UPS from now on*
- **ITEM 3 Uninterrupted Operation of the Stealth Generator**
  - *PM&M to obtain quote for a infrastructure UPS system GPO installation in the ceiling for the stealth camera head*
  - *PM&M to investigate UPS capacity with respect to the additional load by the stealth camera head – if necessary, the UPS will need to be upsized*
- **ITEM 4 Smoke Detector**
  - *PM&M is to conduct a full functional test of the smoke detector (with interfering air flow from the adjacent compressor)*
  - *PM&M to obtain a quotation to relocate the smoke detector if the test shows this as necessary*
  - *re-approval by ACT Fire Brigade to be obtained for the relocation*
- **ITEM 7 Door from Recovery Room (Hold Open)**

- *MainA request to be raised by clinical staff*
- *PM&M to obtain a quote for this work*
  
- **ITEM 8 Temperature Control**
  - *PM&M to obtain a quote for this work*
  
- **ITEM 11 Bench Edges in Anaesthetic Room and Sterile Room**
  - *possible further involvement of infection control section*
  - *advice on action requirement to be considered/ provided by clinical staff*
  
- **ITEM 12 IMRI Light outside Theatre**
  - *MainA request to be raised by clinical staff*
  
- **ITEM 14 RF Doors (Maintenance)**
  - *MainA request to be raised by clinical staff*
  - *the MainA is to be redirected to Biomedical Engineering for the service contractor*
  
- **ITEM 15 Caterpillar Dust Cleaning**
  - *Biomedical Engineering to follow-up as part of the service contract*
  
- **ITEM 16 Updated Plan(s)**
  - *Thinc to provide updated plans when available from Northrup*

Regards

Manfred Halton

Senior Manager Engineering Services (Health Infrastructure Program)

B&I – Infrastructure Support

02 6174 5324 | [REDACTED]

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**From:** Halton, Manfred  
**Sent:** Wednesday, 18 January 2012 8:27 PM  
**To:** JasonSmith, Rhona  
**Subject:** OP14 Minutes of Meeting

Hi Rhona

(I must admit that I was awfully pushed for time in the preparation of the agenda items listing)  
 I hope that you have found the conduct of the OP14 meeting today reasonably satisfactory, with the clarification discussions of several issues (by the relevant people), the closing of several issues, the way forward on issues via MainA requests, and the highlighting/ listing of action for Biomedical Engineering/ Imris.

I have prepared the minutes to provide a CONSOLIDATED RECORD, which is intended to get appropriate action and also to stop issues from going round and round.

**Prior to issuing these minutes** (attached above), I want to provide an opportunity for you to review these and discuss POSSIBLE EDIT CHANGES with me. Please feel free to do so to place the 'right emphasis' on items. There

may well be some mis-interpretations by me, as I do not claim (or even intend) to have full knowledge of all of these issues. I am here to provide a service and to support you.

Regarding the very last item on MRI Procedure on page 6, I am also completely open to consider adding different text, or deleting this paragraph all-together – please advise.

Please email or phone me (mobile number below)

Regards  
Manfred Halton  
Senior Manager Engineering Services (CADP)  
B&I – Infrastructure Support  
02 6174 5324 | [REDACTED]

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18 January 2012

## OPERATING THEATRE 14

MEETING TO DISCUSS ISSUES RELATING TO FACILITY , EQUIPMENT, OUTSTANDING DEFECTS, MAINTENANCE

(AIM of this meeting is to raise all outstanding issues and to provide a WAY FORWARD TO ADDRESS AND CLOSE-OUT)

### RECORD OF MEETING:

#### ATTENDANCE

Manfred Halton	ACTHD B&I (chair)
Rhona JasonSmith	ACTHD PS
[REDACTED]	
Brett Petherbridge	ACTHD RDU
Phil Thorburn	ACTHD RDU
Gerry Crowley	CROWpro for RDU
Bernie Wall	ACTHD PM&M
Mike O'Dwyer	ACTHD PM&M
Paul Fowler	ACTHD PM&M
Jennie Baker	ACTHD BME
Kyрил Belle	ACTHD BME
Cameron Robertson	ACTHD IMRI
[REDACTED]	

#### DISTRIBUTION

All attendees  
plus:  
David Dredge  
Adrian Scott  
Richard Blakeley Kidd  
Wendy Beckingham

NOTE: as an outcome of this meeting, it has been clearly established that there are nil outstanding project DLP issues, and nil latent project design/ installation issues.

Other meeting outcomes and action items are as listed below.



## ITEM

- ISSUES
    - DISCUSSION
      - ✓ *OUTCOMES/ ACTION*
- 

### 1. Lighting in Magnet Bay

- lights need to be on only when required for IMRI use
- light globes burn out after very short periods (depending on useage) can be as short as 2 weeks
- lights need to be on for emergency checks (eg fire)
  - the specified type of lights are the same as used in other hospitals
  - the lights are controlled from the IMRI console
  - short globe life is due to high magnetic fields
  - Cameron Robertson has already replaced about 5 times
    - ✓ *check what has been installed as against specification, GE Shaw to supply details of globes, Cameron Robertson to do physical globe check against data*
    - ✓ *PM&M to carry out maintenance and replacements from now on*
    - ✓ *PM&M to stock the required globe type*
    - ✓ *PM&M to undertake regular periodic tests of the lighting (frequency to be established)*
    - ✓ *due to criticality of the lighting, PM&M to record tests of lighting and replacements in an on-site log book*

### 2. UPS Maintenance Responsibility

- the UPS is not being maintained at present
- the UPS is critical to the use and safety of OP14 and requires regular servicing
  - infrastructure UPS systems are those that have a (blue coloured) GPO installed in walls or on equipment booms, infrastructure UPS systems are maintained by PM&M throughout the hospital
  - standalone UPS equipment is not serviced by PM&M and is the responsibility of the user department/area
  - the UPS for OP14 is an infrastructure UPS system type
    - ✓ *PM&M to carry out periodic testing and maintenance on the OP14 UPS from now on*

### 3. Uninterrupted Operation of the Stealth Generator

- the stealth generator uninterrupted operation is critical to IMRI surgery
- in a recent incident, the stealth generator went down (became inoperative)
  - an infrastructure UPS system GPO is required to be installed in the ceiling for the stealth camera head
  - the theatre boom has 6 GPOs connected to the UPS
  - the UPS capacity may need to be investigated with respect to the additional load by the stealth camera head intended to be placed on the UPS supply

ITEM

- ISSUES
  - DISCUSSION
    - ✓ *OUTCOMES/ ACTION*

- ✓ *PM&M to obtain quote for a infrastructure UPS system GPO installation in the ceiling for the stealth camera head*
- ✓ *PM&M to investigate UPS capacity with respect to the additional load by the stealth camera head – if necessary, the UPS will need to be upsized*

**4. Smoke Detector**

- during an inspection by PM&M, it was noted that the smoke detector operation is compromised by air flow from the adjacent compressor, and the location of the smoke detector may be unsuitable to detect a fire
- clinical staff have concerns that in case of fire, the smoke detector, being in the vicinity of critical electrical switchboards, may not operate, and may cause a safety risk
  - the potentially unsuitable location of the smoke detector could not reasonably have been known at design stage
  - the fire system for OP14 has received Fire Brigade approval (as being suitable for the area to be protected – but this does not guarantee operation affected by adverse air flows)
  - any relocation of the smoke detector would require Fire Brigade re-approval
    - ✓ *PM&M is to conduct a full functional test of the smoke detector (with interfering air flow from the adjacent compressor)*
    - ✓ *PM&M to obtain a quotation to relocate the smoke detector if the test shows this as necessary*
    - ✓ *re-approval by ACT Fire Brigade to be obtained for the relocation*

**5. Compressor Operation Light**

- the compressor operation light comes on as required, and also as a consequence of power failure, and essential power generator testing
- clinical staff have a concern if a sign with explanatory wording should be provided for the compressor operation light
  - the compressor operation light “on” is a normal occurrence and will be managed by IMRI staff
    - ✓ *Nil issue - clinical staff should notify/ consult with IMRI staff when concerned with the compressor operation light “on”*

## ITEM

- ISSUES
    - DISCUSSION
      - ✓ *OUTCOMES/ ACTION*
- 

### 6. Door Locks

- locking of doors (door locks) with respect to the use of the 'emergency exit pathway' has been raised as a potential issue by clinical staff
  - use of the 'emergency exit pathway' was reviewed/ discussed and it was agreed that no issue exists
    - ✓ *Nil issue - no additional locks are required*

### 7. Door from Recovery Room (Hold Open)

- the door from the recovery room is both a fire door and a security door
- staff experience difficulty holding the door open when transporting patient beds
  - a door actuation button is required to open doors (hold open), and then close after a predetermined short period to act as security doors
    - ✓ *MainA request to be raised by clinical staff*
    - ✓ *PM&M to obtain a quote for this work*

### 8. Temperature Control

- temperature control has become an OHS issue
- it takes a long time to reach a different temperature level in the operating room
- there is no local manual temperature control
- changes of temperature requirements need to be via notification to PM&M to effect a data re-set on the BMS
  - other operating theatres has a local means of temperature control
  - the provision/ installation of a local manual temperature control is possible
  - OP14 temperature sensors are in the ductwork, and the manual temperature controller would need to be installed outside the theatre (possibly in the control room)
  - changes would be made using the BMS contractor (Control & Electric)
    - ✓ *PM&M to obtain a quote for this work*

### 9. Magnet Room Positive Air Pressure

- from a clinical/ infection control perspective, a positive pressure in the magnet room was thought to be desirable
  - the operating theatre room and magnet room are required to be positive to adjacent exterior rooms
  - when the magnet is in use, and the doors between the operating theatre and the magnet rooms are open, equal air pressure is to BOTH rooms

**ITEM**

- ISSUES
  - DISCUSSION
    - ✓ *OUTCOMES/ ACTION*

- when the magnet is not in use, and the magnet doors are closed, it is preferable to have a negative pressure in the magnet room with respect to the operating theatre room
  - ✓ *positive air pressure in the magnet room (when doors are closed) is in fact not desirable*
  - ✓ *Nil issue – nil action required*

**10. Fringe Magnetic Field Markings on Floor**

- concern was expressed regarding safety when the magnet is travelling from the parked location to the operating room location, as the magnetic field exclusion zones are not marked on the floor for the 'travel' positions.
  - the floor markings comply to National Guidelines (verified by Biomedical Engineering)
  - oxygen cylinder and other equipment handling is under strict control by IMRI staff and safety is managed by IMRI staff
  - an IMRI safety procedure exists for the travel of the magnet
    - ✓ *Nil issue – nil action required*

**11. Bench Edges in Anaesthetic Room and Sterile Room**

- water proofing of bench edges is an issue when cleaning benches – possible water ingress with swelling of the bench material causing potential infection control issues
  - control room edge modifications would be most difficult and disruptive to the facility, infection control issues are not likely to be experienced in the control room
  - Anaesthetic room and sterile room infection control issues are possible
    - ✓ *possible further involvement of infection control section*
    - ✓ *advice on action requirement to be considered/ provided by clinical staff*

**12. IMRI Light outside Theatre**

- IRMI is "on" light is without any information as to what
  - a suitably worded sign is required for the light
    - ✓ *MainA request to be raised by clinical staff*

## ITEM

- ISSUES
    - DISCUSSION
      - ✓ *OUTCOMES/ ACTION*
- 

### 13. Exit Door Signage

- a query was raised regarding adequacy of signage on the door
  - a standard "Running Man Sign" is located next to the door as per code and is sufficient
    - ✓ *Nil issue – nil action required*

### 14. RF Doors

- sharp edges on the doors, stainless steel sheeting coming loose requires maintenance
  - a service contract is in place (with Biomedical Engineering) for this maintenance
    - ✓ *MainA request to be raised by clinical staff*
    - ✓ *the MainA is to be redirected to Biomedical Engineering for the service contractor*

### 15. Caterpillar Dust Cleaning

- a dust cleaning issue exists with respect to the caterpillar
  - a non-contractual arrangement/ option is in place with Imris for a suitable caterpillar cover arrangement
    - ✓ *Biomedical Engineering to follow-up as part of the service contract*

### 16. Updated Plan(s)

- A comprehensive up-to-date plan of the facility is required as a result of the various changes modifications/ additions made
  - a consultancy (Northrup) is in place with Thinc for the provision of updated architectural and services drawings for all of building 12 (the task is nearly complete)
    - ✓ *Thinc to provide updated plans when available from Northrup*

----- end of meeting notes -----

### 17. Other Issues Relevant to OP14

The OP14 IMRI, being the largest MRI machine in the hospital has drawn to attention the requirement for the development of a comprehensive MRI Safety Procedure(s) to be provided to clinical and associated staff.

# RP Notes - MRI OR Table

Ph.  
27/1/12

Horst - removable + replaceable.

have

be moved ^ it.

Hydraulics  
breaking.  
Low risk  
if once per  
month

Safety - risk in hydraulic line  
breaking if remove.

higher risk  
the more  
re move.

Sol<sup>n</sup> offered: MRI fully operational with current  
table if  
moved by created Procen.

Jackson table - tested. Biomed, OHS,  
issues. Who should  
move it.

\$ few to  
fix ~~replace~~  
hydraulics

Warranty voided - due to take up the  
table.

Magnet only works when MRI table is  
there.

Site - fully operational. Instructions on how + who  
to move it. Video prepared. Biomed took care  
moment of table. <sup>\*IPM issue with</sup>  
table 30mins (Horst + 1). 1hr to  
Apprehension staff moving.

**From:** [REDACTED]  
**Sent:** Monday, 27 February 2012 1:55 PM  
**To:** GALLAGHER  
**Subject:** Canberra hospital MR scanner

Dear Chief Minister,

I'm writing to you as a member of the community and not as a journalist. The matter concerns your health portfolio.

[REDACTED] has just been diagnosed with [REDACTED] and needs surgery. We've just had a meeting with his neurosurgeon who has explained what's needed to be done. He has told us the best way to do the surgery is by using the MR scanner in theatre. To our great distress he's told us that the MR scanner has been out of action since October because of an OH&S issue with the theatre table. It was clear the surgeon was frustrated by this. He says this is a 10 million dollar machine, yet the hospital won't replace a 100,000 dollar table. This is one of only two such machines in the country and to have it sitting idle for so long is very concerning. So my questions to you are:  
What is being done to get the in-theatre MR scanner back into action?  
And why has it taken so long?

**From:** Brown, Peggy  
**Sent:** Monday, 27 February 2012 5:27 PM  
**To:** Scheduling, Hasnah  
**Cc:** Ross, Tara; Reid, Barbara; Martin, Lee; Isaacson, Nicole; Kellar, Alexandra; Corey, Janelle; Wheatley, Janelle  
**Subject:** Re: Urgent Canberra hospital MR scanner MIN12/356

Lee,  
Can you please clear this to go to the CMO when ready? Thanks Peggy  
Sent from my iPad

On 27/02/2012, at 5:21 PM, "Scheduling, Hasnah" <[Hasnah.Scheduling@act.gov.au](mailto:Hasnah.Scheduling@act.gov.au)> wrote:

Hi Barb,  
As per our telephone chat, CMO needs the brief/update tonight please. They said that the surgeon obviously thought that the MRI suite would make a difference in the patient care, hence his disclosure to the patient about the MRI not being in action. Given that, is it accurate for us to say that all patients received/will receive appropriate care?

I spoke to the journo just now, clarifying that there is nothing wrong with the MRI, however we do have an that we have an OHS issue with the MRI safe table – that it has a risk of fluid leak, so we are awaiting for another table to be approved by TGA. She replied saying I understand the MRI has not been in used since October, how long does a TGA approval take? She also wants someone to front the TV tomorrow morning. I explained that appropriate care is being provided. The journo said from the perspective of the patient, they felt that a useful tool is not provided to them. And they want answers. The journo is also seeking clarification if it is correct that the MRI has not been in used since October.

Let me know if I can help in any way! Thanks and regards  
hasnah

---

**From:** Andersen, Jackie  
**Sent:** Monday, 27 February 2012 3:24 PM  
**To:** Corey, Janelle  
**Cc:** Wheatley, Janelle; Health Ministerial Liaison Officer; Scheduling, Hasnah  
**Subject:** RE: Urgent Canberra hospital MR scanner MIN12/356

Janelle

Can you please also request a ministerial response to [REDACTED]  
Thanks

*Jackie Andersen* | Directorate Liaison Officer  
Health Directorate | ACT Government  
Phone: 6205 0499 | Fax: 6205 3030 | Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

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**From:** Andersen, Jackie  
**Sent:** Monday, 27 February 2012 3:09 PM  
**To:** Scheduling, Hasnah  
**Cc:** Corey, Janelle; Wheatley, Janelle; Health Ministerial Liaison Officer  
**Subject:** Urgent Canberra hospital MR scanner MIN12/356



Hi Hasnah

Can you please provide media dot points on this please by 4pm today. I am advised that [REDACTED] [REDACTED] has provided the story to another media colleague.

Janelle – can you please request an urgent ministerial brief also to come through as soon as possible.

I have logged on trim as MIN12/356.

Regards

**Jackie Andersen** | Directorate Liaison Officer  
Health Directorate | ACT Government  
Phone: 6205 0499 | Fax: 6205 3030 | Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

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**From:** Schembri, Karen **On Behalf Of** GALLAGHER  
**Sent:** Monday, 27 February 2012 2:42 PM  
**To:** Andersen, Jackie  
**Cc:** Roberts, Kathryn  
**Subject:** FW: Canberra hospital MR scanner

Hi Jackie

For advice and response please

Karen

**Karen Schembri** | Office of the Chief Minister  
t: 620 50840 | fx: 620 53030 | [karen.schembri@act.gov.au](mailto:karen.schembri@act.gov.au) | [www.chiefminister.act.gov.au](http://www.chiefminister.act.gov.au)

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**IMPORTANT:** This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

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**From:** [REDACTED]  
**Sent:** Monday, 27 February 2012 1:55 PM  
**To:** GALLAGHER  
**Subject:** Canberra hospital MR scanner

Dear Chief Minister,

I'm writing to you as a member of the community and not as a journalist. The matter

concerns your health portfolio.

██████████ has just been diagnosed with ██████████ and needs surgery. We've just had a meeting with his neurosurgeon who has explained what's needed to be done. He has told us the best way to do the surgery is by using the MR scanner in theatre. To our great distress he's told us that the MR scanner has been out of action since October because of an OH&S issue with the theatre table. It was clear the surgeon was frustrated by this. He says this is a 10 million dollar machine, yet the hospital won't replace a 100,000 dollar table.

This is one of only two such machines in the country and to have it sitting idle for so long is very concerning.

So my questions to you are:

What is being done to get the in-theatre MR scanner back into action?

And why has it taken so long?

I await your response with anticipation.

Regards,

██████████

---

**From:** Scheduling, Hasnah  
**Sent:** Monday, February 27, 2012 07:59 PM  
**To:** Roberts, Kathryn; Howard, Scott; Cirson, Adina  
**Cc:** Andersen, Jackie; Wheatley, Janelle; Isaacson, Nicole; Kellar, Alexandra  
**Subject:** Fw: MRI media incident

Hi Kathryn,

I spoke to ABC this arvo and told her that appropriate clinical care has been provided to all patients. There is a risk with OHS wt the MRI safe operating table but the suite has been operational for other types of surgeries.

The journo said that the patient felt that a useful tool is not provided to them. She also wanted clarification if it is correct that the MRI has not been in use since Oct.

S. has asked if we would provide someone to front TV tomorrow. Can discuss re that.  
Let me know if you need anything else, ta h

**From:** [Redacted]  
**Sent:** Tuesday, 28 February 2012 10:44 AM  
**To:** Reid, Barbara  
**Subject:** IMRIS Update  
Hello Barbara,

You may recall that we met about 18 months ago in Canberra along with [Redacted] I lead the Global Sales team at IMRIS, and I wanted to let you know that Jeff Koffman is no longer with IMRIS.

[Redacted] based in Australia. We are also pleased to announce that [Redacted] are now representing IMRIS, from a sales and marketing perspective, also based in Australia. Together, they bring more than 40 years of experience in the medical-surgical arena, the vast majority of that time being right there in the Australian market. [Redacted] are traveling to Canada later this week to undertake some training and onboarding at our head office in Winnipeg.

Once they have returned to Australia, [Redacted] will be contacting you. In the meantime, I am available to address any current needs or questions you may have.

Along those lines, I know that you are awaiting a status update regarding the availability of our ORT200 removable OR table. We are on track to make the regulatory submission, but we are still working at getting a cost estimate for the work that will need to be done to the floor, as well as a timeframe within which the work could be completed. When have clarity around these two items, I will let you know.


Best personal regards,

[Redacted]

 Description

[Redacted]

[www.imris.com](http://www.imris.com)

 Please consider the environment before printing this e-mail.

This email has been scanned by the IMRIS Email Security System

**McClymont, Geoff**

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**From:** Belle, Kyril  
**Sent:** Tuesday, 28 February 2012 1:49 PM  
**To:** Reid, Barbara  
**Cc:** JasonSmith, Rhona; Ringland, Alan  
**Subject:** RE: IMRI table

Dear Barbara,

I refer to the email below regarding the changeover of the IMRIS operating table in the Neurosuite. The changeover needs to be organised through IMRIS. Currently the service contract for the neurosuite is being negotiated on the basis that we will not alter their equipment further without their involvement. Also there is a clause that this will only be valid till IMRIS releases their new model of adjustable table which we will install with no further changes. Considering this if we engage any third part contractor I will have to disclose that before sign off which may void our contract with them. Clinical Engineering doesn't have a role to play at this stage.

Kyril

---

**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 28 February 2012 12:35 PM  
**To:** Belle, Kyril  
**Subject:** FW: IMRI table

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

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**From:** Reid, Barbara  
**Sent:** Tuesday, 28 February 2012 10:55 AM  
**To:** Ringland, Alan  
**Cc:** JasonSmith, Rhona  
**Subject:** IMRI table

Hi Alan

I am happy to approve the theatre table going into the neuro suite for a procedure tomorrow. While we will not be doing every day from time to time the surgeons may request the utilisation of this table for a clinical requirement. I believe Rhona will be talking to IMRIS about their technicians undertaking this work so if you could please talk with Rhona I would appreciate it.

regards  
Barb

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

Canberra Hospital, Building 24 Level 2  
Phone: 02 6244 3515

**McClymont, Geoff**

---

**From:** Reid, Barbara  
**Sent:** Tuesday, 28 February 2012 2:26 PM  
**To:** Belle, Kyril  
**Cc:** JasonSmith, Rhona  
**Subject:** RE: IMRI table

Thanks Kyril

I appreciate this information I have informed the staff not to go ahead. If and when we move the table it must be done with IMRIS technicians in the room.

Barb

**Barbara Reid**

Executive Director  
 Division of Surgery & Oral Health

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---

**From:** Belle, Kyril  
**Sent:** Tuesday, 28 February 2012 1:49 PM  
**To:** Reid, Barbara  
**Cc:** JasonSmith, Rhona; Ringland, Alan  
**Subject:** RE: IMRI table

Dear Barbara,

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Kyril

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**Sent:** Tuesday, 28 February 2012 12:35 PM  
**To:** Belle, Kyril  
**Subject:** FW: IMRI table

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

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**From:** Reid, Barbara  
**Sent:** Tuesday, 28 February 2012 10:55 AM  
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**Subject:** IMRI table

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

Canberra Hospital, Building 24 Level 2  
Phone: 02 6244 3515  
Fax: 02 6244 4630  
E-mail: [barbara.reid@act.gov.au](mailto:barbara.reid@act.gov.au)

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**MONTHLY UPDATES**

**March 2012**

**SUBJECT:** MRI – Neurosurgery Table

**ISSUE:** MRI – Neurosurgery Table

- 
- The neurosurgery table was fixed to the floor in the original build of the IMRIS Neuro Suite which could have limited the utilisation of the theatre (e.g patients requiring laminectomy could not be placed on the theatre table and still have sufficient space to operate).
  - To enhance overall theatre utilisation, changes were made to allow the table to be removed and a normal theatre table utilised as appropriate.
  - However this subsequently raised concerns with the hydraulic hoses and other OH&S issues relating to moving the table in and out of the operating theatre. Canberra Hospital has been working with the IMRIS technical staff and the Business and Infrastructure Branch to resolve these issues.
  - The option of a new IMRIS table is being examined. One has been sourced through a company in Canada and we are waiting for notification of when the table will be available and the costs. However, IMRIS (the company) has advised that the table is currently awaiting Health Canada approval (the Canadian equivalent of TGA) and will then require TGA (Australia) approval before it can be imported into Australia.
  - TCH is waiting on advice from IMRIS in Canada on how long approval for the table will take. Once approved by IMRIS in Canada, TGA Australia will need to approve the table.
  - In the interim, safe work procedures are in place to guide the use of the existing table.
  - During this period, the MRI scanner at Canberra Hospital has not been in use since October 2011. However the neurosurgery table can be put back into the theatre for a specific complex case if required.
  - A total of 223 neurosurgical procedures have been performed at TCH from 1 July 2011 to 31 January 2012 of which 27 involved brain tumours and a subset of these patients would require the use of the IMRI. The number of patients using the MRI will always be relatively low.
  - All neurosurgical patients have been appropriately treated throughout this timeframe.
  - Only a small percentage of patients require the use of the intra-operative MRI, but for those cases where it is used, it adds significantly to the provision of care. It is not a 'white elephant'.
  - The intra-operative MRI is advanced diagnostic imaging which allows patients who are undergoing imaging procedures to assist with complex brain surgery.



- The MRI allows the patient to be positioned exactly how the surgeon needs them positioned which aids with very complex neurological procedures.
- The MRI images provide Sharp timely images for use in surgical planning, intra operative assessment and pre-closure evaluation.
- The MRI also has patient fixation positioning devices to allow critical positioning of patient to prevent movement.
- Advanced digital, audio and visual technology are key features of the information used for treatment and ongoing patient monitoring.
- The system design also integrates all services within an operating theatre, including medical gases, electricity and water. The theatre environment is seen as a state of the art surgical area whether the MRI is utilised or not.
- The “viewing” of clinical information through this system also increases coordination of care, as the multidisciplinary team can review information together.
- TCH is the major tertiary referral hospital for ACT and surrounding NSW, and this service now enables patients from ACT and NSW to travel a shorter distance to receive complex treatment resulting in less emotional stress to these patients.
- Over 100 staff including wardsmen, surgeons, nurses, and other relevant medical staff have received training to be in the room with the MRI.
- Three MRI technicians (people trained specifically to operate the MRI) are available to operate the MRI (surgeons do not operate the MRI).
- The new suite which was built as part of the \$10 million upgrade is regularly used for neurosurgery.

## **BACKGROUND**

- The intra-operative MRI is an advanced service which allows patients undergoing brain surgery to have their surgery and medical imaging needs attended to at the same time. This poses significant benefits to patients who previously were required to undergo their surgery, then be transferred to medical imaging after their surgery for an MRI to ascertain if all aspects of their tumour had been removed. In many cases, these patients were then required to undergo further surgery and return to theatre again. This process was both clinically and emotionally stressful to patients and their families.
- The implementation of this service was not about high volumes of patient demand, rather improving the patient journey for those patients requiring this service. The Canberra Hospital is the major tertiary referral hospital for surrounding NSW and this service now enables patients from NSW to travel a shorter distance to receive their treatment and this treatment is provided in a streamlined and co-ordinated approach, resulting in less distribution both clinically and emotionally to these patients.

- As the numbers of patients requiring this service is low there was no detailed planning undertaken to identify the demand and need for this service. This service was implemented to improve the patient experience and co-ordination of care, thus reducing clinical risk.

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Lee Martin  
Deputy Chief Executive  
TCH & Health Services

62442728

**McClymont, Geoff**

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**From:** Baker, Jennie  
**Sent:** Thursday, 1 March 2012 8:33 AM  
**To:** Kennedy, Rosemary  
**Cc:** Belle, Kyril  
**Subject:** RE: IMRI table FYI

Rosemary,

Surgical Services are organising for the provider to re-install and de-install the table, it has no impact on our staff. Surgical Services are looking to procure a mobile table from IMRIS when it becomes available (? Cost, ? source of funding).

The only involvement of Clinical Engineering is that Kyril is having the grief of dealing with the service contract renewal. The Government Solicitor is not being particularly understanding and is completely inexperienced in the unique issues involving clinical equipment, the firm is being reasonable intransigent. So far, as I mentioned, Kyril has saved us \$40k in the changes in the US dollar.

Jennie

---

**From:** Kennedy, Rosemary  
**Sent:** Thursday, 1 March 2012 8:25 AM  
**To:** Baker, Jennie  
**Cc:** Belle, Kyril  
**Subject:** Re: IMRI table FYI

Thanks Jennie

I saw the report which could be seen as an embarrassment for the Health Directorate I just want clarity if we play any role in a solution and any possible delay?

Rosemary

---

**From:** Baker, Jennie  
**Sent:** Thursday, March 01, 2012 08:19 AM  
**To:** Kennedy, Rosemary  
**Cc:** Belle, Kyril  
**Subject:** RE: IMRI table FYI

Hi Rosemary,

This is being dealt with as a surgical services problem as it is more a "doctor" issue.

It is an ongoing issue but has just got traction after its appearance on the ABC news on Tuesday evening (as in the article I sent you yesterday).

Cheers

Jennie

---

**From:** Kennedy, Rosemary  
**Sent:** Wednesday, 29 February 2012 6:01 PM  
**To:** Baker, Jennie  
**Subject:** RE: IMRI table FYI

Thanks Jennie

I was not aware of this issue (hence the need for an issues register) an I would appreciate being CC'd once another executive is involved in a matter. How will the issue be best resolved going forward?

Rosemary

---

**From:** Baker, Jennie  
**Sent:** Wednesday, 29 February 2012 10:31 AM  
**To:** Kennedy, Rosemary  
**Subject:** FW: IMRI table FYI

Hi Rosemary,

FYI as the neuro theatre is the "cause du jour".

Jennie

---

**From:** Belle, Kyril  
**Sent:** Wednesday, 29 February 2012 10:16 AM  
**To:** Baker, Jennie  
**Subject:** FW: IMRI table

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**From:** Belle, Kyril  
**Sent:** Tuesday, 28 February 2012 1:49 PM  
**To:** Reid, Barbara  
**Cc:** JasonSmith, Rhona; Ringland, Alan  
**Subject:** RE: IMRI table

Dear Barbara,

I refer to the email below regarding the changeover of the IMRIS operating table in the Neurosuite. The changeover needs to be organised through IMRIS. Currently the service contract for the neurosuite is being negotiated on the basis that we will not alter their equipment further without their involvement. Also there is a clause that this will only be valid till IMRIS releases their new model of adjustable table which we will install with no further changes. Considering this if we engage any third part contractor I will have to disclose that before sign off which may void our contract with them. Clinical Engineering doesn't have a role to play at this stage.

yril

---

**From:** JasonSmith, Rhona  
**Sent:** Tuesday, 28 February 2012 12:35 PM  
**To:** Belle, Kyril  
**Subject:** FW: IMRI table

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

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**From:** Reid, Barbara  
**Sent:** Tuesday, 28 February 2012 10:55 AM

**To:** Ringland, Alan  
**Cc:** JasonSmith, Rhona  
**Subject:** IMRI table

Hi Alan

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regards  
Barb

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

Canberra Hospital, Building 24 Level 2  
**Phone:** 02 6244 3515  
**Fax:** 02 6244 4630  
**E-mail:** [barbara.reid@act.gov.au](mailto:barbara.reid@act.gov.au)

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# Chief Ministers Talkback Brief ISSUE: MRI Scanner

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2 March 2012

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<b>Minister responsible:</b>	<b>Directorate:</b>	<b>Contact Officer:</b>
<b>Ms Kate Gallagher Minister for Health</b>	<b>Canberra Hospital &amp; Health Services</b>	<b>Jennifer Cerato 6244 3207</b>

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## KEY POINTS

- The MRI scanner at Canberra Hospital has not been in use since October 2011.
- The neurosurgery table was removed from the Neuro Suite and replaced with a normal theatre table to increase utilisation of the theatre. It was intended that the neurosurgery table would be moved in and out of the Neuro Suite as required.
- Due to OH&S issues related to moving the table in and out, a new table is being sourced through the Canadian company IMRIS and we are waiting for notification of when the table will be available.
- A submission will be put forward for appropriate funding to replace the table.
- If clinically required, the neurosurgery table could be put back into the theatre for a specific case.
- A total of 223 neurosurgical procedures have been performed from January 2011 to date. All neurosurgical patients have been appropriately treated throughout this timeframe.

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## BACKGROUND INFORMATION

The neurosurgery table was fixed to the floor in the original build of the IMRIS Neuro Suite which limited the utilisation of the theatre in the long term as patients requiring laminectomy could not be placed on the theatre table and still provide space to operate. To ensure capacity for neurosurgery patients the table was removed and a normal theatre table utilised.

Due to concerns with the hydraulic hoses and other OH&S issues relating to moving the table in and out of the theatre, Canberra Hospital have been working with the IMRIS technical staff and the Business and Infrastructure Branch to resolve the issues.

We are waiting for notification from IMRIS of when a new table will be available. IMRIS have advised that the table is currently awaiting Health Canada approval (the Canadian equivalent of TGA). The table will then require TGA (Australia) approval before it can be imported into Australia.

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## Chief Ministers Talkback Brief

### ISSUE: MRI Scanner at Canberra Hospital

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7 & 9 March 2012

Minister responsible:	Directorate:	Contact Officer:
Ms Katy Gallagher Minister for Health	Health	Barbara Reid

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#### KEY POINTS

- The neurosurgery table was fixed to the floor in the original build of the IMRIS Neuro Suite which could have limited the utilisation of the theatre (e.g patients requiring laminectomy could not be placed on the theatre table and still have sufficient space to operate).
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  - The option of a new IMRIS table is being examined. One has been sourced through a company in Canada and we are waiting for notification of when the table will be available and the costs. However, IMRIS (the company) has advised that the table is currently awaiting Health Canada approval (the Canadian equivalent of TGA) and will then require TGA (Australia) approval before it can be imported into Australia.
  - TCH is waiting on advice from IMRIS in Canada on how long approval for the table will take. Once approved by IMRIS in Canada, TGA Australia will need to approve the table.
  - In the interim, safe work procedures are in place to guide the use of the existing table.
  - During this period, the MRI scanner at Canberra Hospital has not been in used since October 2011. However the neurosurgery table can be put back into the theatre for a specific complex case if required.
-

## Chief Ministers Talkback Brief

### ISSUE: MRI Scanner at Canberra Hospital

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- A total of 223 neurosurgical procedures have been performed at TCH from 1 July 2011 to 25 February 2012 of which 27 involved brain tumours and a subset of these patients would require the use of the IMRI. The number of patients using the MRI will always be relatively low.
  - All neurosurgical patients have been appropriately treated throughout this timeframe.
  - Only a small percentage of patients require the use of the intra-operative MRI, but for those cases where it is used, it adds significant benefits to the provision of care. It is not a 'white elephant'.
  - The intra-operative MRI is advanced diagnostic imaging which allows patients who are undergoing imaging procedures to assist with complex brain surgery.
  - The MRI allows the patient to be positioned exactly how the surgeon needs them positioned which aids with very complex neurological procedures.
  - The MRI images provide Sharp timely images for use in surgical planning, intra operative assessment and pre-closure evaluation.
  - The MRI also has patient fixation positioning devices to allow critical positioning of patient to prevent movement.
  - Advanced digital, audio and visual technology are key features of the information used for treatment and ongoing patient monitoring.
  - The system design also integrates all services within an operating theatre, including medical gases, electricity and water. The theatre environment is seen as a state of the art surgical area whether the MRI is utilised or not.
  - The "viewing" of clinical information through this system also increases coordination of care, as the multidisciplinary team can review information together.
  - TCH is the major tertiary referral hospital for ACT and surrounding NSW, and this service now enables patients from ACT and NSW to travel a
-



## Chief Ministers Talkback Brief

### ISSUE: MRI Scanner at Canberra Hospital

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shorter distance to receive complex treatment resulting in less emotional stress to these patients.

- Over 100 staff including wardsmen, surgeons, nurses, and other relevant medical staff have received training to be in the room with the MRI.
- Three MRI technicians (people trained specifically to operate the MRI) are available to operate the MRI (surgeons do not operate the MRI).
- The new suite which was built as part of the \$10 million upgrade is regularly used for neurosurgery.

CONFIDENTIAL

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**From:** Oakman, Leanne  
**Sent:** Wednesday, 14 March 2012 1:56 PM  
**To:** Corey, Janelle  
**Cc:** Reid, Barbara  
**Subject:** IMRIS table  
Hi Janelle

I have been investigating information for Barb with both Cathy Burns & Rhona JasonSmith regarding the impact on OR's if the IMRIS table is left in place or removed, including the impact of works on the lights and booms which is scheduled to commence in OR 5 commencing on the 10 April 2012.

I have provided this information verbally to Barb and now following it up with an email to you.

If the IMRIS table stays in place in OR 14 there is an impact on the most effective utilisation of the operating rooms as a whole and would also result in the delay in completing the necessary lights & booms in OR 5 as this would need to be delayed until the end of 2012.

The **preferred option** is to remove the IMRIS table and go ahead with the OR 5 lights and booms. The IMRIS representative has been organised to remove the table in OR 14 on Monday 19<sup>th</sup> March 2012.

The lights and booms are on schedule and the initial schedule notes the commencement of OR 5 on 10 April 2012 which would be planned for completion by the 27 April 2012.

Please let me know if you require any further information.

Regards

Leanne Oakman  
Actg DON  
Division of Surgery & Oral Health

Ph: 62443275

**[Leanne.oakman@act.gov.au](mailto:Leanne.oakman@act.gov.au)**

REMAILED  
21-3-12 K



C470/12  
MIN12/516

**Katy Gallagher MLA**

**CHIEF MINISTER**

MINISTER FOR HEALTH  
MINISTER FOR TERRITORY AND MUNICIPAL SERVICES

MEMBER FOR MOLONGLO

HEALTH  
INFO/FILE

[Redacted]

RECEIVED  
23 MAR 2012  
Executive Co-ordination

Dear [Redacted]

Thank you for your email of 29 February regarding diversification of the ACT economy and other matters. I apologise for the time it has taken to respond.

First, in relation to your comments regarding the procurement of the MR machine for The Canberra Hospital, while it is true that Canberra is a community of just 360,000 people, the Canberra Hospital is the major tertiary referral hospital for the entire south-east region and provides services to around 600,000 people.

Of course, even with this larger treatment population, we do not treat every possible health condition, and our hospitals do in fact refer patients interstate for treatment at times. Nevertheless, I believe it is right and appropriate for the ACT Government to provide state-of-the-art health facilities and treatment options where it can.

The Neurosurgery Suite was built to treat patients with very specific conditions. Because of the suite's lower throughput compared to some other areas of the health system, we are currently making some alterations that will enable it to be used for other types of operations at times when the scanner is not required. It is, however, wrong to think that the suite has been poorly utilised. Between 1 July 2011 and 31 January 2012 there were 139 neurosurgical procedures performed in the Neuro Suite. One hundred and fifty-six surgeries, from varying specialties, were also undertaken in the suite between October last year and 6 March this year.

Demand for any service will always have peaks and troughs but one thing we can be sure of is that over time demand will inexorably increase. That is why we are investing heavily to prepare our public health system to meet the demand we know is on the way. The overwhelming feedback I get is that this work is supported by the community.

I hope this information puts the matter of the MR machine into some context for you. It is always easy — if simplistic — for people to seize upon one element of a complex of interacting investments and assert that it was unwarranted or unneeded. I fear that this is what has happened in relation to public commentary around the MR machine.

ACT LEGISLATIVE ASSEMBLY

In relation to other matters you raise, I would argue that, contrary to your suggestion, the ACT Government has a clear macroeconomic policy and direction, which at this point in our history has been focused — successfully — on supporting demand in the economy through the GFC and recovery, while protecting front-line government services.

The ACT economy is more diverse now than at any time in our history, with around 50% private-sector employment. While our economy is certainly dominated by the government services sector, this has historically been a source of stable employment and has enabled our workforce to become a highly skilled, highly-paid one. I would argue that these are advantages for our local economy and give us a comparative advantage in a services sector that is growing globally.

The ACT Government is currently piloting a program to help ACT companies break into the massive government services market in the United States, where US Federal Government annual purchases alone amount to about \$1 trillion. If ACT companies can access even a small share of this market, it would represent a fantastic outcome for the ACT and our local economy.

I believe that the diversification of the economy is best achieved by doing as we are doing — focusing on our comparative advantages in sectors such as government services, ICT, education, research and development, and tourism. It would make no sense to try and compete in every industry sector. There's a reason we have no mining sector, for example. There are, equally, good reasons why we wouldn't want to be moving down the traditional industrial manufacturing path of some other jurisdictions, where jobs are currently being shed. It makes more sense to play to our strengths and keep an eye out as new sectors emerge, where jobs are being created rather than cast off and where wages are high rather than low.

You are right to identify a threat in the possible election of a Coalition Government federally. It is not realistic to think that changes could be made to our own economy or industrial structure over the short term (particularly over the space of a year or two) that could shield us completely from the effects of such an event. What we must do is take a medium-term, structural view and do as we are doing, so that in future we are not so much at the mercy of the Commonwealth.

My vision is for Canberra to develop as the economic and industrial heart of the south-east, to be a genuine *regional* capital as well as the national capital. The economic sectors that will be crucial to this vision are education, health, research, and clean knowledge-based industries. Just last week I attended the opening of the Canberra headquarters of another new company that is a perfect fit for such a future — a company developing sophisticated and specialist ICT solutions for record management in hospital wards. This company has already benefited from two of the targeted programs the Government operates to encourage smart, clean businesses.

Thank you again for your email. I trust this response allays some of your evident concerns.

Katy Gallagher MLA  
Chief Minister  
21 MAR 2012

## Chief Ministers Talkback Brief ISSUE: MRI Scanner at the Canberra Hospital

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23 March 2012

Minister responsible:	Directorate:	Contact Officer:
Ms Katy Gallagher Minister for Health	Health	Barbara Reid

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### KEY POINTS

- The neurosurgery table was fixed to the floor in the original build of the IMRIS Neuro Suite which could have limited the utilisation of the theatre (e.g patients requiring laminectomy could not be placed on the theatre table and still have sufficient space to operate).
- To enhance overall theatre utilisation, changes were made to allow the table to be removed and a normal theatre table utilised as appropriate.
- However this subsequently raised concerns with the hydraulic hoses and other OH&S issues relating to moving the table in and out of the operating theatre. Canberra Hospital has been working with the IMRIS technical staff and the Business and Infrastructure Branch to resolve these issues.
- In the interim, safe work procedures are in place to guide the use of the existing table.
- During this period, the MRI scanner at Canberra Hospital has not been in use since October 2011. However the neurosurgery table can be put back into the theatre for a specific complex case if required.
- The option of a new IMRIS table is being examined. One has been sourced through a company in Canada and we are waiting for notification of when the table will be available and the costs. However, IMRIS (the company) has advised that the table is currently awaiting Health Canada approval (the Canadian equivalent of TGA) and will then require TGA (Australia) approval before it can be imported into Australia.
- A total of 223 neurosurgical procedures have been performed at TCH from 1 July 2011 to 31 January 2012 of which 27 involved brain tumours and a subset of these patients would require the use of the IMRI. The number of patients using the MRI will always be relatively low.

## Chief Ministers Talkback Brief ISSUE: MRI Scanner at the Canberra Hospital

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- All neurosurgical patients have been appropriately treated throughout this timeframe.
- Only a small percentage of patients require the use of the intra-operative MRI, but for those cases where it is used, it adds significantly to the provision of care. It is not a 'white elephant'.
- The intra-operative MRI is advanced diagnostic imaging which allows patients who are undergoing imaging procedures to assist with complex brain surgery.
- The MRI images provide Sharp timely images for use in surgical planning, intra operative assessment and pre-closure evaluation.
- The system design also integrates all services within an operating theatre, including medical gases, electricity and water. The theatre environment is seen as a state of the art surgical area whether the MRI is utilised or not.



**To:** Katy Gallagher MLA, Minister for Health  
**Subject:** Update on the MRI Scanner  
**Through:** Dr Peggy Brown, Director-General

**Critical date and reason**

N/A

**Purpose of Brief**

To update the Minister on the comments made regarding MRI scanner not working; and seek the Minister's signature on the attached letter of response to [REDACTED]

**Issues/Background**

2. In an email to you dated 27 February 2012, [REDACTED] raised the issue that the MRI scanner in the Neurosuite had not been operational since October 2011. At the time, [REDACTED] was awaiting surgery for [REDACTED]
3. The neurosurgery table had been fixed to the floor in the original build of the IMRIS (actual company name – not acronym) Neuro Suite which could have limited the utilisation of the theatre e.g. patients requiring laminectomy could not be placed on the theatre table and still have sufficient space to operate.
4. To enhance the overall theatre utilisation, changes were made to allow the table to be removed and a normal theatre table utilised as appropriate.
5. However, this subsequently raised concerns with the hydraulic hoses and other OH&S issues relating to moving the table in and out of the operating theatre. Canberra Hospital has been working with the IMRIS technical staff and the Business and Infrastructure Branch to resolve the issues.
6. The MRI scanner had not been in use since October 2011. However, neurosurgery table was able to be put back into the theatre for a specific complex case if required.
7. The option of a new IMRIS table is being examined. One has been sourced through a company in Canada and we are waiting for notification of when the table will be available and the costs. However, IMRIS (the company) has advised that the table is currently awaiting Health Canada approval (the Canadian equivalent of TGA) and will then require TGA (Australia) approval before it can be imported into Australia. In the interim, safe work procedures are in place to guide the use of the existing table.
8. Funding for the replacement table will be the subject of an internal budget initiative.

9. The Executive Director of Surgery and Oral Health (ED SOH) and the Deputy Director-General Canberra Hospital and Health Services (DDG CHHS) will be meeting with the table supplier, IMRIS to review contracts for the end of March 2012.
10. A total of 223 Neurosurgical procedures have been performed at TCH 1 July 2011 to 31 January 2011 of which 27 involved brain tumours. All neurosurgical patients have been appropriately treated throughout this timeframe.
11. The number of patients using the MRI will always be relatively low. Only a small percentage of patients require the use of the intra-operative MRI, but for those cases where it is used, it adds significantly to the provision of care.
12. In relation to [REDACTED] ED SOH spoke to Dr David McDowell (Neurosurgeon) and he stated that he explained to the patient and patient's family the procedure required for his condition. During this conversation a member of the family stated that they had heard that Royal Prince Alfred (RPA) has an MRI scanner in the theatre. Dr McDowell stated that we had one here however currently it was not working. Dr McDowell told the family that the MRI Scanner would be useful, however was not essential for him to undertake this procedure.
13. ED SOH also spoke to [REDACTED] to discuss the care of [REDACTED] [REDACTED] made it perfectly clear that this was not about the care of [REDACTED] it was about the non-functioning MRI Scanner. She stated that she was not wanting to get the surgeon into trouble she was just trying to help to resolve the issues with the MRI scanner.
14. The ED SOH advised [REDACTED] that the neurosurgery table could be bought into the theatre if it is clinically required and that the theatre can be made fully operational. However, this did require actions to be taken to mitigate the risks associated with moving the neurosurgery table.
15. On Monday 5 March 2012, the table was placed into the Neurosuite and [REDACTED] underwent surgery, utilising the MRI. He has since been discharged from hospital and is currently recovering from his surgery.
16. The IMRIS table was placed back into the Neurosuite (OR14) on 4 March 2012 and is scheduled to be removed again by IMRIS representatives on 19 March 2012. This will allow the Neurosuite to be utilised by other specialities while work on lighting and booms is undertaken in Operating Theatre 5 (OR5). This work is scheduled to be completed on 27 April 2012 at which time the IMRIS table will be able to be replaced back into the Neurosuite.
17. If the table is required by clinicians for a specific complex case during this period, it will be able to be replaced into the Neurosuite.

## Media

This has caused media attention.



**Recommendations**

- That you note the above information; and

*AGREED/NOT AGREED/NOTED/PLEASE DISCUSS*

- Sign the attached letter to [REDACTED]

*AGREED/NOT AGREED/NOTED/PLEASE DISCUSS*

Barbara Reid  
Executive Director  
Surgery and Oral Health

Action Officer: Barbara Reid  
Phone: 6244-3515

*AGREED/NOT AGREED/NOTED/PLEASE DISCUSS*

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*Katy Gallagher MLA*