

13

HTPU - Provision of Radiology Services for Bayside

From: HTPU
To: eric.sclavos@qscan.com.au
Date: 6/18/2012 3:01 PM
Subject: Provision of Radiology Services for Bayside

Hi Eric,

I finally have the signed Contract from the District and will be posting your copy this afternoon in an Express Post satchel.

I am also finalising the extension approval and require details of the value of services provided for this arrangement for the calendar year 1 January 2011 until 31 December 2011.

Regards

Sharon Benson

Health Equipment Team
Health Technology Procurement Unit
Health Services Purchasing & Logistics
Ph: (07) 3006 2812
Fax: (07) 3006 2766
Email: bulk_purchase@health.qld.gov.au

- Aaron (07) 3006 2955
- Melissa (07) 3006 2997
- Katie (07) 3006 2999
- Jodie (07) 3006 2828
- Kate (07) 3006 2811
- Sharon (07) 3006 2922
- Dean (07) 3006 2956
- Robert (07) 3006 2957
- Peter (07) 3006 2800
- James (07) 3006 2998
- Julie (07) 3006 2813
- Nicole (07) 3006 2814
- Fl...ice (07) 3006 2812

RTI Release

SENDER TO KEEP
LIFT & REEL
14 0724650 096

DOH DL 13/14-011

The State of Queensland acting through the Department of Health

The person specified in item 1 of schedule 1

Radiology Services Agreement

RTI Request

Parties

The State of Queensland acting through the Department of Health ABN 66 329 169 412 of 147-163
Charlotte Street, Brisbane (Queensland Health)

The person specified in item 1 of schedule 1 (Supplier)

Background

- A Queensland Health operates the Hospital.
 - B It is the function of Queensland Health to provide, manage and deliver public sector health services and ensure that health services are of a high quality.
 - C To fulfil this function Queensland Health requires quality diagnostic imaging service to be provided in a cost effective and timely manner.
 - D Queensland Health conducted an offer process for the provision of the Services, and the Supplier is a preferred offerer.
 - E Queensland Health engages the Supplier to provide the Services required by Queensland Health according to the terms of this Agreement.
-

Agreed Terms

1. INTERPRETATION

1.1 Definitions

In this Agreement:

“ACDC” has the meaning given in clause 13.

“Affected Party” has the meaning given in clause 12.1.

“Agreement” means this agreement and any schedules and annexures to it.

“Approved MBS Categories” means the MBS item categories in Schedule 2 associated with Radiology..

“Approved Radiologist” means initially a Radiologist specified in item 6 of Schedule 1, and any additional or replacement Radiologist approved by Queensland Health from time to time pursuant to clause 4.3.

“Authorisation” means:

- (a) any consent, registration, filing, agreement, notarisation, certificate, licence, approval, permit, authority or exemption from, by or with a Governmental Agency; or

- (b) any consent or authorisation, regarded as given by a Governmental Agency due to the expiration of the period specified by a statute within which the Governmental Agency should have acted if it wishes to prescribe or limit anything already lodged, registered or notified under that statute.

“Best Practices” means the practices for providing the Services:

- (a) with due care and skill and administered in a timely and efficient manner and without unnecessary or unreasonable delays;
- (b) in accordance with evidence based best clinical practice;
- (c) in accordance with all relevant codes of practice and all statutory, regulatory or professional requirements or practices for the delivery of the Services (including the Radiation Safety Act 1999 (Qld) and all radiation safety standards made under it, as amended from time to time);
- (d) employing sufficient numbers of personnel who are appropriately qualified, experienced and trained to deliver the Services;
- (e) with sufficient resources, consumables and supplies to deliver the Services;
- (f) operating in a manner which is safe to workers, patients and others;
- (g) ensuring that adequate equipment is provided, prepared and maintained to deliver the Services;
- (h) with all Authorisations necessary for the provision of the Services.

“Billable Patient” means the services provided to a referred outpatient determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.

“Business Day” means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital.

“Change in Control” of the Supplier means a change in control (as defined in section 9 of the Corporations Act) of the Supplier or any holding company of the Supplier.

“Clinical Privileges” means the range and scope of clinical responsibility and duties within defined clinical fields that a medical practitioner may exercise in each Queensland Health facility where such privileges are specific to the individual.

“Commencement Date” means the date specified in item 2 of Schedule 1.

“Competence” means the aptitude, ability and professional suitability including clinical skills, knowledge and judgement together with communication skills, personal behaviour and professional ethics necessary to provide safe, high quality health care services.

“Confidential Information” means information of Queensland Health (irrespective of whether it has been reduced to material form) that is by its nature confidential and includes:

- (a) Personal Information held by Queensland Health;
- (b) the deliverables or any materials created by the Supplier pursuant to this Agreement;

- (c) any patient records;
- (d) information acquired by the Supplier in the course of discussions and negotiations between the parties;
- (e) business and clinical processes and procedures, policies and operational and planning documents;
- (f) all notes, calculations, memoranda, reports, documents, communications and copies of the aforesaid associated with (a) to (e) inclusive created pursuant to the Agreement or otherwise by the Supplier, its key personnel, officers, directors, employees, agents or sub-contractors;
- (g) information comprising in or relating to any IP Rights (whether registered or unregistered) of Queensland Health including information relating to any trade secrets, methodologies or know-how of the Disclosing Party;
- (h) information or material proprietary to Queensland Health;
- (i) information designated in writing as confidential by Queensland Health from time to time during the term of the Agreement;
- (j) the information the Supplier knows or ought to know it is confidential;
- (k) information imparted in confidence to the Supplier by Queensland Health;
- (l) the terms of this Agreement; and
- (m) any other information classifiable in equity as confidential information.

But, except in the case of Personal Information, does not include information:

- (n) in the public domain as at the date of this Agreement;
- (o) that is or becomes generally available to the public other than as a result of a disclosure by the Supplier; or
- (p) that becomes available to the Supplier, on a non-confidential basis from a source other than Queensland Health which has represented to the Supplier that it is entitled to disclose such information

The term "Confidential Information" extends to all forms of storage or representation of the information referred to above including, but not limited to, loose notes, diaries, memoranda, drawing, photographs, electronic storage and computer printouts and is not restricted to information which would be designated as "confidential" in equity.

"Corporations Act" means the *Corporations Act 2001* (Cth) and the *Corporations Regulations* made under it, as amended from time to time.

"Credentials" means the formal education, qualifications, training, experience, college memberships and clinical Competence of a medical practitioner providing a professional health service.

"Credentials and Clinical Privileging Committee" means the committee having the power to verify the Credentials and recommend the grant of Clinical Privilege rights for and on behalf of Queensland Health in respect of those rights to be granted to a medical practitioner performing health services at a Queensland Health facility.

"Director of Medical Imaging Services" means the on-site manager of the Medical Imaging Department at the Hospital, commonly the chief radiographer at the Hospital, (or the person acting in that position).

"Dispute" means any dispute, disagreement, claim, controversy, demand, proceeding, suit, litigation, action or cause of action under this Agreement.

"District" means the health service district under the HSA specified in item 4 of Schedule 1.

"District Chief Executive Officer" means the person appointed as District Chief Executive Officer of the District under the HSA (or an authorised delegate).

"Extended Period" means the period or periods specified in item 3(a) of Schedule 1.

"Executive Director of Medical Services" means that person appointed to or acting in the senior medical position (however described) in the District.

"Force Majeure" means any of the following:

- (a) act of God;
- (b) law, rule, regulation or order of any Governmental Agency;
- (c) act of war declared or undeclared;
- (d) accident, fire, explosion, epidemic;
- (e) public disorder;
- (f) riot, civil disturbance, insurrection, rebellion, sabotage or act of terrorists;
- (g) flood, earthquake, hail, lightning, severe weather conditions or other natural calamity; or
- (h) strike, boycott, lockout or other labour disturbance,

which:

- (i) is beyond the control of the Affected Party;
- (j) could not have been reasonably foreseen by the Affected Party; and
- (k) was not directly or indirectly caused or contributed to by the Affected Party.

"Guidelines" has the meaning given in clause 13.

"Governmental Agency" means any government or any semi-governmental administrative, fiscal or judicial body, department, commission, authority, tribunal, agency or entity.

"Hospital" means the Hospital specified in item 5 of Schedule 1, and any other public health facilities within the District as are agreed between the parties from time to time.

"HSA" means the *Health Services Act 1991* (Qld).

"Imaging Services" means the services described as such in Schedule 2.

"Initial Period" means the period specified in item 3 of Schedule 1.

“Insolvency Event” means any of the following:

- (a) a person is or states that the person is unable to pay from the person’s own money all the person’s debts as and when they become due and payable;
- (b) a person is taken or must be presumed to be insolvent or unable to pay the person’s debts under any applicable legislation;
- (c) an application or order is made for the winding up or dissolution or a resolution is passed or any steps are taken to pass a resolution for the winding up or dissolution of a corporation;
- (d) an administrator, provisional liquidator, liquidator or person having a similar function under the laws of any relevant jurisdiction is appointed in respect of a corporation or any action is taken to appoint any such person and the action is not stayed, withdrawn or dismissed within seven days;
- (e) a controller is appointed in respect of any property of a corporation;
- (f) a corporation is deregistered under the Corporations Act or notice of its proposed deregistration is given to the corporation;
- (g) a distress, attachment or execution is levied or becomes enforceable against any property of a person;
- (h) a person enters into or takes any action to enter into an arrangement (including a scheme of arrangement or deed of company arrangement), composition or compromise with, or assignment for the benefit of, all or any class of the person’s creditors or members or a moratorium involving any of them;
- (i) a petition for the making of a sequestration order against the estate of a person is presented and the petition is not stayed, withdrawn or dismissed within seven days or a person presents a petition against himself or herself;
- (j) a person presents a declaration of intention under section 54A of the Bankruptcy Act 1966 (Cth); or
- (k) anything analogous to or of a similar effect to anything described above under the law of any relevant jurisdiction occurs in respect of a person.

“IP Rights” is an abbreviation for Intellectual Property Rights and means all registered and unregistered rights in Australia and throughout the world in respect of copyright, trade or service marks, designs, inventions, patents, semiconductors or circuit layouts, trade, business or company names, indications of source of appellations of origin, trade secrets, know-how and confidential information.

“Loaned Medical Imaging Equipment” means the items of equipment (if any) specified in item 7 of Schedule 1, and any additional or replacement equipment which Queensland Health agrees to loan to the Supplier during the term of this Agreement.

“Loss” means any loss (including loss of profit and loss of expected profit), claim, action, liability, damage, cost, charge, expense, outgoing, payment, diminution in value or deficiency of any kind or character which a person pays, suffers or incurs or is liable for, including:

- (a) interest and other amounts payable to third parties; and
- (b) legal (on a full indemnity basis) and other expenses incurred in connection with investigating or defending any claim or action, whether or not resulting in any liability, and all amounts paid in settlement of any claim or action.

“MBS” means the Medicare Benefits Schedule published by the Commonwealth.

“Medical Imaging Department” means that department of the Hospital, which provides Medical Imaging Services and Radiological Services.

“Medical Imaging Equipment” means any equipment used in providing Medical Imaging Services and Radiological Services.

“Medical Imaging Services” means the medical imaging, professional, technical and administrative support services provided by the Hospital.

“Medical Records” means all patient medical records created by the Supplier’s Personnel in the performance of the Services.

“Notice of Dispute” has the meaning given in clause 13.2.

“Personal Information” means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

“Personnel” of a party means the party’s officers, employees, agents and contractors.

“Quality Standards” means the standards which:

- (a) satisfy Best Practices; and
- (b) meet clinical practice guidelines for a particular item of the Services as may be developed or nominated by Queensland Health from time to time.

“Radiological Services” means the investigatory, procedural and reporting services performed by specialist practitioners in diagnostic radiology.

“Radiologist” means any of the Supplier’s Personnel registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology.

“Radiologist Services” mean the services described as such in Schedule 2.

“Reporting Services” means the services described as such in Schedule 2 and includes any pre-request and post-request consultations reasonably required by Queensland Health.

“Services” means the services described in Schedule 2.

“Supplier’s Premises” means each of the Supplier’s premises specified in item 9 of Schedule 1, and any additional or replacement premises approved by Queensland Health from time to time.

1.2 Construction

Unless expressed to the contrary, in this Agreement:

- (a) words in the singular include the plural and vice versa;
- (b) any gender includes the other genders;
- (c) if a word or phrase is defined its other grammatical forms have corresponding meanings;
- (d) “includes” means includes without limitation;

- (e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it; and
- (f) a reference to:
 - (i) a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority;
 - (ii) a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;
 - (iii) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced; and
 - (iv) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation.

1.3 Headings

Headings do not affect the interpretation of this Agreement.

2. TERM

2.1 Initial Period

This Agreement commences on the Commencement Date and continues for the Initial Period.

2.2 Renewal

Queensland Health may at its option, extend the term of this Agreement for the Extended Period. Queensland Health must give at least ninety (90) days prior written notice of its intention to extend the term of this Agreement under this clause 2.2.

3. SERVICES

3.1 Appointment of Supplier

Queensland Health appoints the Supplier, and the Supplier accepts that appointment, to provide the Services during the term of this Agreement.

3.2 No exclusivity

- (a) The Supplier's appointment under this Agreement is non-exclusive and Queensland Health may perform the Services itself or acquire the same or similar services from other persons.
- (b) In the case of any Services which are only required to be performed by the Supplier upon request by Queensland Health, Queensland Health makes no representation or warranty that it will procure those Services at all or that it will procure any anticipated total value, quantity or frequency of those Services.

3.3 General service requirements

The Supplier must:

- (a) perform the Services:

-
- (i) in accordance with this Agreement;
 - (ii) in accordance with the Quality Standards;
 - (iii) in the manner reasonably required by Queensland Health; and
 - (iv) at the times, and within any time limits, required for the performance of the Services;
- (b) obtain and maintain all Authorisations necessary for the provision of the Services in accordance with this Agreement;
 - (c) consult and cooperate regularly with the District Chief Executive Officer, the Executive Director of Medical Services and the Director of Medical Imaging Services, as required, throughout the term of this Agreement;
 - (d) comply with Queensland Health's quality management policies and principles and participate in the Hospital's accreditation program; and
 - (e) comply, and must ensure that its Personnel comply, with:
 - (i) all applicable laws and standards; and
 - (ii) all applicable directions, policies, procedures and practices of Queensland Health from time to time.

3.4 Notice of claims or threatened claims

- (a) The Supplier must promptly notify Queensland Health of:
 - (i) any actual or threatened claim by a patient against the Supplier or a Radiologist in connection with the Services; or
 - (ii) the occurrence of any incident that is likely to give rise to any claim by a patient against the Supplier or a Radiologist in connection with the Services.
- (b) A notice required by **clause 3.4(a)** must include full particulars of the actual or threatened claim or the incident that is likely to give rise to a claim.
- (c) After notifying Queensland Health in accordance with **clause 3.4(a)**, the Supplier must promptly provide Queensland Health with any additional information or documentation requested by Queensland Health in relation to the actual or threatened claim or incident.

4. APPROVED RADIOLOGISTS

4.1 Performance of Services by Approved Radiologists

Subject to **clause 4.2** the Supplier must ensure that:

- (a) the Services are only performed by Approved Radiologists; and
- (b) the number of Radiologists approved as Approved Radiologists under this Agreement are sufficient, at all times, to enable the Supplier to properly and efficiently perform all Services required, or reasonably likely to be required, to be performed by the Supplier under this Agreement.

4.2 Imaging Services – Radiographers and Sonographers

The Supplier may permit radiographers and sonographers to perform any radiography and sonography required to be performed as part of the Imaging Services provided that:

- (a) the radiography or sonography is performed under the necessary supervision of an Approved Radiologist; and
- (b) the radiographer or sonographer performing the radiography or sonography is registered with the relevant Queensland professional registration board and is appropriately skilled and experienced to undertake the radiography or sonography.

4.3 Approval of Approved Radiologists

- (a) The Supplier may by notice to Queensland Health, request Queensland Health's written approval of one or more additional or replacement Radiologists as Approved Radiologists under this Agreement.
- (b) The Supplier agrees that despite Queensland Health's approval of a Radiologist as an Approved Radiologist in accordance with this clause 4.3, Queensland Health is not responsible for acts and omissions of the Approved Radiologist and the Supplier remains responsible for the acts and omissions of the Approved Radiologist as if they were the acts and omissions of the Supplier.
- (c) Queensland Health may suspend or withdraw its approval of an Approved Radiologist if, in Queensland Health's opinion (in its absolute discretion), the Radiologist:
 - (i) is the subject of an investigation by the Australian Health Practitioner Regulation Agency;
 - (ii) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (iii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iv) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (v) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health;
 - (vi) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services; or
 - (vii) any Credentials or Clinical Privileging Committee recommends to the District Chief Executive Officer that the Radiologist's Clinical Privileges be restricted.
- (d) A Radiologist will cease to be an Approved Radiologist if:
 - (i) the Supplier notifies Queensland Health that the person is to cease to be an Approved Radiologist;
 - (ii) notwithstanding clause 4.6, if Queensland Health notifies the Supplier that it reasonably believes that the Radiologist should not continue to perform the Services under this Agreement;
 - (iii) the Radiologist ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiography or the Radiologist's registration is suspended or becomes subject to conditions which are not acceptable to Queensland Health; or

- (iv) any Credentials or Clinical Privileges Committee recommends to the District Chief Executive Officer that the Approved Radiologist's Clinical Privileges be withdrawn.
- (e) If a Radiologist's approval as an Approved Radiologist is suspended or withdrawn in accordance with clause 4.3(c) or a Radiologist ceases to be an Approved Radiologist in accordance with clause 4.3(d), the Supplier must:
 - (i) ensure that the person:
 - (A) immediately ceases to perform the Services; and
 - (B) returns to Queensland Health any property or information of Queensland Health in his or her possession or control within five Business Days of the person being suspended or ceasing to be an Approved Radiologist, as applicable; and
 - (ii) promptly identify a suitable replacement Radiologist and request Queensland Health's written approval of the Radiologist as an Approved Radiologist under this Agreement.
- (f) The Supplier must promptly notify Queensland Health if an Approved Radiologist is the subject of investigation or ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology or if an Approved Radiologist's registration is suspended or becomes conditional.

4.4 Requirements of Approved Radiologists

The Supplier must ensure that each Approved Radiologist:

- (a) is of good repute and character;
- (b) behaves in professional and courteous manner in all dealings with Queensland Health's Personnel and patients;
- (c) does not represent that he or she is employed by, or acts on behalf of, Queensland Health;
- (d) provides the Services in accordance with the Quality Standards (to the extent applicable);
- (e) attends at the Hospital to perform any Services which are required to be performed at the Hospital;
- (f) has and maintains during the term of this Agreement, unconditional registration with the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology;
- (g) provides every medical service required to be performed under this Agreement within the range of his or her qualifications and experience and in accordance with any professional standards issued or accepted by the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);
- (h) complies with all ethical and professional standards required of medical practitioners including any such ethical and professional standards as may be issued or required the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);
- (i) complies with all laws, standards (including all standards made under the *Health Practitioners (Professional Standards) Act 1999 (Qld)*), rules, regulations and policies applicable to the Approved Radiologist's medical practice and as are required or necessary for the performance of the Services;

- (j) complies with the policies and procedures of Queensland Health as amended from time to time, in relation to the performance of clinical services and as otherwise associated with the provision of the Services;
- (k) participates and co-operates in any clinical audits that may be required by the Supplier or Queensland Health from time to time;
- (l) complies with the quality assurance, quality improvement and peer review policies and requirements of the Supplier, Queensland Health and the Royal Australian and New Zealand College of Radiologists (or any other relevant professional body);
- (m) notifies the Supplier as early as possible of any potential or possible claims against the Approved Radiologist in respect of the Services and provide all such details and information as the Supplier may require in respect of any claim.

4.5 Credentials and Clinical Privileges

Notwithstanding anything in this Agreement, the Supplier must ensure that an Approved Radiologist does not perform any Services within the Hospital (or any other Queensland Health facility) unless:

- (a) the Approved Radiologist has had his or her Credentials reviewed and has been granted Clinical Privileges by Queensland Health; and
- (b) the Services are within the scope of the Clinical Privilege rights granted by Queensland Health to the Approved Radiologist.

4.6 Notice to Show Cause

- (a) If, in the opinion of Queensland Health (in its absolute discretion), an Approved Radiologist:
 - (i) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (ii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iii) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (iv) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health; or
 - (v) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services,

then without limiting any of its other remedies, Queensland Health may issue a notice to the Supplier ("Show Cause Notice") requiring the Supplier to show cause why Queensland Health should not withdraw its approval of the Approved Radiologist.

- (b) A Show Cause Notice under clause 4.6(a) must specify:
 - (i) that it is a Show Cause Notice under the provisions of clause 4.6(a);
 - (ii) the period, being not less than 14 days after the date of the Show Cause Notice, within which the Supplier must respond; and
 - (iii) the reasons for the issue of the Show Cause Notice.

- (c) Unless otherwise advised by Queensland Health, on and from the date of the Show Cause Notice the Approved Radiologist will be suspended, and the Supplier shall ensure that the Approved Radiologist does not perform any of the Services, until the matters raised in the Show Cause Notice are responded to and resolved in a manner satisfactory to Queensland Health.
- (d) If the Supplier responds to the Show Cause Notice ("Show Cause Response") in writing, Queensland Health must consider the response and determine (at its sole discretion) whether or not to withdraw its approval or impose any condition on its approval including (without limitation) the removal of any privileges to perform the Services.
- (e) Queensland Health must notify the Supplier in writing of its decision within 14 days of receiving the Show Cause Response. The Supplier must comply with Queensland Health's decision in respect of any Show Cause Notice and Response, and must ensure that any relevant Approved Radiologist also complies.
- (f) If the Supplier has been advised under clause 4.6(d) that the approval by Queensland Health of a Radiologist has been withdrawn, the Supplier may, within 7 days of receipt of that notice request that the matter be treated as a dispute requiring resolution under clause 13.
- (g) If the Supplier fails to respond to the Show Cause Notice in writing within the period specified in the notice, Queensland Health may, by written notice to the Supplier, withdraw the approval of the Radiologist.

5. ACCESS TO HOSPITAL

5.1 Right to access

Subject to this clause 5, Queensland Health will provide each Approved Radiologist with such access to the Hospital as is necessary to perform the Supplier's obligations under this Agreement.

5.2 Conditions of access

The Supplier must ensure that when accessing the Hospital for the purpose of performing the Services, each Approved Radiologist complies with:

- (a) all policies, procedures and codes of practice of Queensland Health in force from time to time, including those concerning:
 - (i) harassment;
 - (ii) discrimination;
 - (iii) use of the Hospital's resources (including IT resources);
 - (iv) workplace health and safety; and
 - (v) security; and
- (b) all reasonable directions (whether written or verbal) issued by Queensland Health from time to time.

5.3 Induction and training

The Supplier must ensure that each Approved Radiologist that may access the Hospital for the purpose of performing the Services attends all training which Queensland Health requires them to attend from time to time in connection with the policies, procedures and codes of practice of Queensland Health.

6. MEDICAL IMAGING EQUIPMENT

6.1 Medical Imaging Equipment

- (a) The Supplier must use the Medical Imaging Equipment supplied by Queensland Health at the Hospital when performing any Services at the Hospital.
- (b) Except for the Loaned Medical Imaging Equipment, the Supplier must supply all of the equipment necessary to properly and efficiently perform any of the Services which are to be performed at any premises other than the Hospital.

6.2 Loaned Medical Imaging Equipment

- (a) Queensland Health will loan the Loaned Medical Imaging Equipment to the Supplier for use by the Supplier in the performance of the Services which are permitted or required to be performed at a premises other than the Hospital.
- (b) Subject to clause 6.4, Queensland Health will be responsible for the repair and maintenance of the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a);
- (c) The Supplier must promptly notify Queensland Health:
 - (i) of any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Loaned Medical Imaging Equipment; or
 - (ii) if the Loaned Medical Imaging Equipment requires repair or maintenance.

6.3 Requirements in relation to use of Medical Imaging Equipment

The Supplier must:

- (a) only use the Medical Imaging Equipment in the proper performance of the Supplier's obligations under this Agreement;
- (b) take reasonable care of the Medical Imaging Equipment;
- (c) take reasonable precautions to secure the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a).
- (d) comply with all directions, policies and procedures of Queensland Health from time to time governing the use of the Medical Imaging Equipment;
- (e) subject to the determination of clinical priority by the Executive Director of Medical Services, not hinder Queensland Health or its Personnel in the exercise of their rights to use the Medical Imaging Equipment; and
- (f) not repair or modify the Medical Imaging Equipment without Queensland Health's prior written consent.

6.4 Indemnity

The Supplier indemnifies Queensland Health for any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Medical Imaging Equipment that is caused by any act or omission of the Supplier or its Personnel.

7. PAYMENT AND ACCOUNTING

7.1 Fees

- (a) The fees payable for the Services are set out in **Schedule 3**.
- (b) The fees specified in this **clause 7.1** are the only amounts payable by Queensland Health in connection with this Agreement.

7.2 Invoice

The Supplier must invoice Queensland Health for all Services performed during a calendar month within 10 Business Days after the end of the month.

7.3 Payment

- (a) Subject to this **clause 7.3**, Queensland Health will pay the Supplier the amount due under a correctly rendered invoice within one month of the end of the month in which the invoice is received.
- (b) An invoice is correctly rendered if:
 - (i) the amount claimed under the invoice is due for payment under this Agreement;
 - (ii) the Supplier has complied with all of its obligations at the date of the invoice;
 - (iii) the invoice is in the form (if any) reasonably required by Queensland Health from time to time; and
 - (iv) it is accompanied by any supporting information or documentation (if any) reasonably required by Queensland Health from time to time.
- (c) Queensland Health is not liable for any fees in respect of any part of the Services which Queensland Health reasonably determines have not been performed in accordance with this Agreement.
- (d) Where Queensland Health, acting reasonably, disputes a fee claimed under an invoice, Queensland Health does not have to pay the relevant portion of the invoice until the query or dispute is resolved.
- (e) Payment by Queensland Health of an amount claimed under an invoice will not constitute an admission by Queensland Health that the Services have been performed in accordance with this Agreement.

7.4 System for recording attendances

Within 90 days of the Commencement Date, Queensland Health will provide to the Supplier a system for recording attendances, which must be agreed between the parties within a further 30 days in consultation with the Supplier, in order to record both on-site and off-site provision of the Services.

7.5 Annual Increase in MBS Scheduled Fees and MBS Updates

- (a) If the fees set out in **Schedule 3** are expressed by reference to MBS scales or MBS item numbers, then in May and November each year during the term of this Agreement, those fees may be varied to incorporate any increase in the fee specified for a particular MBS item number stated in **Schedule 3**. The revised fee for each MBS item number in an Approved MBS Category will be calculated on the basis set out in **Schedule 3**.

- (b) If any updated MBS is published which includes new MBS scales or Item Numbers, or additional MBS Items, that are clinically appropriate for a patient but are not stated in Schedule 3, then the Services described by the new scale or Item Number or additional item may be provided by the Supplier to patients where approved in writing by Queensland Health. Where such approval is given, the fees set out in Schedule 3 shall be taken to be adjusted to include the new or additional Item Numbers or scales.
- (c) The fees set out in Schedule 3 will be adjusted in accordance with this clause and will be taken to be incorporated into this Agreement and to apply from the date that the updated MBS applies.
- (d) The Supplier agrees to promptly provide Queensland Health with a revised Schedule 3 as adjusted from time to time in accordance with this clause, which Schedule 3 (once notified by Queensland Health as accepted) shall be taken to be inserted in replacement of any previous Schedule 3.

8. COOPERATION AND REPORTING

8.1 General

- (a) The Supplier must, and must ensure its Personnel, liaise and cooperate with Queensland Health and its Personnel and act reasonably and in good faith toward Queensland Health and its Personnel.
- (b) The Supplier must submit any reports in relation to the performance of the Services as reasonably required by Queensland Health from time to time.
- (c) The Supplier must attend any meetings or briefings with Queensland Health's Personnel, as reasonably required by Queensland Health from time to time.

8.2 Monthly report

Without limiting clause 8.1, within five Business Days after the end of each calendar month, the Supplier must submit a report to Queensland Health, in the form reasonably required by Queensland Health, specifying:

- (a) an itemised summary of all Services provided to patients at the Supplier's Premises during the month; and
- (b) any other information in connection with this Agreement reasonably required by Queensland Health.

8.3 Operational Audit

The Supplier must, upon five Business Day's notice during normal business hours (or as otherwise agreed between the parties), permit and provided persons (Auditors) nominated by Queensland Health supervised access to the Supplier's premises, books, records, documents, computer systems, equipment and other property to verify compliance by the Supplier with its obligations under this Agreement and its likely capacity to continue to comply with its obligations under this Agreement.

8.4 Clinical Audit

Queensland Health will on an annual basis, or any other time as specified by Queensland Health, conduct a clinical audit of the Radiology Services provided by the Supplier to Queensland Health including but not limited to, and where they a part of the services provided, a clinical review of investigatory, procedural and reporting services provided by the Supplier in areas of plain x-rays, CT scanning, diagnostic studies, angiographic procedures, interventional procedures, off site and remote services and miscellaneous services as determined by Queensland Health.

9. CONFIDENTIALITY

9.1 Provision of Confidential Information

Queensland Health agrees to provide the Supplier with Confidential Information necessary for the purpose of the performance of the Services under this Agreement.

9.2 Acceptance of obligation

Subject to clauses 9.4, 9.5 and 9.6, the Supplier shall keep secret and confidential all Confidential Information of Queensland Health and shall not directly or indirectly disclose all or any part of that Confidential Information in any manner whatsoever, in whole or in part to a third party without the prior written consent of Queensland Health or subject to clause 9.9 as required by law.

9.3 Use solely in accord with Agreement

The Supplier agrees it shall use, copy and retain the Confidential Information of Queensland Health solely for the purposes of the performance of this Agreement and in accordance with the terms of this Agreement.

9.4 Disclosure to those who need to know

The Supplier may only disclose the Confidential Information of Queensland Health to those of its officers and employees and legal advisers as required for the performance of their duties on behalf of the Supplier under this Agreement or as permitted by law.

9.5 Actions of others

The Supplier will ensure that no officer, employee or legal adviser of the Supplier will without the prior written consent of Queensland Health, disclose, allow access to, or use or copy any of the Confidential Information of Queensland Health for any purpose other than as required for the performance of this Agreement and in accordance with the terms of this Agreement.

9.6 Confidentiality agreements

If requested by Queensland Health, the Supplier will procure that its officers, employees and legal advisers to whom it is proposed that the Confidential Information of Queensland Health will be disclosed in accordance with this Agreement, execute a confidentiality agreement on substantially the same terms and conditions as contained in this Agreement before any of Queensland Health's Confidential Information is disclosed to that person.

9.7 No misuse

Without limiting the above, the Supplier acknowledges that it shall not:

- (a) exploit the Confidential Information of Queensland Health;
- (b) use the Confidential Information for Supplier's own business purposes without authorisation from Queensland Health; nor
- (c) make copies in any format of the Confidential Information without the express authorisation of Queensland Health or in accordance with this Agreement.

9.8 Access

The Supplier shall keep the Confidential Information of Queensland Health in a secure location so that no unauthorised person is able to gain access to it.

9.9 Disclosure required by law

In the event that the Supplier becomes aware that it is or may be legally compelled (including by oral questions, request for information or documents, subpoena, civil investigative demand or similar process) to disclose any of the Confidential Information of Queensland Health, the Supplier will provide Queensland Health with prompt written notice so that Queensland Health may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of the Agreement. In the event that such protective order or other remedy is not obtained, or Queensland Health waives compliance with the provisions of this Agreement, the Supplier will furnish only that portion of the Confidential Information which is legally required and will exercise its reasonable best efforts to obtain reliable assurance that confidential treatment will be accorded to the Confidential Information.

9.10 Acknowledgement

The Supplier acknowledges and agrees:

- (a) an unauthorised disclosure or use of the Confidential Information of Queensland Health by its officer, employees or legal advisers shall constitute a breach of this Agreement by the Supplier;
- (b) nothing contained in this Agreement shall be construed as granting to the Supplier a licence or IP Right other than a right to use and copy the Confidential Information in accordance with this Agreement;
- (c) any unauthorised reverse engineering, copying, annotation, reproduction or translation of the Confidential Information of Queensland Health by the Supplier may infringe the Queensland Health's IP Rights and may result in statutory liability at common law including equity for breach of confidence;
- (d) the value of the Confidential Information is such that any award of damages or account of profits may inadequately compensate Queensland Health in the event of a breach of this Agreement by the Supplier;
- (e) without in any way compromising Queensland Health's right to seek damages or any other form of relief in the event of a breach of this Agreement, Queensland Health may seek and obtain an ex parte interlocutory or final injunction to prohibit or restrain the Supplier or its officers, employees or legal advisers from any breach or threatened breach of this Agreement; and
- (f) that Queensland Health provides no warranty as to the accuracy, completeness or currency of the Confidential Information of Queensland Health.

9.11 Return of Confidential Information

The Supplier must return or destroy (at Queensland Health's discretion) all materials containing Confidential Information when they are no longer required by the Supplier, or otherwise when directed by Queensland Health/

9.12 Personal Information

- (a) The Supplier acknowledges that it is a bound contracted service provider for the purposes of the *Information Privacy Act 2009*.
- (b) The Supplier must:
 - (i) in relation to the discharge of its obligations under this Agreement, comply with parts 2 and 3 of Chapter 2 of the *Information Privacy Act 2009* as if the Supplier was Queensland Health;

-
- (ii) ensure that Personal Information is protected against loss and against unauthorised access, use, modification, disclosure or other misuse;
 - (iii) not use Personal Information other than for the purposes of performing its obligations under this Agreement, unless required or authorised by law;
 - (iv) not disclose Personal Information without the prior written consent of Queensland Health, unless required or authorised by law;
 - (v) not transfer any Personal Information outside of Australia without the prior written consent of Queensland Health;
 - (vi) ensure that access to Personal Information is restricted to those of its employees and officers who require access in order to perform their duties under this Agreement;
 - (vii) ensure that its officers, employees and sub-contractors comply with the same obligations imposed on the Supplier under this clause;
 - (viii) fully cooperate with Queensland Health to enable Queensland Health to respond to applications for access to , or amendment of, a document containing a person's Personal Information and to privacy complaints;
 - (ix) immediately notify Queensland Health if the Supplier becomes aware that a disclosure of Personal Information is or may be required or authorised by law;
 - (x) upon request by Queensland Health, promptly return any Personal Information to Queensland Health upon expiry or termination of this Agreement.
- (c) Upon request by Queensland Health, the Supplier must obtain from its personnel, a deed of privacy in a form acceptable to Queensland Health.
 - (d) The Supplier must immediately notify Queensland Health upon becoming aware of a breach of this clause 9.12.

9.13 Privacy Act

Nothing in this clause 9 is intended to limit any obligation of the Supplier under the *Privacy Act 1988* (Cth) that the Supplier may have as an organisation with respect to Personal Information.

9.14 Ownership of Medical Records

- (a) The Supplier agrees that title to, and copyright in, all Medical Records vests in Queensland Health upon creation.
- (b) The Supplier agrees to obtain all necessary assignments from the Supplier's Personnel in respect of the Medical Records to ensure that Queensland Health is the owner of such Medical Records and the copyright in them.
- (c) The Supplier will ensure that all original medical records from Queensland Health (if any) and any Medical Records are provided to Queensland Health as soon as practicable after the particular Services to which they relate have been completed.
- (d) The Supplier must not:

- (i) delete or destroy copies of Medical Records provided to Queensland Health until it receives confirmation the Medical Records have been received and saved in uncorrupted form by Queensland Health;
 - (ii) allow patients to deliver Medical Records to Queensland Health, unless otherwise instructed by Queensland Health.
- (e) Despite Queensland Health's ownership of the Medical Records, the Supplier may retain a copy of any Medical Records which it is required by law to maintain.
- (f) The Supplier warrants that electronic transfer of patient information and images by it will not compromise service integrity or patient confidentiality.

9.15 Media releases

The Supplier may not make any statement or issue any information, publication, document or article for publication concerning this Agreement in any media without the prior approval of Queensland Health.

9.16 Survival

This clause 9 survives the expiration or termination of this Agreement.

10. INDEMNITY

- (a) For the purposes of this clause 10 and 11, the following definitions will apply:

"Queensland Health" includes an officer, employee or contractor of Queensland Health (but excludes the Supplier, and its Personnel),

"Supplier" includes an officer, director, employee or contractor of the Supplier (but excludes Approved Radiologists and Practice Companies).

- (b) The Supplier indemnifies Queensland Health, from and against all claims, actions, proceedings, demands, fines, penalties, losses and damages (including for personal injury, disease, illness and death), costs and expenses (including legal fees on an indemnity basis) or liability of any nature which Queensland Health under this subclause may sustain, incur or which may be brought or made by any person, arising out of or in connection with:

- (i) a breach of this Agreement by the Supplier;
- (ii) the performance or purported performance of the Services by or through the Supplier;
- (iii) any care or treatment provided to a patient by the Supplier;
- (iv) any negligent or unlawful act or omission (including wilful neglect) of the Supplier;
- (v) the use of the Hospital by the Supplier;
- (vi) a breach of the IP rights of Queensland Health or any other person in connection with the Services.

- (c) The indemnity under clause 10(b) shall be reduced proportionately to the extent that any act or omission of Queensland Health contributed to the loss, damages, cost or expense.

- (d) Each indemnity in this Agreement is a continuing obligation, separate and independent from the other obligations of the Supplier and survives termination of this Agreement. It is not necessary for

Queensland Health to incur expense or make a payment before enforcing any indemnity conferred by this Agreement.

11. INSURANCE

11.1 Medical Malpractice

- (a) The Supplier agrees that it shall:
- (i) obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients; and
 - (ii) ensure that its Approved Radiologists obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients.
- (b) Without limitation to clause 11.1(a), the parties agree that the Supplier shall not derive any benefit or entitlement for indemnity under Queensland Health's indemnity policies in respect of the provision of Services to Private and Public Patients.

11.2 Workers' Compensations

- (a) Before any Approved Radiologist commences work in the provision of the Services, the Supplier will obtain Queensland worker's compensation insurance against liability for death of or bodily injury to the Approved Radiologists, including liability under statute and at common law.
- (b) The cost of worker's compensation insurance required by this clause will be met by the Supplier.

11.3 Public Liability, Products and Occupier Liability Insurance

The Supplier will hold the following insurances for the term of this Agreement in respect of:

- (a) Public liability insurance in respect of premises at which the Supplier performs duties under this Agreement and also in respect of any other premises of Queensland Health occupied or used by the Supplier for the performance of any other duties (including premises occupied or used for private practice purposes) with a limit of not less than AUD20 million per occurrence; and
- (b) Products, occupiers and property liability insurance in respect of any items or property supplied, owned or licensed by the Supplier with a limit of not less than AUD20 million per occurrence.

11.4 Other Insurance

The Supplier and Queensland Health will hold other insurances for the term of this Agreement as required by relevant law.

11.5 Evidence of Insurance

- (a) Before an Approved Radiologist commences work in the provision of the Services, and at any time upon request by Queensland Health, the Supplier will produce evidence to Queensland Health that the insurance required by this clause 11 has been obtained and is being maintained.
- (b) Whenever requested in writing by Queensland Health, the Supplier will provide to Queensland Health a copy of the certificates of currency, current policy wording, policy schedule and endorsements for

each of the insurance policies required to be held by the Supplier, or Approved Radiologists under this clause.

- (c) All insurance required to be held by the Supplier or Approved Radiologists under this Agreement will be from insurers licensed to offer insurance in Australia, and will provide for payments to be made in the currencies required to rectify loss or damage covered by the insurance and in respect of medical malpractice insurance shall be held for 3 years after the termination of the Agreement.
- (d) The Supplier will comply and will ensure that Approved Radiologists comply with the conditions stipulated in each of the insurance policies that it is required to hold under this Agreement.
- (e) The Supplier will report to Queensland Health as soon as practicable:
 - (i) the cancellation of any insurance policy required to be held by the Supplier or Approved Radiologists under this Agreement; and
 - (ii) all losses, claims and incidents that may give rise to an insurance claim.
- (f) Any amounts not insured, including policy deductibles or amounts not recovered from insurers (including the costs of preparing insurance claims) will be borne by the parties according to their liabilities under this Agreement.

12. FORCE MAJEURE

12.1 Force Majeure occurrence

- (a) If a party (Affected Party) is prevented or hindered by Force Majeure from fully or partly complying with any obligation (except for the payment of money) under this Agreement, that obligation is suspended for the duration of such Force Majeure.
- (b) If the Affected Party wishes to claim the benefit of this clause 12, it must give prompt notice of the Force Majeure occurrence to the other party including reasonable details of:
 - (i) the Force Majeure occurrence;
 - (ii) the effect of the Force Majeure occurrence on the performance of the Affected Party's obligations; and
 - (iii) the likely duration of the delay in performance of those obligations.

12.2 Termination

If a delay caused by Force Majeure continues for more than one month, either party may terminate this Agreement by giving five Business Day's notice to the other party.

13. DISPUTE RESOLUTION

13.1 Dispute

Subject to clause 13.5(b), as a condition precedent to the commencement of any litigation, if a Dispute arises between parties to this Agreement, the parties agree to seek to resolve the Dispute in accordance with this clause 13.

13.2 Notice of Dispute

In the event of a Dispute, a party may give the other party a written notice of dispute adequately identifying and providing details of the Dispute (Notice of Dispute).

13.3 Dispute resolution conference

- (a) Within 20 Business Days after receiving a Notice of Dispute, the parties will confer at least once to resolve the Dispute.
- (b) At every such conference, each party will be represented by a person having authority to agree a resolution to the Dispute.
- (c) All aspects of every such conference, except the fact of its occurrence, will be privileged.

13.4 Mediation

- (a) If the Dispute is not resolved within 20 Business Days (or such other further period agreed between the parties) after a conference under clause 13.3, the parties agree to refer the Dispute to mediation administered by the Australian Commercial Disputes Centre (ACDC).
- (b) The mediation must be conducted in accordance with the ACDC Guidelines for Commercial Mediation (Guidelines) in force at the date of this Agreement.
- (c) The Guidelines set out the procedures to be adopted, the process of selection of the mediator and the costs involved, including the parties' respective responsibilities for the payment of the mediator's costs and other costs of the mediation.
- (d) The ACDC Mediation Appointment Agreement is expressly incorporated in the Guidelines. The Guidelines, including the ACDC Mediation Appointment Agreement, are incorporated in this Agreement.

13.5 General

- (a) This clause 13 survives termination of this Agreement.
- (b) At any time, a party may, without inconsistency with this clause 13, seek urgent interlocutory relief in respect of the subject matter of the Dispute from any Court having jurisdiction.

14. TERMINATION

14.1 Termination by Queensland Health on notice

Queensland Health may terminate this Agreement without cause by giving not less than three months notice to the Supplier.

14.2 Termination by Queensland Health on default

Queensland Health may immediately terminate this Agreement by notice to the Supplier if:

- (a) the Supplier does not carry out any material obligation under this Agreement and in the case of a default which is capable of remedy, does not remedy that default within five Business Days after Queensland Health serves notice on the Supplier:
 - (i) specifying that it is a notice issued under this clause 14.2(a); and
 - (ii) requiring the default to be remedied;

-
- (b) no Radiologists are approved as Approved Radiologists for a continuous period of one month or more (unless due to default by Queensland Health);
 - (c) an Insolvency Event occurs in relation to the Supplier; or
 - (d) a Change in Control occurs in relation to the Supplier without the prior written consent of Queensland Health;
 - (e) in the reasonable opinion of Queensland Health, the Supplier or any its Personnel engage in any misleading or deceptive conduct in connection with this Agreement;
 - (f) in the reasonable opinion of Queensland Health, any of the Approved Radiologists involved in the provision of the Services are guilty of misconduct, negligence or other conduct which Queensland Health reasonably considers to be inappropriate conduct for a medical practitioner;
 - (g) the Supplier is (or, if it is a company, any of its directors or senior executives are) convicted of any offence under the *National Health Act 1953* (Cth) or the *Health Insurance Act 1973* (Cth); or
 - (h) any representation or warranty made by the Supplier in this Agreement or as part of the offer process resulting in the awarding of this Agreement to the Supplier is materially incorrect.

14.3 No common law right of termination

The Supplier agrees that it may not terminate this Agreement pursuant to any common law rights of termination it may otherwise have had.

14.4 Consequences of termination

- (a) The expiration or termination of this Agreement will no affect any rights or remedies accrued to either party under, or in respect of any breach of, this Agreement.
- (b) The Supplier must deliver any Loaned Medical Imaging Equipment and Medical Records (other than any copies required to be kept in accordance to clause 9.9) to Queensland Health at the Hospital within five Business Days of the expiration or termination of this Agreement.
- (c) If the Supplier fails to deliver the Loaned Medical Imaging Equipment and Medical Records to Queensland Health in accordance with clause 14.4(b), Queensland Health may enter any of the Supplier's premises during normal business hours on not less than 12 hours' prior notice in order to collect the Loaned Medical Imaging Equipment and Medical Records and the Supplier will at all reasonable times permit and assist a person Approved by Queensland Health to do so.

14.5 Action upon termination

Upon termination of this Agreement the Supplier must:

- (a) cease to perform the Services;
- (b) immediately cease to use Queensland Health's IP Rights and Confidential Information;
- (c) within 3 Business Days after termination, return to Queensland Health all copies of materials in any form to which Queensland Health has IP Rights and Confidential Information at the Supplier's expense and in the manner directed by Queensland Health;
- (d) within 3 Business Days after termination, delete, remove and destroy all electronic copies of materials in any form to which Queensland Health has IP Rights and Confidential Information (including all media on which it is contained) at the Supplier's expense in the manner directed to do so and to the

satisfaction of Queensland Health. The Supplier will, where requested by Queensland Health provide evidence of all action taken to comply with this provision; and

- (e) if necessary, promptly procure and provide all licences, other permissions and requirements necessary to allow Queensland Health to continue to use any third party materials as provided by the Supplier to Queensland Health under this Agreement.

15. GST

15.1 Construction

In this clause 15:

- (a) words and expressions which are not defined in this Agreement but which have a defined meaning in GST Law have the same meaning as in the GST Law; and
- (b) GST Law has the same meaning given to that expression in the A New Tax System (Goods and Services Tax) Act 1999.

15.2 Consideration GST exclusive

Unless otherwise expressly stated, all prices or other sums payable or consideration to be provided under this Agreement are exclusive of GST.

15.3 Payment of GST

If GST is payable by a supplier or by the representative member for a GST group of which the supplier is a member, on any supply made under this Agreement, the recipient will pay to the supplier an amount equal to the GST payable on the supply.

15.4 Timing of GST payment

The recipient will pay the amount referred to in clause 15.3 in addition to and at the same time that the consideration for the supply is to be provided under this Agreement.

15.5 Tax invoice

The supplier must deliver a tax invoice or an adjustment note to the recipient before the supplier is entitled to payment of an amount under clause 15.3. The recipient can withhold payment of the amount until the supplier provides a tax invoice or an adjustment note, as appropriate.

15.6 Adjustment event

If an adjustment event arises in respect of a taxable supply made by a supplier under this Agreement, the amount payable by the recipient under clause 15.3 will be recalculated to reflect the adjustment event and a payment will be made by the recipient to the supplier or by the supplier to the recipient as the case requires.

15.7 Reimbursements

Where a party is required under this Agreement to pay or reimburse an expense or outgoing of another party, the amount to be paid or reimbursed by the first party will be the sum of:

- (a) the amount of the expense or outgoing less any input tax credits in respect of the expense or outgoing to which the other party, or to which the representative member for a GST group of which the other party is a member, is entitled; and

- (b) if the payment or reimbursement is subject to GST, an amount equal to that GST.

16. NOTICES

16.1 General

A notice, demand, certification, process or other communication relating to this Agreement must be in writing in English and may be given by an agent of the sender.

16.2 How to give a communication

In addition to any other lawful means, a communication may be given by being:

- (a) personally delivered;
- (b) left at the party's current delivery address for notices;
- (c) sent to the party's current postal address for notices by pre-paid ordinary mail or, if the address is outside Australia, by pre-paid airmail; or
- (d) sent by fax to the party's current fax number for notices.

16.3 Particulars for delivery of notices

- (a) The particulars for delivery of notices are initially the particulars set out in **item 8 of Schedule 1**.
- (b) Each party may change its particulars for delivery of notices by notice to each other party.

16.4 Communications by post

Subject to **clause 16.6**, a communication is given if posted:

- (a) within Australia to an Australian postal address, three Business Days after posting; or
- (b) outside of Australia to an Australian postal address or within Australia to an address outside of Australia, ten Business Days after posting.

16.5 Communications by fax

Subject to **clause 16.6**, a communication is given if sent by fax, when the sender's fax machine produces a report that the fax was sent in full to the addressee. That report is conclusive evidence that the addressee received the fax in full at the time indicated on that report.

16.6 After hours communications

Other than with respect to communications concerning the request or delivery of the Services, if a communication is given:

- (a) after 5.00pm in the place of receipt; or
- (b) on a day which is a Saturday, Sunday or bank or public holiday in the place of receipt,

it is taken as having been given at 9.00am on the next day which is not a Saturday, Sunday or bank or public holiday in that place.

17. KEY PERFORMANCE INDICATORS

- (a) The Supplier must perform the Services in order to achieve Key Performance Indicators (KPI's) in accordance with **Schedule 4**.
- (b) The Supplier acknowledges that the purpose of KPI's is to:
- (i) provide Queensland Health and the Supplier with focus on the areas which are of paramount importance to Queensland Health in the performance of the Services; and
 - (ii) specify quantitative and qualitative assessment mechanisms to enable the parties to measure and manage the performance of the Supplier with input from Queensland Health against specified targets.
- (c) The Supplier must submit to Queensland Health a written quarterly report within 14 days after the end of each quarter against the KPI's as set out in **Schedule 4**.
- (d) On receipt of the report Queensland Health will evaluate the performance of the Supplier based on the report.
- (e) Within 14 days of receipt of the report under **clause 17(c)** the Supplier is required to attend a meeting with Queensland Health and the Supplier must:
- (i) discuss the report it has prepared under **clause 17(c)** and such other matters as determined by Queensland Health may require from time to time; and
 - (ii) discuss and provide to Queensland Health all advice which it may require on measurement review and improvement of the Supplier's performance under this Agreement, including:
 - (A) the Supplier's performance against KPI's and Queensland Health may make a determination of any action required where the KPI's indicate that the Supplier's performance under this Agreement is unsatisfactory;
 - (B) all initiatives that could improve the provisions under this Agreement for measuring, reviewing and improving the Suppliers' performance;
 - (C) promptly and fully respond to any questions which Queensland Health asks; and
 - (D) if it requires instructions from Queensland Health, make all necessary recommendations as to the action required.
- (f) Where a Supplier's performance under this Agreement is unsatisfactory under **clause 17 (e) (ii)(A)** and the Supplier fails to rectify the performance to the satisfaction of Queensland Health by the means set out in **clauses 17(e)(ii)(A) to (D)**, Queensland Health may:
- (i) proceed to Dispute Resolution under **clause 13** of this Agreement; and
 - (ii) suspend payment of the fees payable for the Services under this Agreement until the resolution of the dispute under **clause 13**.

18. GENERAL

18.1 Disclosure

If the Supplier becomes aware of a matter that is likely to materially affect the ability of the Supplier to perform its obligations under this Agreement, it must immediately notify Queensland Health of the matter.

18.2 Conflict of interest

- (a) The Supplier warrants that to the best of its knowledge, information and belief, no conflict of interest exists or is likely to arise in the performance of this Agreement.
- (b) The Supplier must immediately notify Queensland Health if a conflict of interest arises.

18.3 Legal costs

Except as expressly stated otherwise in this Agreement, each party must pay its own legal and other costs and expenses of negotiating, preparing, executing and performing its obligations under this Agreement.

18.4 Amendment

This Agreement may only be varied or replaced by a document executed by the parties.

18.5 Waiver and exercise of rights

- (a) No rights under this Agreement will be deemed to be waived except where the waiver is in writing and is signed by the party giving the waiver.
- (b) A waiver by a party will not prejudice its rights in respect of any subsequent breach of this Agreement by the other party.
- (c) Any failure by a party to enforce any clause of this Agreement or any forbearance, delay or indulgence granted by the party to the other party will not be construed as a waiver of the rights under this Agreement.
- (d) A single or partial exercise or waiver by a party of a right relating to this Agreement does not prevent any other exercise of that right or the exercise of any other right.
- (e) A party is not liable for any loss, cost or expense of the other party caused or contributed to by the waiver, exercise, attempted exercise, failure to exercise or delay in the exercise of a right.

18.6 Rights cumulative

Except as expressly stated otherwise in this Agreement, the rights of a party under this Agreement are cumulative and are in addition to any other rights of that party.

18.7 Consents

Except as expressly stated otherwise in this Agreement, a party may conditionally or unconditionally give or withhold any consent to be given under this Agreement and is not obliged to give its reasons for doing so.

18.8 Further steps

Each party must promptly do whatever the other party reasonably requires of it to give effect to this Agreement and to perform its obligations under it.

18.9 Governing law and jurisdiction

- (a) This Agreement is governed by and is to be construed in accordance with the laws applicable in Queensland.

-
- (b) Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of Queensland and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts.

18.10 Assignment

- (a) A party must not assign or deal with any right under this Agreement without the prior written consent of the other party.
- (b) Any purported dealing in breach of this clause 18.10 is of no effect.

18.11 Subcontracting

- (a) The Supplier will not subcontract any of its obligations under this Agreement without obtaining the prior written approval of Queensland Health.
- (b) The Supplier is responsible for the acts and omissions of its subcontractors as if they were the acts and omissions of the Supplier.

18.12 Set-off

Queensland Health may set off money due to Queensland Health from the Supplier, or damages, costs or expenses recoverable by Queensland Health from the Supplier (including amounts payable under an indemnity), against money due to the Supplier under this Agreement or any other contract between the parties.

18.13 Liability

An obligation of two or more persons binds them separately and together.

18.14 Counterparts

This Agreement may consist of a number of counterparts and, if so, the counterparts taken together constitute one document.

18.15 Entire understanding

- (a) This Agreement contains the entire understanding between the parties as to the subject matter of this Agreement.
- (b) All previous negotiations, understandings, representations, warranties, memoranda or commitments concerning the subject matter of this Agreement are merged in and superseded by this Agreement and are of no effect. Neither party is liable to the other party in respect of those matters.
- (c) No oral explanation or information provided by a party to the other:
 - (i) affects the meaning or interpretation of this Agreement; or
 - (ii) constitutes any collateral agreement, warranty or understanding between the parties.

18.16 Relationship of parties

- (a) The relationship between Queensland Health and the Supplier is that of principal and independent contractor.
- (b) Nothing in this Agreement will be taken as establishing the Supplier or any of its Personnel as an employee or agent of Queensland Health (without the prior written consent of Queensland Health).

-
- (c) This Agreement is not intended to create a partnership, joint venture or agency relationship between the parties.

18.17 Commissions and Incentives

The Supplier must not offer anything to Queensland Health or any employees or agent of Queensland Health including a parent, spouse and child or associated of the employee or agent, as an inducement, gift or reward, which could in any way influence Queensland Health's actions in relation to the Agreement.

18.18 Skills Transfer

The Supplier will use its best endeavours to impart skills to and instruct Queensland Health employees with whom the Supplier has contact in the performance of the Radiology Services with a view to increasing and consolidating the skills base within Queensland Health.

18.19 Queensland Health Employees

During the term of this Agreement the Supplier acknowledges and agrees that it will not engage, consult, contract or employ Queensland Health employees, whether contractors, agents, subcontractors or officers of Queensland Health.

RTI Released

SCHEDULE 1

AGREEMENT DETAILS

Item 1	Supplier	Name: Premier Medical Imaging Pty Ltd ABN: 41 110 308 962 Address: PO Box 222 RBH Post Office Qld 4029
Item 2	Commencement Date	01 May 2010 Full services as from 01 July 2010
Item 3	Initial Period	Twenty-four (24) months
Item 3a	Extended Period	Three (3) further periods of up to twelve (12) months each
Item 4	District	Metro South Health Service District
Item 5	Hospitals	Redland Wynnum
Item 6	Approved Radiologists	Dr Eric Sclavos Managing Partner Dr Hal Rice Partner Dr Mark Hansen Partner Dr David Leggett Partner Dr Stephen Drew Partner Dr Adrian Khoo Partner Dr James FitzGerald Partner Dr Tim Hooper Partner Dr Mark Burgin Partner Dr Gary Shepherd Partner Dr David Simpson Partner Dr George Kouliouris Associate Dr Laetitia de Villiers Associate Dr Phillip Law Associate Dr Stanley Ngai Associate Dr Joseph Wong Associate Dr Lora Medoro Associate Dr Todd Malone Associate Dr Kendal Redmond Associate Dr Tom Hess Associate Dr Ash Jhamb Associate Dr Tanya Wood Associate Dr Jennie Roberts Associate Dr Peter Jackson Associate

		Dr Phil Law	Associate
		Dr Jane Crossin	Associate
Item 7	Loaned Medical Imaging Equipment	<p style="text-align: right;">s.47(3)(b)</p>	

RTI Release

Item 8	Particulars for notices	<p>Queensland Health Delivery address: Redland Hospital Postal address: PO Box 585 CLEVELAND QLD 4163 Fax No: 07 3488 3588 Attention: District Manager</p> <p>Supplier Delivery address: PO Box 222, RBH Post Office Qld 4029 Fax No: 07 3358 1913 Attention: Dr Eric Sclavos</p>
Item 9	Supplier's Premises	<p>Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley.</p> <p>Qscan Annerley Mater Private Hospital</p>
Item 10	Sub-Contracting	<p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • Qscan provides radiology reporting services to its own and "franchised" practices in the Private health sector; • PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services.

RTI REQUEST

SCHEDULE 2

PART 1 – REPORTING SERVICES

1.1 Type of Reporting Services

Queensland Health may require the Supplier to read and report on the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) on a patient:

DIAGNOSTIC IMAGING PROCEDURES		REQUIRED
Group 11 - Ultrasound	Subgroup 1 – General	Yes
	Subgroup 2 – Cardiac	Yes
	Subgroup 3 – Vascular	Yes
	Subgroup 4 – Urological	Yes
	Subgroup 5 - Obs & gynae	Yes
	Subgroup 6 – Musculoskeletal	Yes
Group 12 - Computerised tomography		Yes
Group 13 - Diagnostic radiography	Plain films	Yes
	Mammography	No
Group 14 - Nuclear medicine imaging		No
Group 15 – Magnetic resonance imaging		No

1.2 Scope of Reporting Services

- (a) If Queensland Health requires the Supplier to read and report on a diagnostic image produced through a diagnostic imaging procedure, Queensland Health must provide a written request to the Supplier.
- (b) Each request will specify:
 - (i) relevant clinical information; and
 - (ii) the timeframe in which the request is to be completed.
- (c) Unless Queensland Health requires the Supplier to perform the Reporting Services at the Hospital, Queensland Health will transmit the diagnostic image to the Supplier using the transmission technology determined by Queensland Health from time to time.
- (d) The Supplier must ensure that it is able to receive requests and diagnostic images 24 hours per day on every day of the year.
- (e) The Supplier must provide each report on a diagnostic image in the form (if any) required by Queensland Health from time to time.
- (f) The Supplier will charge the same fee for public, private and billable patients.

1.3 Time for performance of Reporting Services

- (a) The Supplier must complete the Reporting Services specified in a request within the timeframe which is clinically appropriate, and within the timeframe nominated by Queensland Health which timeframes are:
- (i) Urgent: 30 minutes if Radiologist On-Site
60 minutes if Radiologist Off-Site
 - (ii) Priority: 4 hours
 - (iii) Intermediate: 24 hours
 - (iv) Routine: 3 Business Days
- (b) If a Reporting Service is required to be performed at the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of receipt of the request form.
- (c) If a Reporting Service is to be performed at premises other than the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of transmission of the diagnostic images to which the Reporting Service relates to the Supplier by Queensland Health.

RTI Release

PART 2 – OFF-SITE IMAGING SERVICES

2.1 Type of Off-Site Imaging Services

Queensland Health may require the Supplier to undertake any of the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) (Diagnostic Imaging Procedures) on a patient:

DIAGNOSTIC IMAGING PROCEDURES		REQUIRED
Group 11 - Ultrasound	Subgroup 1 – General	No
	Subgroup 2 – Cardiac	No
	Subgroup 3 – Vascular	No
	Subgroup 4 – Urological	No
	Subgroup 5 - Obs & gynae	No
	Subgroup 6 – Musculoskeletal	No
Group 12 - Computerised tomography		No
Group 13 - Diagnostic radiography	Subgroups 1-6 – Plain films	No
	Subgroup 7 – Radiographic examination of urinary tract	No
	Subgroup 8 – Radiographic examination of alimentary tract and biliary system	No
	Subgroup 10 – Mammography	No
	Subgroup 12 – Radiographic examination with opaque or contrast media	No
	Subgroup 13 – Angiography	No
	Subgroup 15 – Fluoroscopic examination	Yes
Group 14 - Nuclear medicine imaging		No
Group 15 – Magnetic resonance imaging		No

2.2 Scope of Off- Site Imaging Services

- (a) The Off-Site Imaging Services include the undertaking of the Diagnostic Imaging Procedure and the reading and reporting on that procedure.
- (b) If Queensland Health requires the Supplier to undertake a Diagnostic Imaging Procedure on a patient, Queensland Health must provide a written request to the Supplier:

- (c) Each request must specify:
 - (i) the nature of the diagnostic imaging procedure to be performed;
 - (ii) contact details for the patient;
 - (iii) relevant clinical information; and
 - (iv) the timeframe in which the request is to be completed.
- (d) The Supplier must ensure that it is able to receive requests 24 hours per day on every day of the year.
- (e) The Supplier must perform all Diagnostic Imaging Procedures required to be undertaken as part of the Imaging Services at the Supplier's Premises.
- (f) The Supplier must transmit the diagnostic image and report to Queensland Health using the transmission technology determined by Queensland Health from time to time.
- (g) The Supplier must provide each diagnostic image and report in the form (if any) required by Queensland Health from time to time.

2.3 Time for performance of Off-Site Imaging Services

The Supplier must make contact and arrangements with the patient to which the Imaging Services relate so as to complete the Imaging Services specified in a request within clinically appropriate timeframes, and within the timeframe nominated by Queensland Health which timeframes are:

- (a) Urgent: 30 minutes
- (b) Priority: 4 hours
- (c) Intermediate: 24 hours
- (d) Routine: 3 Business Days.

PART 3 – ON-SITE IMAGING SERVICES

3.1 Type of On-site Services

Queensland Health may require the Supplier to undertake at the Hospital any of the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) (Diagnostic Imaging Procedures) on a patient:

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
Subgroup 7 - Radiographic examination of urinary tract		
58706	Intravenous Pyelography	Yes
58715	Retrograde Pyelogram, Nephrostogram	No
58718	Cystogram, Urethrogram	No
58721	Micturating Cystourethrogram	No
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	Yes
58916	Small Bowel Series	Yes
58921	Barium/Gastrografin Enema	Yes
58927	T-Tube Cholangiogram	Yes
58939	Defaecogram	Yes
Subgroup 12 - Radiographic examination with opaque or contrast media		
59700	Discogram	No
59703	Dacrocystogram	No
59712	Hysterosalpinogram (HSG)	No
59718	Venogram (arm/leg)	No
59724	Myelogram (cervical, thoracic, lumbar)	No
59733	Sialogram	No
59739	Sinogram, Fistulogram	No
59751	Arthrogram	No
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	Yes
60503	Joint Injections (facet jt, hip etc)	Yes
	Nerve Root Block (Fluoro/CT Guided)	Yes

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
Subgroup 13 - Angiography		
60000	Angiography - head & neck	No
60012	Angiography – thorax	No
60024	Angiography – abdomen	No
60036	Angiography – peripheral	No
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram – Percutaneous	No
	Gastroscopy Tube Insertion	No
	Nephrostomy – Percutaneous	No
	Insertion of Stent/Drain - Fluoro/US/CT Guided	Yes
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	Yes
	Biopsy - Fluoroscopy/US/CT Guided	Yes
	Catheter Insertion - PICC	Yes
	Catheter Insertion - Central Venous	Yes
	Catheter Insertion – Hickman's/Portocath	Yes
35300	Angioplasty	No
35306	Vascular Stent Insertion	No

3.2 Scope of On-site Imaging Services

- (a) The Onsite Services include the undertaking of the Diagnostic Imaging Procedure and the reading and reporting on that procedure.
- (b) If Queensland Health requires the Supplier to undertake a Diagnostic Imaging Procedure on a patient, Queensland Health must provide a written request to the Supplier:
- (c) Each request must specify:
 - (i) the nature of the diagnostic imaging procedure to be performed;
 - (ii) relevant clinical information; and
 - (iii) the timeframe in which the request is to be completed.
- (d) The Supplier must ensure that it is able to receive requests 24 hours per day on every day of the year.
- (e) The Supplier must perform all Diagnostic Imaging Procedures required to be undertaken as part of the On-site Services at the Hospital.

- (f) The Supplier must provide each diagnostic image and report in the form (if any) required by Queensland Health from time to time.

3.3 Attendance onsite

The Supplier must ensure that an Approved Radiologist attends the Hospital at the times required by clause 3.4 of this Part 3 of Schedule 2 to provide On-site Services.

3.4 Time for performance of On-Site Imaging Services

- (a) The Supplier must ensure that an Approved Radiologist provides the On-site Services minimum of 3 hours per week (for 52 weeks of each year of the Agreement) between 8.30am to 5.00 pm Monday to Friday excluding public holidays at the relevant Hospital (Normal Working Hours) during scheduled session times (Sessions) reasonably determined by Queensland Health in consultation with the Supplier.
- (b) The Supplier must ensure that an Approved Radiologist continues to provide the On-site Services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) The Supplier must ensure that an Approved Radiologist:
- (i) is on-call and able to be contacted by Queensland Health by telephone or telephone message facility without undue delay outside of Normal Working Hours during the scheduled on-call times (On-Call Periods) reasonably determined by Queensland Health in consultation with the Supplier; and
 - (ii) provides the Onsite Services:
 - (A) during On-Call Periods; and
 - (B) at other times outside of Normal Working Hours in the event of a genuine medical emergency,if reasonably requested to do so by Queensland Health.

PART 4 – RADIOLOGIST SERVICES

4.1 Scope of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist attends the Hospital at times required by clause 4.2 of this Part 4 of Schedule 2 to provide Radiological Services and related activities including those specified in clause 4.1(b) and (c) of this Part 4 of Schedule 2 at the Hospital under the supervision and as directed by the Executive Director or Medical Services.
- (b) The Supplier shall ensure that an Approved Radiologist provides clinical consultation/advice to clinical staff at the hospital, whilst providing Reporting Services on-site at the hospital.
- (c) The Supplier shall ensure that an Approved Radiologist participates in Meetings/educational sessions at the hospital including the following:
 - (i) Clinical Governance including: audits, incident review meetings, preparation of protocols and guidelines etc.
 - (ii) Educational sessions
 - (iii) Managerial meetings including: attendance at Directors' meetings and advice in relation to function and future direction.

4.2 Time for performance of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist provides the services between 8.30am to 5.00pm Monday to Friday excluding public holidays at the Redland Hospital (Normal Working Hours) during scheduled session times (Sessions) reasonably determined by Queensland Health in consultation with the Supplier as under:
 - (i) Clinical consultation/advice whilst providing Reporting Services on-site - for a minimum of 20 hours per week (for 52 weeks of each year of the Agreement)
 - (ii) Meetings/educational sessions - for a minimum of 3 hours per week (for 52 weeks of each year of the Agreement)
- (b) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist continues to provide the services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist provides the services:
 - (i) for additional session times reasonably requested to do so by Queensland Health in consultation with the Supplier; and
 - (ii) at other times outside of Normal Working Hours in the event of a genuine medical emergency, if reasonably requested to do so by Queensland Health.

SCHEDULE 3

SERVICE FEES

PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological			s.47(3)(b)	
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films			s.47(3)(b)	

RTI Released

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological	s.47(3)(b)			
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			

RTI Release

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				

s.47(3)(b)

s.47(3)(b)

RTI Release

PART 2 OFF-SITE IMAGING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography				
Subgroup 7 – Radiographic examination of urinary tract	s.47(3)(b)			
Subgroup 8 – Radiographic examination of alimentary tract and biliary system				
Subgroup 12 – Radiographic examination with opaque or contrast media				
Subgroup 15 – Fluoroscopic examination				

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography				
Subgroup 8 – Radiographic examination of alimentary tract and biliary system	s.47(3)(b)			
Subgroup 12 – Radiographic examination with opaque or contrast media				
Subgroup 15 – Fluoroscopic examination				

C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s.47(3)(b)			
Subgroup 7 – Radiographic examination of urinary tract				
Subgroup 8 – Radiographic examination of alimentary tract and biliary system				
Subgroup 12 – Radiographic examination with opaque or contrast media				
Subgroup 15 – Fluoroscopic examination				

RTI Released

PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Schedule Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
58939	Defaecogram	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy - Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	

RTI REQUEST

(B) ON-CALL PERIODS

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
58939	Defaecogram	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy – Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	

RTI RELEASED

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No.	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy – Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	

RTI Released

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		s.47(3)(b)

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated.	Nil

RTI RELEASE

SCHEDULE 4

KEY PERFORMANCE INDICATORS

This schedule details the KPI's and data sets to be provided by the Supplier to Queensland Health to monitor performance of the Services against the Agreement.

Quarterly – KPI Report

Report overview:

- The Supplier will develop a database in a format (for example Microsoft Excel) acceptable to Queensland Health.
- The report is to be emailed to the District Chief Executive Officer.
- The report must be password protected, with the unique password to open the file emailed to the District Chief Executive Officer separately to the file.

If the Supplier is unable to meet a reporting deadline, the nominated Project Officer must be notified by email as to why this deadline is unable to be met and remedial action negotiated.

The key focus of the KPI's is:

1. Report availability
2. Procedural availability
3. Meetings and education

Indicator Area 1: Report Availability

1. Turnaround Times for normal working hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in clause 1.3 of Schedule 2

2. Turnaround Times for after hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in clause 2.3 of Schedule 2

Indicator Area 2: Procedural Availability

Median waiting time for in-patient diagnostic radiography

Median waiting time for out-patient diagnostic radiography

Indicator 3: Meetings and education

1. Meetings

The total number of meetings for Clinical Governance

The total number of meetings for Clinical Governance not attended

The total number of Managerial meetings

The total number of Managerial meetings not attended

2. Education

The total number of Educational sessions

The total number of Educational sessions not attended

RTI Release

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

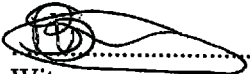
All departures must be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A – Conditions of Offer		Nil
Part B – Specification		Nil
Part C – Conditions of Contract		<p>The Supplier will provide reporting for Private Patients at the same fees as specified in Schedule 3.</p> <p>The Supplier will provide services for "Billable Patients". The Hospital will process the billing using OSCans provider numbers.</p>
Part D – Additional Conditions		Nil

RTI RELEASE

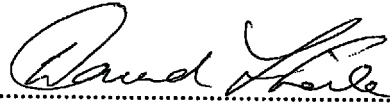
Executed as an agreement

Executed by **The State of Queensland**)
acting through the Department of)
Health by its duly appointed officer in)
the presence of:)


.....
Witness

Sasha Blunt
.....
Name of Witness (print)

Date: 30.3.12

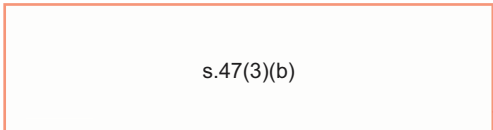

.....

Officer
Dr David E. Theile (Snr)
District Chief Executive Officer
.....
Name of Officer (print) ~~North~~ South

.....
Position Description (print)

Date: 30-3-12

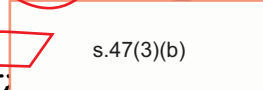
Executed by **Supplier** by its duly)
appointed officer in the presence of:)


s.47(3)(b)

Witness

Glenn Sweeney
.....
Name of Witness (print)

Date: 13-3-12


s.47(3)(b)

Officer

MARK BURGIN - DIRECTOR
.....
Name of Officer (print)

Date: 13-3-12

RTI RELEASED

(7)



**Queensland
Government**

Queensland Health

Enquiries to: Sharon Benson
Principal Procurement Officer
Health Services Purchasing &
Logistics
Telephone: 07 3006 2922
Facsimile: 07 3006 2766
File Ref: 509/1/1

Dr Eric Sclavos
Premier Medical Imaging Pty Ltd
PO Box 222
RBH POST OFFICE Qld 4029

Dear Eric,

Re: Offer No. PL509/1/1 – Provision of Radiology Services Arrangement for Logan-Beaudesert for Period Ending 30 April 2012

Health Services Purchasing and Logistics has decided to extend this Arrangement for a further period ending 30 April 2013.

The Arrangement is extended under the same terms and conditions and at the same prices as at present.

The applicable Queensland Health facilities are being advised accordingly.

Yours faithfully,

for John Lee
Director Procurement and Contract Management
Health Services Purchasing & Logistics

21/03/2012

REFUSED

Office
Level 4, ANZAC Square,
200 Adelaide St
Brisbane, Q, 4000

Postal
Health Technology Procurement
Unit
GPO Box 48
Brisbane Q 4001

Phone
(07) 3006 2922

Fax
(07) 3006 2766

The State of Queensland acting through the Department of Health

The person specified in item 1 of schedule 1

Radiology Services Agreement

RTI RELEASES

Parties

The State of Queensland acting through the Department of Health ABN 66 329 169 412 of 147-163
Charlotte Street, Brisbane (Queensland Health)

The person specified in item 1 of schedule 1 (Supplier)

Background

- A Queensland Health operates the Hospital.
 - B It is the function of Queensland Health to provide, manage and deliver public sector health services and ensure that health services are of a high quality.
 - C To fulfil this function Queensland Health requires quality diagnostic imaging service to be provided in a cost effective and timely manner.
 - D Queensland Health conducted an offer process for the provision of the Services, and the Supplier is a preferred offerer.
 - E Queensland Health engages the Supplier to provide the Services required by Queensland Health according to the terms of this Agreement.
-

Agreed Terms

1. INTERPRETATION

1.1 Definitions

In this Agreement:

“ACDC” has the meaning given in clause 13.

“Affected Party” has the meaning given in clause 12.1.

“Agreement” means this agreement and any schedules and annexures to it.

“Approved MBS Categories” means the MBS item categories in Schedule 2 associated with Radiology..

“Approved Radiologist” means initially a Radiologist specified in item 6 of Schedule 1, and any additional or replacement Radiologist approved by Queensland Health from time to time pursuant to clause 4.3.

“Authorisation” means:

- (a) any consent, registration, filing, agreement, notarisation, certificate, licence, approval, permit, authority or exemption from, by or with a Governmental Agency; or

- (b) any consent or authorisation, regarded as given by a Governmental Agency due to the expiration of the period specified by a statute within which the Governmental Agency should have acted if it wishes to prescribe or limit anything already lodged, registered or notified under that statute.

“Best Practices” means the practices for providing the Services:

- (a) with due care and skill and administered in a timely and efficient manner and without unnecessary or unreasonable delays;
- (b) in accordance with evidence based best clinical practice;
- (c) in accordance with all relevant codes of practice and all statutory, regulatory or professional requirements or practices for the delivery of the Services (including the Radiation Safety Act 1999 (Qld) and all radiation safety standards made under it, as amended from time to time);
- (d) employing sufficient numbers of personnel who are appropriately qualified, experienced and trained to deliver the Services;
- (e) with sufficient resources, consumables and supplies to deliver the Services;
- (f) operating in a manner which is safe to workers, patients and others;
- (g) ensuring that adequate equipment is provided, prepared and maintained to deliver the Services;
- (h) with all Authorisations necessary for the provision of the Services.

“Billable Patient” means the services provided to a patient determined in accordance with the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement by the Hospital as eligible for a rebate from Medicare.

“Business Day” means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital.

“Change in Control” of the Supplier means a change in control (as defined in section 9 of the Corporations Act) of the Supplier or any holding company of the Supplier.

“Clinical Privileges” means the range and scope of clinical responsibility and duties within defined clinical fields that a medical practitioner may exercise in each Queensland Health facility where such privileges are specific to the individual.

“Commencement Date” means the date specified in item 2 of Schedule 1.

“Competence” means the aptitude, ability and professional suitability including clinical skills, knowledge and judgement together with communication skills, personal behaviour and professional ethics necessary to provide safe, high quality health care services.

“Confidential Information” means information of Queensland Health (irrespective of whether it has been reduced to material form) that is by its nature confidential and includes:

- (a) Personal Information held by Queensland Health;
- (b) the deliverables or any materials created by the Supplier pursuant to this Agreement;

-
- (c) any patient records;
 - (d) information acquired by the Supplier in the course of discussions and negotiations between the parties;
 - (e) business and clinical processes and procedures, policies and operational and planning documents;
 - (f) all notes, calculations, memoranda, reports, documents, communications and copies of the aforesaid associated with (a) to (e) inclusive created pursuant to the Agreement or otherwise by the Supplier, its key personnel, officers, directors, employees, agents or sub-contractors;
 - (g) information comprising in or relating to any IP Rights (whether registered or unregistered) of Queensland Health including information relating to any trade secrets, methodologies or know-how of the Disclosing Party;
 - (h) information or material proprietary to Queensland Health;
 - (i) information designated in writing as confidential by Queensland Health from time to time during the term of the Agreement;
 - (j) the information the Supplier knows or ought to know it is confidential;
 - (k) information imparted in confidence to the Supplier by Queensland Health;
 - (l) the terms of this Agreement; and
 - (m) any other information classifiable in equity as confidential information.

But, except in the case of Personal Information, does not include information:

- (n) in the public domain as at the date of this Agreement;
- (o) that is or becomes generally available to the public other than as a result of a disclosure by the Supplier; or
- (p) that becomes available to the Supplier, on a non-confidential basis from a source other than Queensland Health which has represented to the Supplier that it is entitled to disclose such information.

The term "Confidential Information" extends to all forms of storage or representation of the information referred to above including, but not limited to, loose notes, diaries, memoranda, drawing, photographs, electronic storage and computer printouts and is not restricted to information which would be designated as "confidential" in equity.

"Corporations Act" means the *Corporations Act 2001* (Cth) and the *Corporations Regulations* made under it, as amended from time to time.

"Credentials" means the formal education, qualifications, training, experience, college memberships and clinical Competence of a medical practitioner providing a professional health service.

"Credentials and Clinical Privileging Committee" means the committee having the power to verify the Credentials and recommend the grant of Clinical Privilege rights for and on behalf of Queensland Health in respect of those rights to be granted to a medical practitioner performing health services at a Queensland Health facility.

“Director of Medical Imaging Services” means the on-site manager of the Medical Imaging Department at the Hospital, commonly the chief radiographer at the Hospital, (or the person acting in that position).

“Dispute” means any dispute, disagreement, claim, controversy, demand, proceeding, suit, litigation, action or cause of action under this Agreement.

“District” means the health service district under the HSA specified in **item 4 of Schedule 1**.

“District Chief Executive Officer” means the person appointed as District Chief Executive Officer of the District under the HSA (or an authorised delegate).

“Extended Period” means the period or periods specified in **item 3(a) of Schedule 1**.

“Executive Director of Medical Services” means that person appointed to or acting in the senior medical position (however described) in the District.

“Force Majeure” means any of the following:

- (a) act of God;
- (b) law, rule, regulation or order of any Governmental Agency;
- (c) act of war declared or undeclared;
- (d) accident, fire, explosion, epidemic;
- (e) public disorder;
- (f) riot, civil disturbance, insurrection, rebellion, sabotage or act of terrorists;
- (g) flood, earthquake, hail, lightning, severe weather conditions or other natural calamity; or
- (h) strike, boycott, lockout or other labour disturbance,

which:

- (i) is beyond the control of the Affected Party;
- (j) could not have been reasonably foreseen by the Affected Party; and
- (k) was not directly or indirectly caused or contributed to by the Affected Party.

“Guidelines” has the meaning given in **clause 13**.

“Governmental Agency” means any government or any semi-governmental administrative, fiscal or judicial body, department, commission, authority, tribunal, agency or entity.

“Hospital” means the Hospital specified in **item 5 of Schedule 1**, and any other public health facilities within the District as are agreed between the parties from time to time.

“HSA” means the *Health Services Act 1991* (Qld).

“Imaging Services” means the services described as such in **Schedule 2**.

“Initial Period” means the period specified in **item 3** of **Schedule 1**.

“Insolvency Event” means any of the following:

- (a) a person is or states that the person is unable to pay from the person’s own money all the person’s debts as and when they become due and payable;
- (b) a person is taken or must be presumed to be insolvent or unable to pay the person’s debts under any applicable legislation;
- (c) an application or order is made for the winding up or dissolution or a resolution is passed or any steps are taken to pass a resolution for the winding up or dissolution of a corporation;
- (d) an administrator, provisional liquidator, liquidator or person having a similar function under the laws of any relevant jurisdiction is appointed in respect of a corporation or any action is taken to appoint any such person and the action is not stayed, withdrawn or dismissed within seven days;
- (e) a controller is appointed in respect of any property of a corporation;
- (f) a corporation is deregistered under the Corporations Act or notice of its proposed deregistration is given to the corporation;
- (g) a distress, attachment or execution is levied or becomes enforceable against any property of a person;
- (h) a person enters into or takes any action to enter into an arrangement (including a scheme of arrangement or deed of company arrangement), composition or compromise with, or assignment for the benefit of, all or any class of the person’s creditors or members or a moratorium involving any of them;
- (i) a petition for the making of a sequestration order against the estate of a person is presented and the petition is not stayed, withdrawn or dismissed within seven days or a person presents a petition against himself or herself;
- (j) a person presents a declaration of intention under section 54A of the Bankruptcy Act 1966 (Cth); or
- (k) anything analogous to or of a similar effect to anything described above under the law of any relevant jurisdiction occurs in respect of a person.

“IP Rights” is an abbreviation for Intellectual Property Rights and means all registered and unregistered rights in Australia and throughout the world in respect of copyright, trade or service marks, designs, inventions, patents, semiconductors or circuit layouts, trade, business or company names, indications of source of appellations of origin, trade secrets, know-how and confidential information.

“Loaned Medical Imaging Equipment” means the items of equipment (if any) specified in **item 7** of **Schedule 1**, and any additional or replacement equipment which Queensland Health agrees to loan to the Supplier during the term of this Agreement.

“Loss” means any loss (including loss of profit and loss of expected profit), claim, action, liability, damage, cost, charge, expense, outgoing, payment, diminution in value or deficiency of any kind or character which a person pays, suffers or incurs or is liable for, including:

- (a) interest and other amounts payable to third parties; and
- (b) legal (on a full indemnity basis) and other expenses incurred in connection with investigating or defending any claim or action, whether or not resulting in any liability, and all amounts paid in settlement of any claim or action.

“MBS” means the Medicare Benefits Schedule published by the Commonwealth.

“Medical Imaging Department” means that department of the Hospital, which provides Medical Imaging Services and Radiological Services.

“Medical Imaging Equipment” means any equipment used in providing Medical Imaging Services and Radiological Services.

“Medical Imaging Services” means the medical imaging, professional, technical and administrative support services provided by the Hospital.

“Medical Records” means all patient medical records created by the Supplier’s Personnel in the performance of the Services.

“Notice of Dispute” has the meaning given in clause 13.2.

“Personal Information” means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

“Personnel” of a party means the party’s officers, employees, agents and contractors.

“Private Patient” means a patient who is referred for Radiologist Services who elects and consents to have the Radiologist Services performed privately at the Hospital.

“Quality Standards” means the standards which:

- (a) satisfy Best Practices; and
- (b) meet clinical practice guidelines for a particular item of the Services as may be developed or nominated by Queensland Health from time to time.

“Radiological Services” means the investigatory, procedural and reporting services performed by specialist practitioners in diagnostic radiology.

“Radiologist” means any of the Supplier’s Personnel registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology.

“Radiologist Services” mean the services described as such in Schedule 2.

“Reporting Services” means the services described as such in Schedule 2 and includes any pre-request and post-request consultations reasonably required by Queensland Health.

“Services” means the services described in Schedule 2.

“Supplier’s Premises” means each of the Supplier’s premises specified in item 9 of Schedule 1, and any additional or replacement premises approved by Queensland Health from time to time.

1.2 Construction

Unless expressed to the contrary, in this Agreement:

- (a) words in the singular include the plural and vice versa;
- (b) any gender includes the other genders;

- (c) if a word or phrase is defined its other grammatical forms have corresponding meanings;
- (d) "includes" means includes without limitation;
- (e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it; and
- (f) a reference to:
 - (i) a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority;
 - (ii) a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;
 - (iii) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced; and
 - (iv) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation.

1.3 Headings

Headings do not affect the interpretation of this Agreement.

2. TERM

2.1 Initial Period

This Agreement commences on the Commencement Date and continues for the Initial Period.

2.2 Renewal

Queensland Health may at its option, extend the term of this Agreement for the Extended Period. Queensland Health must give at least ninety (90) days prior written notice of its intention to extend the term of this Agreement under this clause 2.2.

3. SERVICES

3.1 Appointment of Supplier

Queensland Health appoints the Supplier, and the Supplier accepts that appointment, to provide the Services during the term of this Agreement.

3.2 No exclusivity

- (a) The Supplier's appointment under this Agreement is non-exclusive and Queensland Health may perform the Services itself or acquire the same or similar services from other persons.
- (b) In the case of any Services which are only required to be performed by the Supplier upon request by Queensland Health, Queensland Health makes no representation or warranty that it will procure those Services at all or that it will procure any anticipated total value, quantity or frequency of those Services.

3.3 General service requirements

The Supplier must:

- (a) perform the Services:
 - (i) in accordance with this Agreement;
 - (ii) in accordance with the Quality Standards;
 - (iii) in the manner reasonably required by Queensland Health; and
 - (iv) at the times, and within any time limits, required for the performance of the Services;
- (b) obtain and maintain all Authorisations necessary for the provision of the Services in accordance with this Agreement;
- (c) consult and cooperate regularly with the District Chief Executive Officer, the Executive Director of Medical Services and the Director of Medical Imaging Services, as required, throughout the term of this Agreement;
- (d) comply with Queensland Health's quality management policies and principles and participate in the Hospital's accreditation program; and
- (e) comply, and must ensure that its Personnel comply, with:
 - (i) all applicable laws and standards; and
 - (ii) all applicable directions, policies, procedures and practices of Queensland Health from time to time.

3.4 Notice of claims or threatened claims

- (a) The Supplier must promptly notify Queensland Health of:
 - (i) any actual or threatened claim by a patient against the Supplier or a Radiologist in connection with the Services; or
 - (ii) the occurrence of any incident that is likely to give rise to any claim by a patient against the Supplier or a Radiologist in connection with the Services.
- (b) A notice required by clause 3.4(a) must include full particulars of the actual or threatened claim or the incident that is likely to give rise to a claim.
- (c) After notifying Queensland Health in accordance with clause 3.4(a), the Supplier must promptly provide Queensland Health with any additional information or documentation requested by Queensland Health in relation to the actual or threatened claim or incident.

4. APPROVED RADIOLOGISTS

4.1 Performance of Services by Approved Radiologists

Subject to clause 4.2 the Supplier must ensure that:

- (a) the Services are only performed by Approved Radiologists; and

-
- (b) the number of Radiologists approved as Approved Radiologists under this Agreement are sufficient, at all times, to enable the Supplier to properly and efficiently perform all Services required, or reasonably likely to be required, to be performed by the Supplier under this Agreement.

4.2 Imaging Services – Radiographers and Sonographers

The Supplier may permit radiographers and sonographers to perform any radiography and sonography required to be performed as part of the Imaging Services provided that:

- (a) the radiography or sonography is performed under the necessary supervision of an Approved Radiologist; and
- (b) the radiographer or sonographer performing the radiography or sonography is registered with the relevant Queensland professional registration board and is appropriately skilled and experienced to undertake the radiography or sonography.

4.3 Approval of Approved Radiologists

- (a) The Supplier may by notice to Queensland Health, request Queensland Health's written approval of one or more additional or replacement Radiologists as Approved Radiologists under this Agreement.
- (b) The Supplier agrees that despite Queensland Health's approval of a Radiologist as an Approved Radiologist in accordance with this clause 4.3, Queensland Health is not responsible for acts and omissions of the Approved Radiologist and the Supplier remains responsible for the acts and omissions of the Approved Radiologist as if they were the acts and omissions of the Supplier.
- (c) Queensland Health may suspend or withdraw its approval of an Approved Radiologist if, in Queensland Health's opinion (in its absolute discretion), the Radiologist:
 - (i) is the subject of an investigation by the Australian Health Practitioner Regulation Agency ;
 - (ii) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (iii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iv) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (v) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health;
 - (vi) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services; or
 - (vii) any Credentials or Clinical Privileging Committee recommends to the District Chief Executive Officer that the Radiologist's Clinical Privileges be restricted.
- (d) A Radiologist will cease to be an Approved Radiologist if:
 - (i) the Supplier notifies Queensland Health that the person is to cease to be an Approved Radiologist;
 - (ii) notwithstanding clause 4.6, if Queensland Health notifies the Supplier that it reasonably believes that the Radiologist should not continue to perform the Services under this Agreement;

- (iii) the Radiologist ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiography or the Radiologist's registration is suspended or becomes subject to conditions which are not acceptable to Queensland Health; or
 - (iv) any Credentials or Clinical Privileges Committee recommends to the District Chief Executive Officer that the Approved Radiologist's Clinical Privileges be withdrawn.
- (e) If a Radiologist's approval as an Approved Radiologist is suspended or withdrawn in accordance with **clause 4.3(c)** or a Radiologist ceases to be an Approved Radiologist in accordance with **clause 4.3(d)**, the Supplier must:
- (i) ensure that the person:
 - (A) immediately ceases to perform the Services; and
 - (B) returns to Queensland Health any property or information of Queensland Health in his or her possession or control within five Business Days of the person being suspended or ceasing to be an Approved Radiologist, as applicable; and
 - (ii) promptly identify a suitable replacement Radiologist and request Queensland Health's written approval of the Radiologist as an Approved Radiologist under this Agreement.
- (f) The Supplier must promptly notify Queensland Health if an Approved Radiologist is the subject of investigation or ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology or if an Approved Radiologist's registration is suspended or becomes conditional.

4.4 Requirements of Approved Radiologists

The Supplier must ensure that each Approved Radiologist:

- (a) is of good repute and character;
- (b) behaves in professional and courteous manner in all dealings with Queensland Health's Personnel and patients;
- (c) does not represent that he or she is employed by, or acts on behalf of, Queensland Health;
- (d) provides the Services in accordance with the Quality Standards (to the extent applicable);
- (e) attends at the Hospital to perform any Services which are required to be performed at the Hospital;
- (f) has and maintains during the term of this Agreement, unconditional registration with the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology;
- (g) provides every medical service required to be performed under this Agreement within the range of his or her qualifications and experience and in accordance with any professional standards issued or accepted by the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);
- (h) complies with all ethical and professional standards required of medical practitioners including any such ethical and professional standards as may be issued or required the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);

-
- (i) complies with all laws, standards (including all standards made under the *Health Practitioners (Professional Standards) Act 1999 (Qld)*), rules, regulations and policies applicable to the Approved Radiologist's medical practice and as are required or necessary for the performance of the Services;
 - (j) complies with the policies and procedures of Queensland Health as amended from time to time, in relation to the performance of clinical services and as otherwise associated with the provision of the Services;
 - (k) participates and co-operates in any clinical audits that may be required by the Supplier or Queensland Health from time to time;
 - (l) complies with the quality assurance, quality improvement and peer review policies and requirements of the Supplier, Queensland Health and the Royal Australian and New Zealand College of Radiologists (or any other relevant professional body);
 - (m) notifies the Supplier as early as possible of any potential or possible claims against the Approved Radiologist in respect of the Services and provide all such details and information as the Supplier may require in respect of any claim.

4.5 Credentials and Clinical Privileges

Notwithstanding anything in this Agreement, the Supplier must ensure that an Approved Radiologist does not perform any Services within the Hospital (or any other Queensland Health facility) unless:

- (a) the Approved Radiologist has had his or her Credentials reviewed and has been granted Clinical Privileges by Queensland Health; and
- (b) the Services are within the scope of the Clinical Privilege rights granted by Queensland Health to the Approved Radiologist.

4.6 Notice to Show Cause

- (a) If, in the opinion of Queensland Health (in its absolute discretion), an Approved Radiologist:
 - (i) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (ii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iii) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (iv) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health; or
 - (v) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services,

then without limiting any of its other remedies, Queensland Health may issue a notice to the Supplier ("Show Cause Notice") requiring the Supplier to show cause why Queensland Health should not withdraw its approval of the Approved Radiologist.

- (b) A Show Cause Notice under **clause 4.6(a)** must specify:
 - (i) that it is a Show Cause Notice under the provisions of **clause 4.6(a)**;

- (ii) the period, being not less than 14 days after the date of the Show Cause Notice, within which the Supplier must respond; and
 - (iii) the reasons for the issue of the Show Cause Notice.
- (c) Unless otherwise advised by Queensland Health, on and from the date of the Show Cause Notice the Approved Radiologist will be suspended, and the Supplier shall ensure that the Approved Radiologist does not perform any of the Services, until the matters raised in the Show Cause Notice are responded to and resolved in a manner satisfactory to Queensland Health.
- (d) If the Supplier responds to the Show Cause Notice (“Show Cause Response”) in writing, Queensland Health must consider the response and determine (at its sole discretion) whether or not to withdraw its approval or impose any condition on its approval including (without limitation) the removal of any privileges to perform the Services.
- (e) Queensland Health must notify the Supplier in writing of its decision within 14 days of receiving the Show Cause Response. The Supplier must comply with Queensland Health’s decision in respect of any Show Cause Notice and Response, and must ensure that any relevant Approved Radiologist also complies.
- (f) If the Supplier has been advised under clause 4.6(d) that the approval by Queensland Health of a Radiologist has been withdrawn, the Supplier may, within 7 days of receipt of that notice request that the matter be treated as a dispute requiring resolution under clause 13.
- (g) If the Supplier fails to respond to the Show Cause Notice in writing within the period specified in the notice, Queensland Health may, by written notice to the Supplier, withdraw the approval of the Radiologist.

5. ACCESS TO HOSPITAL

5.1 Right to access

Subject to this clause 5, Queensland Health will provide each Approved Radiologist with such access to the Hospital as is necessary to perform the Supplier’s obligations under this Agreement.

5.2 Conditions of access

The Supplier must ensure that when accessing the Hospital for the purpose of performing the Services, each Approved Radiologist complies with:

- (a) all policies, procedures and codes of practice of Queensland Health in force from time to time, including those concerning:
 - (i) harassment;
 - (ii) discrimination;
 - (iii) use of the Hospital’s resources (including IT resources);
 - (iv) workplace health and safety; and
 - (v) security; and
- (b) all reasonable directions (whether written or verbal) issued by Queensland Health from time to time.

5.3 Induction and training

The Supplier must ensure that each Approved Radiologist that may access the Hospital for the purpose of performing the Services attends all training which Queensland Health requires them to attend from time to time in connection with the policies, procedures and codes of practice of Queensland Health.

6. MEDICAL IMAGING EQUIPMENT

6.1 Medical Imaging Equipment

- (a) The Supplier must use the Medical Imaging Equipment supplied by Queensland Health at the Hospital when performing any Services at the Hospital.
- (b) Except for the Loaned Medical Imaging Equipment, the Supplier must supply all of the equipment necessary to properly and efficiently perform any of the Services which are to be performed at any premises other than the Hospital.

6.2 Loaned Medical Imaging Equipment

- (a) Queensland Health will loan the Loaned Medical Imaging Equipment to the Supplier for use by the Supplier in the performance of the Services which are permitted or required to be performed at a premises other than the Hospital.
- (b) Subject to clause 6.4, Queensland Health will be responsible for the repair and maintenance of the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a);
- (c) The Supplier must promptly notify Queensland Health:
 - (i) of any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Loaned Medical Imaging Equipment; or
 - (ii) if the Loaned Medical Imaging Equipment requires repair or maintenance.

6.3 Requirements in relation to use of Medical Imaging Equipment

The Supplier must:

- (a) only use the Medical Imaging Equipment in the proper performance of the Supplier's obligations under this Agreement;
- (b) take reasonable care of the Medical Imaging Equipment;
- (c) take reasonable precautions to secure the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a).
- (d) comply with all directions, policies and procedures of Queensland Health from time to time governing the use of the Medical Imaging Equipment;
- (e) subject to the determination of clinical priority by the Executive Director of Medical Services, not hinder Queensland Health or its Personnel in the exercise of their rights to use the Medical Imaging Equipment; and
- (f) not repair or modify the Medical Imaging Equipment without Queensland Health's prior written consent.

6.4 Indemnity

The Supplier indemnifies Queensland Health for any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Medical Imaging Equipment that is caused by any act or omission of the Supplier or its Personnel.

7. PAYMENT AND ACCOUNTING

7.1 Fees

- (a) The fees payable for the Services are set out in **Schedule 3**.
- (b) The fees specified in this **clause 7.1** are the only amounts payable by Queensland Health in connection with this Agreement.

7.2 Invoice

The Supplier must invoice Queensland Health for all Services performed during a calendar month within 10 Business Days after the end of the month.

7.3 Payment

- (a) Subject to this **clause 7.3**, Queensland Health will pay the Supplier the amount due under a correctly rendered invoice within one month of the end of the month in which the invoice is received.
- (b) An invoice is correctly rendered if:
 - (i) the amount claimed under the invoice is due for payment under this Agreement;
 - (ii) the Supplier has complied with all of its obligations at the date of the invoice;
 - (iii) the invoice is in the form (if any) reasonably required by Queensland Health from time to time; and
 - (iv) it is accompanied by any supporting information or documentation (if any) reasonably required by Queensland Health from time to time.
- (c) Queensland Health is not liable for any fees in respect of any part of the Services which Queensland Health reasonably determines have not been performed in accordance with this Agreement.
- (d) Where Queensland Health, acting reasonably, disputes a fee claimed under an invoice, Queensland Health does not have to pay the relevant portion of the invoice until the query or dispute is resolved.
- (e) Payment by Queensland Health of an amount claimed under an invoice will not constitute an admission by Queensland Health that the Services have been performed in accordance with this Agreement.

7.4 System for recording attendances

Within 90 days of the Commencement Date, Queensland Health will provide to the Supplier a system for recording attendances, which must be agreed between the parties within a further 30 days in consultation with the Supplier, in order to record both on-site and off-site provision of the Services.

7.5 Annual Increase in MBS Scheduled Fees and MBS Updates

- (a) If the fees set out in **Schedule 3** are expressed by reference to MBS scales or MBS item numbers, then in May and November each year during the term of this Agreement, those fees may be varied to incorporate any increase in the fee specified for a particular MBS item number stated in **Schedule 3**. The revised fee for each MBS item number in an Approved MBS Category will be calculated on the basis set out in **Schedule 3**.
- (b) If any updated MBS is published which includes new MBS scales or Item Numbers, or additional MBS Items, that are clinically appropriate for a patient but are not stated in **Schedule 3**, then the Services described by the new scale or Item Number or additional item may be provided by the Supplier to patients where approved in writing by Queensland Health. Where such approval is given, the fees set out in **Schedule 3** shall be taken to be adjusted to include the new or additional Item Numbers or scales.
- (c) The fees set out in **Schedule 3** will be adjusted in accordance with this clause and will be taken to be incorporated into this Agreement and to apply from the date that the updated MBS applies.
- (d) The Supplier agrees to promptly provide Queensland Health with a revised **Schedule 3** as adjusted from time to time in accordance with this clause, which **Schedule 3** (once notified by Queensland Health as accepted) shall be taken to be inserted in replacement of any previous **Schedule 3**.

8. COOPERATION AND REPORTING

8.1 General

- (a) The Supplier must, and must ensure its Personnel, liaise and cooperate with Queensland Health and its Personnel and act reasonably and in good faith toward Queensland Health and its Personnel.
- (b) The Supplier must submit any reports in relation to the performance of the Services as reasonably required by Queensland Health from time to time.
- (c) The Supplier must attend any meetings or briefings with Queensland Health's Personnel, as reasonably required by Queensland Health from time to time.

8.2 Monthly report

Without limiting **clause 3.1**, within five Business Days after the end of each calendar month, the Supplier must submit a report to Queensland Health, in the form reasonably required by Queensland Health, specifying:

- (a) an itemised summary of all Services provided to patients at the Supplier's Premises during the month; and
- (b) any other information in connection with this Agreement reasonably required by Queensland Health.

8.3 Operational Audit

The Supplier must, upon five Business Day's notice during normal business hours (or as otherwise agreed between the parties), permit and provided persons (**Auditors**) nominated by Queensland Health supervised access to the Supplier's premises, books, records, documents, computer systems, equipment and other property to verify compliance by the Supplier with its obligations under this Agreement and its likely capacity to continue to comply with its obligations under this Agreement.

8.4 Clinical Audit

Queensland Health will on an annual basis, or any other time as specified by Queensland Health, conduct a clinical audit of the Radiology Services provided by the Supplier to Queensland Health including but not limited to, and where they a part of the services provided, a clinical review of investigatory, procedural and reporting services provided by the Supplier in areas of plain x-rays, CT scanning, diagnostic studies, angiographic procedures, interventional procedures, off site and remote services and miscellaneous services as determined by Queensland Health.

9. CONFIDENTIALITY

9.1 Provision of Confidential Information

Queensland Health agrees to provide the Supplier with Confidential Information necessary for the purpose of the performance of the Services under this Agreement.

9.2 Acceptance of obligation

Subject to clauses 9.4, 9.5 and 9.6, the Supplier shall keep secret and confidential all Confidential Information of Queensland Health and shall not directly or indirectly disclose all or any part of that Confidential Information in any manner whatsoever, in whole or in part to a third party without the prior written consent of Queensland Health or subject to clause 9.9 as required by law.

9.3 Use solely in accord with Agreement

The Supplier agrees it shall use, copy and retain the Confidential Information of Queensland Health solely for the purposes of the performance of this Agreement and in accordance with the terms of this Agreement.

9.4 Disclosure to those who need to know

The Supplier may only disclose the Confidential Information of Queensland Health to those of its officers and employees and legal advisers as required for the performance of their duties on behalf of the Supplier under this Agreement or as permitted by law.

9.5 Actions of others

The Supplier will ensure that no officer, employee or legal adviser of the Supplier will without the prior written consent of Queensland Health, disclose, allow access to, or use or copy any of the Confidential Information of Queensland Health for any purpose other than as required for the performance of this Agreement and in accordance with the terms of this Agreement.

9.6 Confidentiality agreements

If requested by Queensland Health, the Supplier will procure that its officers, employees and legal advisers to whom it is proposed that the Confidential Information of Queensland Health will be disclosed in accordance with this Agreement, execute a confidentiality agreement on substantially the same terms and conditions as contained in this Agreement before any of Queensland Health's Confidential Information is disclosed to that person.

9.7 No misuse

Without limiting the above, the Supplier acknowledges that it shall not:

- (a) exploit the Confidential Information of Queensland Health;

-
- (b) use the Confidential Information for Supplier's own business purposes without authorisation from Queensland Health; nor
 - (c) make copies in any format of the Confidential Information without the express authorisation of Queensland Health or in accordance with this Agreement.

9.8 Access

The Supplier shall keep the Confidential Information of Queensland Health in a secure location so that no unauthorised person is able to gain access to it.

9.9 Disclosure required by law

In the event that the Supplier becomes aware that it is or may be legally compelled (including by oral questions, request for information or documents, subpoena, civil investigative demand or similar process) to disclose any of the Confidential Information of Queensland Health, the Supplier will provide Queensland Health with prompt written notice so that Queensland Health may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of the Agreement. In the event that such protective order or other remedy is not obtained, or Queensland Health waives compliance with the provisions of this Agreement, the Supplier will furnish only that portion of the Confidential Information which is legally required and will exercise its reasonable best efforts to obtain reliable assurance that confidential treatment will be accorded to the Confidential Information.

9.10 Acknowledgement

The Supplier acknowledges and agrees:

- (a) an unauthorised disclosure or use of the Confidential Information of Queensland Health by its officer, employees or legal advisers shall constitute a breach of this Agreement by the Supplier;
- (b) nothing contained in this Agreement shall be construed as granting to the Supplier a licence or IP Right other than a right to use and copy the Confidential Information in accordance with this Agreement;
- (c) any unauthorised reverse engineering, copying, annotation, reproduction or translation of the Confidential Information of Queensland Health by the Supplier may infringe the Queensland Health's IP Rights and may result in statutory liability at common law including equity for breach of confidence;
- (d) the value of the Confidential Information is such that any award of damages or account of profits may inadequately compensate Queensland Health in the event of a breach of this Agreement by the Supplier;
- (e) without in any way compromising Queensland Health's right to seek damages or any other form of relief in the event of a breach of this Agreement, Queensland Health may seek and obtain an ex parte interlocutory or final injunction to prohibit or restrain the Supplier or its officers, employees or legal advisers from any breach or threatened breach of this Agreement; and
- (f) that Queensland Health provides no warranty as to the accuracy, completeness or currency of the Confidential Information of Queensland Health.

9.11 Return of Confidential Information

The Supplier must return or destroy (at Queensland Health's discretion) all materials containing Confidential Information when they are no longer required by the Supplier, or otherwise when directed by Queensland Health/

9.12 Personal Information

- (a) The Supplier acknowledges that it is a bound contracted service provider for the purposes of the *Information Privacy Act 2009*.
- (b) The Supplier must:
 - (i) in relation to the discharge of its obligations under this Agreement, comply with parts 2 and 3 of Chapter 2 of the *Information Privacy Act 2009* as if the Supplier was Queensland Health;
 - (ii) ensure that Personal Information is protected against loss and against unauthorised access, use, modification, disclosure or other misuse;
 - (iii) not use Personal Information other than for the purposes of performing its obligations under this Agreement, unless required or authorised by law;
 - (iv) not disclose Personal Information without the prior written consent of Queensland Health, unless required or authorised by law;
 - (v) not transfer any Personal Information outside of Australia without the prior written consent of Queensland Health;
 - (vi) ensure that access to Personal Information is restricted to those of its employees and officers who require access in order to perform their duties under this Agreement;
 - (vii) ensure that its officers, employees and sub-contractors comply with the same obligations imposed on the Supplier under this clause;
 - (viii) fully cooperate with Queensland Health to enable Queensland Health to respond to applications for access to, or amendment of, a document containing a person's Personal Information and to privacy complaints;
 - (ix) immediately notify Queensland Health if the Supplier becomes aware that a disclosure of Personal Information is or may be required or authorised by law;
 - (x) upon request by Queensland Health, promptly return any Personal Information to Queensland Health upon expiry or termination of this Agreement.
- (c) Upon request by Queensland Health, the Supplier must obtain from its personnel, a deed of privacy in a form acceptable to Queensland Health.
- (d) The Supplier must immediately notify Queensland Health upon becoming aware of a breach of this clause 9.12.

9.13 Privacy Act

Nothing in this clause 9 is intended to limit any obligation of the Supplier under the *Privacy Act 1988* (Cth) that the Supplier may have as an organisation with respect to Personal Information.

9.14 Ownership of Medical Records

- (a) The Supplier agrees that title to, and copyright in, all Medical Records vests in Queensland Health upon creation.

-
- (b) The Supplier agrees to obtain all necessary assignments from the Supplier's Personnel in respect of the Medical Records to ensure that Queensland Health is the owner of such Medical Records and the copyright in them.
 - (c) The Supplier will ensure that all original medical records from Queensland Health (if any) and any Medical Records are provided to Queensland Health as soon as practicable after the particular Services to which they relate have been completed.
 - (d) The Supplier must not:
 - (i) delete or destroy copies of Medical Records provided to Queensland Health until it receives confirmation the Medical Records have been received and saved in uncorrupted form by Queensland Health;
 - (ii) allow patients to deliver Medical Records to Queensland Health, unless otherwise instructed by Queensland Health.
 - (e) Despite Queensland Health's ownership of the Medical Records, the Supplier may retain a copy of any Medical Records which it is required by law to maintain.
 - (f) The Supplier warrants that electronic transfer of patient information and images by it will not compromise service integrity or patient confidentiality.

9.15 Media releases

The Supplier may not make any statement or issue any information, publication, document or article for publication concerning this Agreement in any media without the prior approval of Queensland Health.

9.16 Survival

This clause 9 survives the expiration or termination of this Agreement.

10. INDEMNITY

- (a) For the purposes of this clause 10 and 11, the following definitions will apply:
 - "Queensland Health" includes an officer, employee or contractor of Queensland Health (but excludes the Supplier, and its Personnel);
 - "Supplier" includes an officer, director, employee or contractor of the Supplier (but excludes Approved Radiologists and Practice Companies).
- (b) The Supplier indemnifies Queensland Health, from and against all claims, actions, proceedings, demands, fines, penalties, losses and damages (including for personal injury, disease, illness and death), costs and expenses (including legal fees on an indemnity basis) or liability of any nature which Queensland Health under this subclause may sustain, incur or which may be brought or made by any person, arising out of or in connection with:
 - (i) a breach of this Agreement by the Supplier;
 - (ii) the performance or purported performance of the Services by or through the Supplier;
 - (iii) any care or treatment provided to a patient by the Supplier;
 - (iv) any negligent or unlawful act or omission (including wilful neglect) of the Supplier;

- (v) the use of the Hospital by the Supplier;
 - (vi) a breach of the IP rights of Queensland Health or any other person in connection with the Services.
- (c) The indemnity under clause 10(b) shall be reduced proportionately to the extent that any act or omission of Queensland Health contributed to the loss, damages, cost or expense.
- (d) Each indemnity in this Agreement is a continuing obligation, separate and independent from the other obligations of the Supplier and survives termination of this Agreement. It is not necessary for Queensland Health to incur expense or make a payment before enforcing any indemnity conferred by this Agreement.

11. INSURANCE

11.1 Medical Malpractice

- (a) The Supplier agrees that it shall:
- (i) obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients; and
 - (ii) ensure that its Approved Radiologists obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients.
- (b) Without limitation to clause 11.1(a), the parties agree that the Supplier shall not derive any benefit or entitlement for indemnity under Queensland Health's indemnity policies in respect of the provision of Services to Private and Public Patients.

11.2 Workers' Compensations

- (a) Before any Approved Radiologist commences work in the provision of the Services, the Supplier will obtain Queensland worker's compensation insurance against liability for death of or bodily injury to the Approved Radiologists, including liability under statute and at common law.
- (b) The cost of worker's compensation insurance required by this clause will be met by the Supplier.

11.3 Public Liability, Products and Occupier Liability Insurance

The Supplier will hold the following insurances for the term of this Agreement in respect of:

- (a) Public liability insurance in respect of premises at which the Supplier performs duties under this Agreement and also in respect of any other premises of Queensland Health occupied or used by the Supplier for the performance of any other duties (including premises occupied or used for private practice purposes) with a limit of not less than AUD20 million per occurrence; and
- (b) Products, occupiers and property liability insurance in respect of any items or property supplied, owned or licensed by the Supplier with a limit of not less than AUD20 million per occurrence.

11.4 Other Insurance

The Supplier and Queensland Health will hold other insurances for the term of this Agreement as required by relevant law.

11.5 Evidence of Insurance

- (a) Before an Approved Radiologist commences work in the provision of the Services, and at any time upon request by Queensland Health, the Supplier will produce evidence to Queensland Health that the insurance required by this **clause 11** has been obtained and is being maintained.
- (b) Whenever requested in writing by Queensland Health, the Supplier will provide to Queensland Health a copy of the certificates of currency, current policy wording, policy schedule and endorsements for each of the insurance policies required to be held by the Supplier, or Approved Radiologists under this clause.
- (c) All insurance required to be held by the Supplier or Approved Radiologists under this Agreement will be from insurers licensed to offer insurance in Australia, and will provide for payments to be made in the currencies required to rectify loss or damage covered by the insurance and in respect of medical malpractice insurance shall be held for 3 years after the termination of the Agreement.
- (d) The Supplier will comply and will ensure that Approved Radiologists comply with the conditions stipulated in each of the insurance policies that it is required to hold under this Agreement.
- (e) The Supplier will report to Queensland Health as soon as practicable:
 - (i) the cancellation of any insurance policy required to be held by the Supplier or Approved Radiologists under this Agreement; and
 - (ii) all losses, claims and incidents that may give rise to an insurance claim.
- (f) Any amounts not insured, including policy deductibles or amounts not recovered from insurers (including the costs of preparing insurance claims) will be borne by the parties according to their liabilities under this Agreement.

12. FORCE MAJEURE

12.1 Force Majeure occurrence

- (a) If a party (**Affected Party**) is prevented or hindered by Force Majeure from fully or partly complying with any obligation (except for the payment of money) under this Agreement, that obligation is suspended for the duration of such Force Majeure.
- (b) If the Affected Party wishes to claim the benefit of this **clause 12**, it must give prompt notice of the Force Majeure occurrence to the other party including reasonable details of:
 - (i) the Force Majeure occurrence;
 - (ii) the effect of the Force Majeure occurrence on the performance of the Affected Party's obligations; and
 - (iii) the likely duration of the delay in performance of those obligations.

12.2 Termination

If a delay caused by Force Majeure continues for more than one month, either party may terminate this Agreement by giving five Business Day's notice to the other party.

13. DISPUTE RESOLUTION

13.1 Dispute

Subject to **clause 13.5(b)**, as a condition precedent to the commencement of any litigation, if a Dispute arises between parties to this Agreement, the parties agree to seek to resolve the Dispute in accordance with this **clause 13**.

13.2 Notice of Dispute

In the event of a Dispute, a party may give the other party a written notice of dispute adequately identifying and providing details of the Dispute (**Notice of Dispute**).

13.3 Dispute resolution conference

- (a) Within 20 Business Days after receiving a Notice of Dispute, the parties will confer at least once to resolve the Dispute.
- (b) At every such conference, each party will be represented by a person having authority to agree a resolution to the Dispute.
- (c) All aspects of every such conference, except the fact of its occurrence, will be privileged.

13.4 Mediation

- (a) If the Dispute is not resolved within 20 Business Days (or such other further period agreed between the parties) after a conference under **clause 13.3**, the parties agree to refer the Dispute to mediation administered by the Australian Commercial Disputes Centre (ACDC).
- (b) The mediation must be conducted in accordance with the ACDC Guidelines for Commercial Mediation (**Guidelines**) in force at the date of this Agreement.
- (c) The Guidelines set out the procedures to be adopted, the process of selection of the mediator and the costs involved, including the parties' respective responsibilities for the payment of the mediator's costs and other costs of the mediation.
- (d) The ACDC Mediation Appointment Agreement is expressly incorporated in the Guidelines. The Guidelines, including the ACDC Mediation Appointment Agreement, are incorporated in this Agreement.

13.5 General

- (a) This **clause 13** survives termination of this Agreement.
- (b) At any time, a party may, without inconsistency with this **clause 13**, seek urgent interlocutory relief in respect of the subject matter of the Dispute from any Court having jurisdiction.

14. TERMINATION

14.1 Termination by Queensland Health on notice

Queensland Health may terminate this Agreement without cause by giving not less than three months notice to the Supplier.

14.2 Termination by Queensland Health on default

Queensland Health may immediately terminate this Agreement by notice to the Supplier if:

- (a) the Supplier does not carry out any material obligation under this Agreement and in the case of a default which is capable of remedy, does not remedy that default within five Business Days after Queensland Health serves notice on the Supplier:
 - (i) specifying that it is a notice issued under this clause 14.2(a); and
 - (ii) requiring the default to be remedied;
- (b) no Radiologists are approved as Approved Radiologists for a continuous period of one month or more (unless due to default by Queensland Health);
- (c) an Insolvency Event occurs in relation to the Supplier; or
- (d) a Change in Control occurs in relation to the Supplier without the prior written consent of Queensland Health;
- (e) in the reasonable opinion of Queensland Health, the Supplier or any its Personnel engage in any misleading or deceptive conduct in connection with this Agreement;
- (f) in the reasonable opinion of Queensland Health, any of the Approved Radiologists involved in the provision of the Services are guilty of misconduct, negligence or other conduct which Queensland Health reasonably considers to be inappropriate conduct for a medical practitioner;
- (g) the Supplier is (or, if it is a company, any of its directors or senior executives are) convicted of any offence under the *National Health Act 1953 (Cth)* or the *Health Insurance Act 1973 (Cth)*; or
- (h) any representation or warranty made by the Supplier in this Agreement or as part of the offer process resulting in the awarding of this Agreement to the Supplier is materially incorrect.

14.3 No common law right of termination

The Supplier agrees that it may not terminate this Agreement pursuant to any common law rights of termination it may otherwise have had.

14.4 Consequences of termination

- (a) The expiration or termination of this Agreement will no affect any rights or remedies accrued to either party under, or in respect of any breach of, this Agreement.
- (b) The Supplier must deliver any Loaned Medical Imaging Equipment and Medical Records (other than any copies required to be kept in accordance to clause 9.9) to Queensland Health at the Hospital within five Business Days of the expiration or termination of this Agreement.
- (c) If the Supplier fails to deliver the Loaned Medical Imaging Equipment and Medical Records to Queensland Health in accordance with clause 14.4(b), Queensland Health may enter any of the Supplier's premises during normal business hours on not less than 12 hours' prior notice in order to collect the Loaned Medical Imaging Equipment and Medical Records and the Supplier will at all reasonable times permit and assist a person Approved by Queensland Health to do so.

14.5 Action upon termination

Upon termination of this Agreement the Supplier must:

- (a) cease to perform the Services;
- (b) immediately cease to use Queensland Health's IP Rights and Confidential Information;
- (c) within 3 Business Days after termination, return to Queensland Health all copies of materials in any form to which Queensland Health has IP Rights and Confidential Information at the Supplier's expense and in the manner directed by Queensland Health;
- (d) within 3 Business Days after termination, delete, remove and destroy all electronic copies of materials in any form to which Queensland Health has IP Rights and Confidential Information (including all media on which it is contained) at the Supplier's expense in the manner directed to do so and to the satisfaction of Queensland Health. The Supplier will, where requested by Queensland Health provide evidence of all action taken to comply with this provision; and
- (e) if necessary, promptly procure and provide all licences, other permissions and requirements necessary to allow Queensland Health to continue to use any third party materials as provided by the Supplier to Queensland Health under this Agreement.

15. GST

15.1 Construction

In this clause 15:

- (a) words and expressions which are not defined in this Agreement but which have a defined meaning in GST Law have the same meaning as in the GST Law; and
- (b) GST Law has the same meaning given to that expression in the A New Tax System (Goods and Services Tax) Act 1999.

15.2 Consideration GST exclusive

Unless otherwise expressly stated, all prices or other sums payable or consideration to be provided under this Agreement are exclusive of GST.

15.3 Payment of GST

If GST is payable by a supplier or by the representative member for a GST group of which the supplier is a member, on any supply made under this Agreement, the recipient will pay to the supplier an amount equal to the GST payable on the supply.

15.4 Timing of GST payment

The recipient will pay the amount referred to in clause 15.3 in addition to and at the same time that the consideration for the supply is to be provided under this Agreement.

15.5 Tax invoice

The supplier must deliver a tax invoice or an adjustment note to the recipient before the supplier is entitled to payment of an amount under clause 15.3. The recipient can withhold payment of the amount until the supplier provides a tax invoice or an adjustment note, as appropriate.

15.6 Adjustment event

If an adjustment event arises in respect of a taxable supply made by a supplier under this Agreement, the amount payable by the recipient under clause 15.3 will be recalculated to reflect the adjustment event and a payment will be made by the recipient to the supplier or by the supplier to the recipient as the case requires.

15.7 Reimbursements

Where a party is required under this Agreement to pay or reimburse an expense or outgoing of another party, the amount to be paid or reimbursed by the first party will be the sum of:

- (a) the amount of the expense or outgoing less any input tax credits in respect of the expense or outgoing to which the other party, or to which the representative member for a GST group of which the other party is a member, is entitled; and
- (b) if the payment or reimbursement is subject to GST, an amount equal to that GST.

16. NOTICES

16.1 General

A notice, demand, certification, process or other communication relating to this Agreement must be in writing in English and may be given by an agent of the sender.

16.2 How to give a communication

In addition to any other lawful means, a communication may be given by being:

- (a) personally delivered;
- (b) left at the party's current delivery address for notices;
- (c) sent to the party's current postal address for notices by pre-paid ordinary mail or, if the address is outside Australia, by pre-paid airmail; or
- (d) sent by fax to the party's current fax number for notices.

16.3 Particulars for delivery of notices

- (a) The particulars for delivery of notices are initially the particulars set out in item 8 of Schedule 1.
- (b) Each party may change its particulars for delivery of notices by notice to each other party.

16.4 Communications by post

Subject to clause 16.6, a communication is given if posted:

- (a) within Australia to an Australian postal address, three Business Days after posting; or
- (b) outside of Australia to an Australian postal address or within Australia to an address outside of Australia, ten Business Days after posting.

16.5 Communications by fax

Subject to **clause 16.6**, a communication is given if sent by fax, when the sender's fax machine produces a report that the fax was sent in full to the addressee. That report is conclusive evidence that the addressee received the fax in full at the time indicated on that report.

16.6 After hours communications

Other than with respect to communications concerning the request or delivery of the Services, if a communication is given:

- (a) after 5.00pm in the place of receipt; or
- (b) on a day which is a Saturday, Sunday or bank or public holiday in the place of receipt,

it is taken as having been given at 9.00am on the next day which is not a Saturday, Sunday or bank or public holiday in that place.

17. KEY PERFORMANCE INDICATORS

- (a) The Supplier must perform the Services in order to achieve Key Performance Indicators (KPI's) in accordance with **Schedule 4**.
- (b) The Supplier acknowledges that the purpose of KPI's is to:
 - (i) provide Queensland Health and the Supplier with focus on the areas which are of paramount importance to Queensland Health in the performance of the Services; and
 - (ii) specify quantitative and qualitative assessment mechanisms to enable the parties to measure and manage the performance of the Supplier with input from Queensland Health against specified targets.
- (c) The Supplier must submit to Queensland Health a written quarterly report within 14 days after the end of each quarter against the KPI's as set out in **Schedule 4**.
- (d) On receipt of the report Queensland Health will evaluate the performance of the Supplier based on the report.
- (e) Within 14 days of receipt of the report under **clause 17(c)** the Supplier is required to attend a meeting with Queensland Health and the Supplier must:
 - (i) discuss the report it has prepared under **clause 17(c)** and such other matters as determined by Queensland Health may require from time to time; and
 - (ii) discuss and provide to Queensland Health all advice which it may require on measurement review and improvement of the Supplier's performance under this Agreement, including:
 - (A) the Supplier's performance against KPI's and Queensland Health may make a determination of any action required where the KPI's indicate that the Supplier's performance under this Agreement is unsatisfactory;
 - (B) all initiatives that could improve the provisions under this Agreement for measuring, reviewing and improving the Suppliers' performance;
 - (C) promptly and fully respond to any questions which Queensland Health asks; and

- (D) if it requires instructions from Queensland Health, make all necessary recommendations as to the action required.
- (f) Where a Supplier's performance under this Agreement is unsatisfactory under **clause 17 (e) (ii)(A)** and the Supplier fails to rectify the performance to the satisfaction of Queensland Health by the means set out in **clauses 17(e)(ii)(A) to (D)**, Queensland Health may:
- (i) proceed to Dispute Resolution under **clause 13** of this Agreement; and
 - (ii) suspend payment of the fees payable for the Services under this Agreement until the resolution of the dispute under **clause 13**.

18. GENERAL

18.1 Disclosure

If the Supplier becomes aware of a matter that is likely to materially affect the ability of the Supplier to perform its obligations under this Agreement, it must immediately notify Queensland Health of the matter.

18.2 Conflict of interest

- (a) The Supplier warrants that to the best of its knowledge, information and belief, no conflict of interest exists or is likely to arise in the performance of this Agreement.
- (b) The Supplier must immediately notify Queensland Health if a conflict of interest arises.

18.3 Legal costs

Except as expressly stated otherwise in this Agreement, each party must pay its own legal and other costs and expenses of negotiating, preparing, executing and performing its obligations under this Agreement.

18.4 Amendment

This Agreement may only be varied or replaced by a document executed by the parties.

18.5 Waiver and exercise of rights

- (a) No rights under this Agreement will be deemed to be waived except where the waiver is in writing and is signed by the party giving the waiver.
- (b) A waiver by a party will not prejudice its rights in respect of any subsequent breach of this Agreement by the other party.
- (c) Any failure by a party to enforce any clause of this Agreement or any forbearance, delay or indulgence granted by the party to the other party will not be construed as a waiver of the rights under this Agreement.
- (d) A single or partial exercise or waiver by a party of a right relating to this Agreement does not prevent any other exercise of that right or the exercise of any other right.
- (e) A party is not liable for any loss, cost or expense of the other party caused or contributed to by the waiver, exercise, attempted exercise, failure to exercise or delay in the exercise of a right.

18.6 Rights cumulative

Except as expressly stated otherwise in this Agreement, the rights of a party under this Agreement are cumulative and are in addition to any other rights of that party.

18.7 Consents

Except as expressly stated otherwise in this Agreement, a party may conditionally or unconditionally give or withhold any consent to be given under this Agreement and is not obliged to give its reasons for doing so.

18.8 Further steps

Each party must promptly do whatever the other party reasonably requires of it to give effect to this Agreement and to perform its obligations under it.

18.9 Governing law and jurisdiction

- (a) This Agreement is governed by and is to be construed in accordance with the laws applicable in Queensland.
- (b) Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of Queensland and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts.

18.10 Assignment

- (a) A party must not assign or deal with any right under this Agreement without the prior written consent of the other party.
- (b) Any purported dealing in breach of this clause 18.10 is of no effect.

18.11 Subcontracting

- (a) The Supplier will not subcontract any of its obligations under this Agreement without obtaining the prior written approval of Queensland Health.
- (b) The Supplier is responsible for the acts and omissions of its subcontractors as if they were the acts and omissions of the Supplier.

18.12 Set-off

Queensland Health may set off money due to Queensland Health from the Supplier, or damages, costs or expenses recoverable by Queensland Health from the Supplier (including amounts payable under an indemnity), against money due to the Supplier under this Agreement or any other contract between the parties.

18.13 Liability

An obligation of two or more persons binds them separately and together.

18.14 Counterparts

This Agreement may consist of a number of counterparts and, if so, the counterparts taken together constitute one document.

18.15 Entire understanding

- (a) This Agreement contains the entire understanding between the parties as to the subject matter of this Agreement.
- (b) All previous negotiations, understandings, representations, warranties, memoranda or commitments concerning the subject matter of this Agreement are merged in and superseded by this Agreement and are of no effect. Neither party is liable to the other party in respect of those matters.
- (c) No oral explanation or information provided by a party to the other:
 - (i) affects the meaning or interpretation of this Agreement; or
 - (ii) constitutes any collateral agreement, warranty or understanding between the parties.

18.16 Relationship of parties

- (a) The relationship between Queensland Health and the Supplier is that of principal and independent contractor.
- (b) Nothing in this Agreement will be taken as establishing the Supplier or any of its Personnel as an employee or agent of Queensland Health (without the prior written consent of Queensland Health).
- (c) This Agreement is not intended to create a partnership, joint venture or agency relationship between the parties.

18.17 Commissions and Incentives

The Supplier must not offer anything to Queensland Health or any employees or agent of Queensland Health including a parent, spouse and child or associated of the employee or agent, as an inducement, gift or reward, which could in any way influence Queensland Health's actions in relation to the Agreement.

18.18 Skills Transfer

The Supplier will use its best endeavours to impart skills to and instruct Queensland Health employees with whom the Supplier has contact in the performance of the Radiology Services with a view to increasing and consolidating the skills base within Queensland Health.

18.19 Queensland Health Employees

During the term of this Agreement the Supplier acknowledges and agrees that it will not engage, consult, contract or employ Queensland Health employees, whether contractors, agents, subcontractors or officers of Queensland Health.

SCHEDULE 1

AGREEMENT DETAILS

Item 1	Supplier	Name: Premier Medical Imaging Pty Ltd ABN: 41 110 308 962 Address: PO Box 222 RBH Post Office, Qld, 4029																																												
Item 2	Commencement Date	01 May 2010 Full services as from 01 July 2010																																												
Item 3	Initial Period	Twenty-four (24) months																																												
Item 3a	Extended Period	Three (3) further periods of up to twelve (12) months each																																												
Item 4	District	Metro South Health Service District																																												
Item 5	Hospitals	Logan Beaudesert																																												
Item 6	Approved Radiologists	<table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Phillip Law</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> <tr><td>Dr Joseph Wong</td><td>Associate</td></tr> <tr><td>Dr Lora Medoro</td><td>Associate</td></tr> <tr><td>Dr Todd Malone</td><td>Associate</td></tr> <tr><td>Dr Kendal Redmond</td><td>Associate</td></tr> <tr><td>Dr Tom Hess</td><td>Associate</td></tr> <tr><td>Dr Ash Jhamb</td><td>Associate</td></tr> <tr><td>Dr Tanya Wood</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner	Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Phillip Law	Associate	Dr Stanley Ngai	Associate	Dr Joseph Wong	Associate	Dr Lora Medoro	Associate	Dr Todd Malone	Associate	Dr Kendal Redmond	Associate	Dr Tom Hess	Associate	Dr Ash Jhamb	Associate	Dr Tanya Wood	Associate
Dr Eric Sclavos	Managing Partner																																													
Dr Hal Rice	Partner																																													
Dr Mark Hansen	Partner																																													
Dr David Leggett	Partner																																													
Dr Stephen Drew	Partner																																													
Dr Adrian Khoo	Partner																																													
Dr James FitzGerald	Partner																																													
Dr Tim Hooper	Partner																																													
Dr Mark Burgin	Partner																																													
Dr Gary Shepherd	Partner																																													
Dr David Simpson	Partner																																													
Dr George Koulouris	Associate																																													
Dr Laetitia de Villiers	Associate																																													
Dr Phillip Law	Associate																																													
Dr Stanley Ngai	Associate																																													
Dr Joseph Wong	Associate																																													
Dr Lora Medoro	Associate																																													
Dr Todd Malone	Associate																																													
Dr Kendal Redmond	Associate																																													
Dr Tom Hess	Associate																																													
Dr Ash Jhamb	Associate																																													
Dr Tanya Wood	Associate																																													

RTI REQUEST

		<p>Dr Jennie Roberts Associate</p> <p>Dr Peter Jackson Associate</p> <p>Dr Phil Law Associate</p> <p>Dr Jane Crossin Associate</p>
Item 7	Loaned Medical Imaging Equipment	Qscan will continue to pay for the Karisma licence fees for Doctors during the term of this agreement
Item 8	Particulars for notices	<p>Queensland Health</p> <p>Delivery address: Logan Hospital Cnr Loganlea and Armstrong Roads Meadowbrook QLD, 4131</p> <p>Postal address: PO Box 4096 Loganholme, QLD, 4129</p> <p>Fax No: 07 3299 8888</p> <p>Attention: Executive Director Logan and Beaudesert Hospitals</p> <p>Supplier</p> <p>Delivery address: PO Box 222, RBH Post Office Qld 4029</p> <p>Fax No: 07 3358 1913</p> <p>Attention: Dr Eric Sclavos</p>
Item 9	Supplier's Premises	Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley.
Item 10	Sub-Contracting	<p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • Qscan provides radiology reporting services to its own and "franchised" practices in the Private health sector; • PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services.

SCHEDULE 2

PART 1 – REPORTING SERVICES

1.1 Type of Reporting Services

Queensland Health may require the Supplier to read and report on the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) on a patient:

DIAGNOSTIC IMAGING PROCEDURES		REQUIRED
Group 11 - Ultrasound	Subgroup 1 – General	Yes
	Subgroup 2 – Cardiac	Yes
	Subgroup 3 – Vascular	Yes
	Subgroup 4 – Urological	Yes
	Subgroup 5 - Obs & gynae	Yes
	Subgroup 6 – Musculoskeletal	Yes
Group 12 - Computerised tomography		Yes
Group 13 - Diagnostic radiography	Plain films	Yes
	Mammography	No
Group 14 - Nuclear medicine imaging		No
Group 15 – Magnetic resonance imaging		Yes

1.2 Scope of Reporting Services

- (a) If Queensland Health requires the Supplier to read and report on a diagnostic image produced through a diagnostic imaging procedure, Queensland Health must provide a written request to the Supplier.
- (b) Each request will specify:
 - (i) relevant clinical information; and
 - (ii) the timeframe in which the request is to be completed.
- (c) Unless Queensland Health requires the Supplier to perform the Reporting Services at the Hospital, Queensland Health will transmit the diagnostic image to the Supplier using the transmission technology determined by Queensland Health from time to time.
- (d) The Supplier must ensure that it is able to receive requests and diagnostic images 24 hours per day on every day of the year.
- (e) The Supplier must provide each report on a diagnostic image in the form (if any) required by Queensland Health from time to time.

- (f) The Supplier will charge the same fee for public, private and billable patients.

1.3 Time for performance of Reporting Services

- (a) The Supplier must complete the Reporting Services specified in a request within the timeframe which is clinically appropriate, and within the timeframe nominated by Queensland Health which timeframes are:
- (i) Urgent: 30 minutes if Radiologist On-Site
60 minutes if Radiologist Off-Site
 - (ii) Priority: 4 hours
 - (iii) Intermediate: 24 hours
 - (iv) Routine: 3 Business Days
- (b) If a Reporting Service is required to be performed at the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of receipt of the request form.
- (c) If a Reporting Service is to be performed at premises other than the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of transmission of the diagnostic images to which the Reporting Service relates to the Supplier by Queensland Health.

RTI Release

PART 2 – OFF-SITE IMAGING SERVICES

Not Required

RTI Release

PART 3 – ON-SITE IMAGING SERVICES

3.1 Type of On-site Services

Queensland Health may require the Supplier to undertake at the Hospital any of the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) (Diagnostic Imaging Procedures) on a patient:

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
Subgroup 7 - Radiographic examination of urinary tract		
58706	Intravenous Pyelography	Yes
58715	Retrograde Pyelogram, Nephrostogram	No
58718	Cystogram, Urethrogram	No
58721	Micturating Cystourethrogram	No
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	No
58916	Small Bowel Series	Yes
58921	Barium/Gastrografin Enema	Yes
58927	T-Tube Cholangiogram	Yes
58939	Defaecogram	No
Subgroup 12 - Radiographic examination with opaque or contrast media		
59700	Discogram	No
59703	Dacrocystogram	No
59712	Hysterosalpinogram (HSG)	Yes
59718	Venogram (arm/leg)	No
59724	Myelogram (cervical, thoracic, lumbar)	No
59733	Sialogram	Yes
59739	Sinogram, Fistulogram	Yes
59751	Arthrogram	Yes
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	Yes
60503	Joint Injections (facet jt, hip etc)	Yes
	Nerve Root Block (Fluoro/CT Guided)	Yes

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
Subgroup 13 - Angiography		
60000	Angiography - head & neck	No
60012	Angiography – thorax	No
60024	Angiography – abdomen	No
60036	Angiography – peripheral	No
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram – Percutaneous	No
	Gastroly Tube Insertion	No
	Nephrostomy – Percutaneous	No
	Insertion of Stent/Drain - Fluoro/US/CT Guided	Yes
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	Yes
	Biopsy - Fluoroscopy/US/CT Guided	Yes
	Catheter Insertion – PICC	Yes
	Catheter Insertion - Central Venous	Yes
	Catheter Insertion – Hickman's/Portocath	Yes
35300	Angioplasty	No
35306	Vascular Stent Insertion	No

3.2 Scope of On-site Imaging Services

- (a) The Onsite Services include the undertaking of the Diagnostic Imaging Procedure and the reading and reporting on that procedure.
- (b) If Queensland Health requires the Supplier to undertake a Diagnostic Imaging Procedure on a patient, Queensland Health must provide a written request to the Supplier:
- (c) Each request must specify:
 - (i) the nature of the diagnostic imaging procedure to be performed;
 - (ii) relevant clinical information; and
 - (iii) the timeframe in which the request is to be completed.
- (d) The Supplier must ensure that it is able to receive requests 24 hours per day on every day of the year.

- (e) The Supplier must perform all Diagnostic Imaging Procedures required to be undertaken as part of the On-site Services at the Hospital.
- (f) The Supplier must provide each diagnostic image and report in the form (if any) required by Queensland Health from time to time.

3.3 Attendance onsite

The Supplier must ensure that an Approved Radiologist attends the Hospital at the times required by clause 3.4 of this Part 3 of Schedule 2 to provide On-site Services.

3.4 Time for performance of On-Site Imaging Services

- (a) The Supplier must ensure that an Approved Radiologist provides the On-site Services minimum of 15 hours per week (for 52 weeks of each year of the Agreement) between 8.30am to 5.00 pm Monday to Friday excluding public holidays at the relevant Hospital (Normal Working Hours) during scheduled session times (Sessions) reasonably determined by Queensland Health in consultation with the Supplier.
- (b) The Supplier must ensure that an Approved Radiologist continues to provide the On-site Services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) The Supplier must ensure that an Approved Radiologist:
 - (i) is on-call and able to be contacted by Queensland Health by telephone or telephone message facility without undue delay outside of Normal Working Hours during the scheduled on-call times (On-Call Periods) reasonably determined by Queensland Health in consultation with the Supplier; and
 - (ii) provides the Onsite Services:
 - (A) during On-Call Periods; and
 - (B) at other times outside of Normal Working Hours in the event of a genuine medical emergency,if reasonably requested to do so by Queensland Health.

PART 4 – RADIOLOGIST SERVICES

4.1 Scope of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist attends the Hospital at times required by **clause 4.2** of this **Part 4** of **Schedule 2** to provide Radiological Services and related activities including those specified in **clause 4.1(b)** and **(c)** of this **Part 4** of **Schedule 2** at the Hospital under the supervision and as directed by the Executive Director or Medical Services.
- (b) The Supplier shall ensure that an Approved Radiologist provides clinical consultation/advice to clinical staff at the hospital, whilst providing Reporting Services on-site at the hospital.
- (c) The Supplier shall ensure that an Approved Radiologist participates in Meetings/educational sessions at the hospital including the following:
 - (i) Clinical Governance including: audits, incident review meetings, preparation of protocols and guidelines etc.
 - (ii) Educational sessions
 - (iii) Managerial meetings including: attendance at Directors' meetings and advice in relation to function and future direction.

4.2 Time for performance of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist provides the services between 8.30am to 5.00pm Monday to Friday excluding public holidays at the Logan Hospital (**Normal Working Hours**) during scheduled session times (**Sessions**) reasonably determined by Queensland Health in consultation with the Supplier as under:
 - (i) Clinical consultation/advice whilst providing Reporting Services on-site - for a minimum of 55 hours per week (for 52 weeks of each year of the Agreement)
 - (ii) Meetings/educational sessions - for a minimum of 15 hours per week (for 52 weeks of each year of the Agreement)
- (b) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist continues to provide the services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist provides the services:
 - (i) for additional session times reasonably requested to do so by Queensland Health in consultation with the Supplier; and
 - (ii) at other times outside of Normal Working Hours in the event of a genuine medical emergency, if reasonably requested to do so by Queensland Health.

SCHEDULE 3

SERVICE FEES

PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound	s.47(3)(b)			
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography	s.47(3)(b)			
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging				

RTI Released

- (B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS
- (C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				
Group 15 – Magnetic Resonance Imaging				

RTI RELEASED

s.47(3)(b)

s.47(3)(b)

PART 2 OFF-SITE IMAGING SERVICES

Not Required

RTI Release

PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Schedule Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	

(B) ON-CALL PERIODS

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Schedule Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	

RTI REQUEST

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Schedule Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistuiogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	

RTI REQUEST

PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		<p>Hourly Rate doubled for after hours all in to Logan Hospital for interventional work.</p> <p>Any genuine medical emergency call back will be billed at a minimum of 2 hours.</p>

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated.	Nil

RTI REQUEST

PART 5 – PRIVATE AND BILLABLE PATIENTS

- 5.1 In consideration of the Supplier providing the Services to Private Patients and Billable Patients, Queensland Health must pay the Supplier on a monthly basis in respect of the Services as set out in Schedule 3 of the Medicare Schedule Fee charged to the Private Patients and Billable Patients for the Services provided under this Agreement.
- 5.2 Queensland Health agrees to act as a billing agent for the Supplier in respect to the billing of Private Patients and Billable Patients under the MBS.

RTI Release

SCHEDULE 4

KEY PERFORMANCE INDICATORS

This schedule details the KPI's and data sets to be provided by the Supplier to Queensland Health to monitor performance of the Services against the Agreement.

Quarterly – KPI Report

Report overview:

- The Supplier will develop a database in a format (for example Microsoft Excel) acceptable to Queensland Health.
- The report is to be emailed to the District Chief Executive Officer.
- The report must be password protected, with the unique password to open the file emailed to the District Chief Executive Officer separately to the file.

If the Supplier is unable to meet a reporting deadline, the nominated Project Officer must be notified by email as to why this deadline is unable to be met and remedial action negotiated.

The key focus of the KPI's is:

1. Report availability
2. Procedural availability
3. Meetings and education

Indicator Area 1: Report Availability

1. Turnaround Times for normal working hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in **clause 1.3 of Schedule 2**

2. Turnaround Times for after hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in **clause 1.3 of Schedule 2**

Indicator Area 2: Procedural Availability

Median waiting time for in-patient diagnostic radiography

Median waiting time for out-patient diagnostic radiography

Indicator 3: Meetings and education

1. Meetings

The total number of meetings for Clinical Governance

The total number of meetings for Clinical Governance not attended

The total number of Managerial meetings

The total number of Managerial meetings not attended

2. Education

The total number of Educational sessions

The total number of Educational sessions not attended

RTI Release

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

All departures must be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A – Conditions of Offer		Nil
Part B – Specification		Nil
Part C – Conditions of Contract		<p>During the implementation period, the billing process until 30 June 2010 will be in the format of the previous contract. The Supplier will undertake reconciliation for all services provided prior to 1 July 2010 and issue a credit/invoice for the difference based upon the pricing fees for this Contract.</p> <p>The Supplier will provide reporting for Billable Patients and Private Patients at the same fees as specified in Schedule 3.</p>
Part D – Additional Conditions		Nil

RTI REQUEST

Executed as an agreement

Executed by The State of Queensland)
acting through the Department of)
Health by its duly appointed officer in)
the presence of:)

Witness

MGTully
Name of Witness (print)

Date: 13/4/11

Executed by Supplier by its duly)
appointed officer in the presence of:)
)

s.47(3)(b)

Witness

Sarah Langston
Name of Witness (print)

Date: 15 February 2011

David Thelle
Officer
Dr David E. Thelle (Snr)
District Chief Executive Officer
Metro South
Name of Officer (print)

s.47(3)(b)

Officer

Eric Schauer
Name of Officer (print)

7



**Queensland
Government**

Queensland Health

Enquiries to: Sharon Benson
Principal Procurement Officer
Health Services Purchasing and
Logistics
Telephone: 07 3006 2922
Facsimile: 07 3006 2766
File Ref: PL510/1/1(a)

Dr Eric Sclavos
Premier Medical Imaging Pty Ltd
PO Box 222
RBH POST OFFICE Qld 4029

Dear Dr Sclavos,

Offer No PL510/1/1 - Provision of Radiology Services for Redcliffe

Please find attached your copy of the signed Contract.

Yours sincerely


for John Lee

**Director Contract and Procurement Management
Health Services Purchasing and Logistics
15/05/2012**

Office
Queensland Health
Floor 4, 200 Adelaide Street
Brisbane Qld 4000

Postal
GPO Box 48
Brisbane Qld 4001

Phone
(07) 3006 2922

Fax
(07) 3006 2766

SENDER TO KEEP
LIFT & PEEL
14 0724675 099

DOH-DL-13/14-011

RTI Document No. 108

The State of Queensland acting through the Department of Health

The person specified in item 1 of schedule 1

Radiology Services Agreement

Parties

The State of Queensland acting through the Department of Health ABN 66 329 169 412 of 147-163 Charlotte Street, Brisbane in the State of Queensland (Queensland Health)

The person specified in item 1 of schedule 1 (Supplier)

Background

- A Queensland Health operates the Hospital.
 - B It is the function of Queensland Health to provide, manage and deliver public sector health services and ensure that health services are of a high quality.
 - C To fulfil this function Queensland Health requires quality diagnostic imaging service to be provided in a cost effective and timely manner.
 - D Queensland Health conducted an offer process for the provision of the Services, and the Supplier is a preferred offerer.
 - E Queensland Health engages the Supplier to provide the Services required by Queensland Health according to the terms of this Agreement.
-

Agreed Terms

1. INTERPRETATION

1.1 Definitions

In this Agreement:

“ACDC” has the meaning given in clause 13.

“Affected Party” has the meaning given in clause 12.1.

“Agreement” means this agreement and any schedules and annexures to it.

“Approved MBS Categories” means the MBS item categories in Schedule 2 associated with Radiology..

“Approved Radiologist” means initially a Radiologist specified in item 6 of Schedule 1, and any additional or replacement Radiologist approved by Queensland Health from time to time pursuant to clause 4.3.

“Authorisation” means:

- (a) any consent, registration, filing, agreement, notarisation, certificate, licence, approval, permit, authority or exemption from, by or with a Governmental Agency; or

- (b) any consent or authorisation, regarded as given by a Governmental Agency due to the expiration of the period specified by a statute within which the Governmental Agency should have acted if it wishes to prescribe or limit anything already lodged, registered or notified under that statute.

“Best Practices” means the practices for providing the Services:

- (a) with due care and skill and administered in a timely and efficient manner and without unnecessary or unreasonable delays;
- (b) in accordance with evidence based best clinical practice;
- (c) in accordance with all relevant codes of practice and all statutory, regulatory or professional requirements or practices for the delivery of the Services (including the Radiation Safety Act 1999 (Qld) and all radiation safety standards made under it, as amended from time to time);
- (d) employing sufficient numbers of personnel who are appropriately qualified, experienced and trained to deliver the Services;
- (e) with sufficient resources, consumables and supplies to deliver the Services;
- (f) operating in a manner which is safe to workers, patients and others;
- (g) ensuring that adequate equipment is provided, prepared and maintained to deliver the Services;
- (h) with all Authorisations necessary for the provision of the Services.

“Billable Patient” means the services provided to a patient determined in accordance with the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement by the Hospital as eligible for a rebate from Medicare.

“Business Day” means a day which is not a Saturday, Sunday or bank or public holiday in the relevant Queensland Health address.

“Change in Control” of the Supplier means a change in control (as defined in section 9 of the Corporations Act) of the Supplier or any holding company of the Supplier.

“Clinical Privileges” means the range and scope of clinical responsibility and duties within defined clinical fields that a medical practitioner may exercise in each Queensland Health facility where such privileges are specific to the individual.

“Commencement Date” means the date specified in item 2 of Schedule 1.

“Competence” means the aptitude, ability and professional suitability including clinical skills, knowledge and judgement together with communication skills, personal behaviour and professional ethics necessary to provide safe, high quality health care services.

“Confidential Information” means information of Queensland Health (irrespective of whether it has been reduced to material form) that is by its nature confidential and includes:

- (a) Personal Information held by Queensland Health;
- (b) the deliverables or any materials created by the Supplier pursuant to this Agreement;

- (c) any patient records;
- (d) information acquired by the Supplier in the course of discussions and negotiations between the parties;
- (e) business and clinical processes and procedures, policies and operational and planning documents;
- (f) all notes, calculations, memoranda, reports, documents, communications and copies of the aforesaid associated with (a) to (e) inclusive created pursuant to the Agreement or otherwise by the Supplier, its key personnel, officers, directors, employees, agents or sub-contractors;
- (g) information comprising in or relating to any IP Rights (whether registered or unregistered) of Queensland Health including information relating to any trade secrets, methodologies or know-how of the Disclosing Party;
- (h) information or material proprietary to Queensland Health;
- (i) information designated in writing as confidential by Queensland Health from time to time during the term of the Agreement;
- (j) the information the Supplier knows or ought to know it is confidential;
- (k) information imparted in confidence to the Supplier by Queensland Health;
- (l) the terms of this Agreement; and
- (m) any other information classifiable in equity as confidential information.

But, except in the case of Personal Information, does not include information:

- (n) in the public domain as at the date of this Agreement;
- (o) that is or becomes generally becomes available to the public other than as a result of a disclosure by the Supplier; or
- (p) that becomes available to the Supplier, on a non-confidential basis from a source other than Queensland Health which has represented to the Supplier that it is entitled to disclose such information.

The term "Confidential Information" extends to all forms of storage or representation of the information referred to above including, but not limited to, loose notes, diaries, memoranda, drawing, photographs, electronic storage and computer printouts and is not restricted to information which would be designated as "confidential" in equity.

"Corporations Act" means the *Corporations Act 2001* (Cth) and the *Corporations Regulations* made under it, as amended from time to time.

"Credentials" means the formal education, qualifications, training, experience, college memberships and clinical Competence of a medical practitioner providing a professional health service.

"Credentials and Clinical Privileging Committee" means the committee having the power to verify the Credentials and recommend the grant of Clinical Privilege rights for and on behalf of Queensland Health in respect of those rights to be granted to a medical practitioner performing health services at a Queensland Health facility.

“Director of Medical Imaging Services” means the on-site manager of the Medical Imaging Department at the Hospital, commonly the chief radiographer at the Hospital, (or the person acting in that position).

“Dispute” means any dispute, disagreement, claim, controversy, demand, proceeding, suit, litigation, action or cause of action under this Agreement.

“District” means the health service district under the HSA specified in item 4 of Schedule 1.

“District Chief Executive Officer” means the person appointed as District Chief Executive Officer of the District under the HSA (or an authorised delegate).

“Extended Period” means the period or periods specified in item 3(a) of Schedule 1.

“Executive Director of Medical Services” means that person appointed to or acting in the senior medical position (however described) in the District.

“Force Majeure” means any of the following:

- (a) act of God;
- (b) law, rule, regulation or order of any Governmental Agency;
- (c) act of war declared or undeclared;
- (d) accident, fire, explosion, epidemic;
- (e) public disorder;
- (f) riot, civil disturbance, insurrection, rebellion, sabotage or act of terrorists;
- (g) flood, earthquake, hail, lightning, severe weather conditions or other natural calamity; or
- (h) strike, boycott, lockout or other labour disturbance,

which:

- (i) is beyond the control of the Affected Party;
- (j) could not have been reasonably foreseen by the Affected Party; and
- (k) was not directly or indirectly caused or contributed to by the Affected Party.

“Guidelines” has the meaning given in clause 13.

“Governmental Agency” means any government or any semi-governmental administrative, fiscal or judicial body, department, commission, authority, tribunal, agency or entity.

“Hospital” means the Hospital specified in item 5 of Schedule 1, and any other public health facilities within the District as are agreed between the parties from time to time.

“HSA” means the *Health Services Act 1991* (Qld).

“Imaging Services” means the services described as such in Schedule 2.

“Initial Period” means the period specified in item 3 of Schedule 1.

“Insolvency Event” means any of the following:

- (a) a person is or states that the person is unable to pay from the person’s own money all the person’s debts as and when they become due and payable;
- (b) a person is taken or must be presumed to be insolvent or unable to pay the person’s debts under any applicable legislation;
- (c) an application or order is made for the winding up or dissolution or a resolution is passed or any steps are taken to pass a resolution for the winding up or dissolution of a corporation;
- (d) an administrator, provisional liquidator, liquidator or person having a similar function under the laws of any relevant jurisdiction is appointed in respect of a corporation or any action is taken to appoint any such person and the action is not stayed, withdrawn or dismissed within seven days;
- (e) a controller is appointed in respect of any property of a corporation;
- (f) a corporation is deregistered under the Corporations Act or notice of its proposed deregistration is given to the corporation;
- (g) a distress, attachment or execution is levied or becomes enforceable against any property of a person;
- (h) a person enters into or takes any action to enter into an arrangement (including a scheme of arrangement or deed of company arrangement), composition or compromise with, or assignment for the benefit of, all or any class of the person’s creditors or members or a moratorium involving any of them;
- (i) a petition for the making of a sequestration order against the estate of a person is presented and the petition is not stayed, withdrawn or dismissed within seven days or a person presents a petition against himself or herself;
- (j) a person presents a declaration of intention under section 54A of the Bankruptcy Act 1966 (Cth); or
- (k) anything analogous to or of a similar effect to anything described above under the law of any relevant jurisdiction occurs in respect of a person.

“IP Rights” is an abbreviation for Intellectual Property Rights and means all registered and unregistered rights in Australia and throughout the world in respect of copyright, trade or service marks, designs, inventions, patents, semiconductors or circuit layouts, trade, business or company names, indications of source of appellations of origin, trade secrets, know-how and confidential information.

“Loaned Medical Imaging Equipment” means the items of equipment (if any) specified in item 7 of Schedule 1, and any additional or replacement equipment which Queensland Health agrees to loan to the Supplier during the term of this Agreement.

“Loss” means any loss (including loss of profit and loss of expected profit), claim, action, liability, damage, cost, charge, expense, outgoing, payment, diminution in value or deficiency of any kind or character which a person pays, suffers or incurs or is liable for, including:

- (a) interest and other amounts payable to third parties; and
- (b) legal (on a full indemnity basis) and other expenses incurred in connection with investigating or defending any claim or action, whether or not resulting in any liability, and all amounts paid in settlement of any claim or action.

“MBS” means the Medicare Benefits Schedule published by the Commonwealth.

“Medical Imaging Department” means that department of the Hospital, which provides Medical Imaging Services and Radiological Services.

“Medical Imaging Equipment” means any equipment used in providing Medical Imaging Services and Radiological Services.

“Medical Imaging Services” means the medical imaging, professional, technical and administrative support services provided by the Hospital.

“Medical Records” means all patient medical records created by the Supplier’s Personnel in the performance of the Services.

“Medicare Schedule Fee” means the amount for the Services designated by the Commonwealth Department of Health and Aging, as described in the Commonwealth Medicare Benefits Schedule and amended from time to time.

“Notice of Dispute” has the meaning given in **clause 13.2**.

“Personal Information” means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

“Personnel” of a party means the party’s officers, employees, agents and contractors.

“Private Patient” means a patient who is referred for Radiologist Services who elects and consents to have the Radiologist Services performed privately at the Hospital.

“Quality Standards” means the standards which:

- (a) satisfy Best Practices; and
- (b) meet clinical practice guidelines for a particular item of the Services as may be developed or nominated by Queensland Health from time to time.

“Radiological Services” means the investigatory, procedural and reporting services performed by specialist practitioners in diagnostic radiology.

“Radiologist” means any of the Supplier’s Personnel registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology.

“Radiologist Services” mean the services described as such in **Schedule 2**.

“Reporting Services” means the services described as such in **Schedule 2** and includes any pre-request and post-request consultations reasonably required by Queensland Health.

“Services” means the services described in **Schedule 2**.

“Supplier’s Premises” means each of the Supplier’s premises specified in **item 9** of **Schedule 1**, and any additional or replacement premises approved by Queensland Health from time to time.

1.2 Construction

Unless expressed to the contrary, in this Agreement:

- (a) words in the singular include the plural and vice versa;

- (b) any gender includes the other genders;
- (c) if a word or phrase is defined its other grammatical forms have corresponding meanings;
- (d) "includes" means includes without limitation;
- (e) no rule of construction will apply to a clause to the disadvantage of a party merely because that party put forward the clause or would otherwise benefit from it; and
- (f) a reference to:
 - (i) a person includes a partnership, joint venture, unincorporated association, corporation and a government or statutory body or authority;
 - (ii) a person includes the person's legal personal representatives, successors, assigns and persons substituted by novation;
 - (iii) any legislation includes subordinate legislation under it and includes that legislation and subordinate legislation as modified or replaced; and
 - (iv) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation.

1.3 Headings

Headings do not affect the interpretation of this Agreement.

2. TERM

2.1 Initial Period

This Agreement commences on the Commencement Date and continues for the Initial Period.

2.2 Renewal

Queensland Health may at its option, extend the term of this Agreement for the Extended Period. Queensland Health must give at least ninety (90) days prior written notice of its intention to extend the term of this Agreement under this clause 2.2.

3. SERVICES

3.1 Appointment of Supplier

Queensland Health appoints the Supplier, and the Supplier accepts that appointment, to provide the Services during the term of this Agreement.

3.2 No exclusivity

- (a) The Supplier's appointment under this Agreement is non-exclusive and Queensland Health may perform the Services itself or acquire the same or similar services from other persons.
- (b) In the case of any Services which are only required to be performed by the Supplier upon request by Queensland Health, Queensland Health makes no representation or warranty that it will procure those Services at all or that it will procure any anticipated total value, quantity or frequency of those Services.

3.3 General service requirements

The Supplier must:

- (a) perform the Services:
 - (i) in accordance with this Agreement;
 - (ii) in accordance with the Quality Standards;
 - (iii) in the manner reasonably required by Queensland Health; and
 - (iv) at the times, and within any time limits, required for the performance of the Services;
- (b) obtain and maintain all Authorisations necessary for the provision of the Services in accordance with this Agreement;
- (c) consult and cooperate regularly with the District Chief Executive Officer, the Executive Director of Medical Services and the Director of Medical Imaging Services, as required, throughout the term of this Agreement;
- (d) comply with Queensland Health's quality management policies and principles and participate in the Hospital's accreditation program; and
- (e) comply, and must ensure that its Personnel comply, with:
 - (i) all applicable laws and standards; and
 - (ii) all applicable directions, policies, procedures and practices of Queensland Health from time to time.

3.4 Notice of claims or threatened claims

- (a) The Supplier must promptly notify Queensland Health of:
 - (i) any actual or threatened claim by a patient against the Supplier or a Radiologist in connection with the Services; or
 - (ii) the occurrence of any incident that is likely to give rise to any claim by a patient against the Supplier or a Radiologist in connection with the Services.
- (b) A notice required by clause 3.4(a) must include full particulars of the actual or threatened claim or the incident that is likely to give rise to a claim.
- (c) After notifying Queensland Health in accordance with clause 3.4(a), the Supplier must promptly provide Queensland Health with any additional information or documentation requested by Queensland Health in relation to the actual or threatened claim or incident.

4. APPROVED RADIOLOGISTS

4.1 Performance of Services by Approved Radiologists

Subject to clause 4.2 the Supplier must ensure that:

- (a) the Services are only performed by Approved Radiologists; and

- (b) the number of Radiologists approved as Approved Radiologists under this Agreement are sufficient, at all times, to enable the Supplier to properly and efficiently perform all Services required, or reasonably likely to be required, to be performed by the Supplier under this Agreement.

4.2 Imaging Services – Radiographers and Sonographers

The Supplier may permit radiographers and sonographers to perform any radiography and sonography required to be performed as part of the Imaging Services provided that:

- (a) the radiography or sonography is performed under the necessary supervision of an Approved Radiologist; and
- (b) the radiographer or sonographer performing the radiography or sonography is registered with the relevant Queensland professional registration board and is appropriately skilled and experienced to undertake the radiography or sonography.

4.3 Approval of Approved Radiologists

- (a) The Supplier may by notice to Queensland Health, request Queensland Health's written approval of one or more additional or replacement Radiologists as Approved Radiologists under this Agreement.
- (b) The Supplier agrees that despite Queensland Health's approval of a Radiologist as an Approved Radiologist in accordance with this clause 4.3, Queensland Health is not responsible for acts and omissions of the Approved Radiologist and the Supplier remains responsible for the acts and omissions of the Approved Radiologist as if they were the acts and omissions of the Supplier.
- (c) Queensland Health may suspend or withdraw its approval of an Approved Radiologist if, in Queensland Health's opinion (in its absolute discretion), the Radiologist:
 - (i) is the subject of an investigation by the Australian Health Practitioner Regulation Agency;
 - (ii) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (iii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iv) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (v) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health;
 - (vi) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services; or
 - (vii) any Credentials or Clinical Privileging Committee recommends to the District Chief Executive Officer that the Radiologist's Clinical Privileges be restricted.
- (d) A Radiologist will cease to be an Approved Radiologist if:
 - (i) the Supplier notifies Queensland Health that the person is to cease to be an Approved Radiologist;
 - (ii) notwithstanding clause 4.6, if Queensland Health notifies the Supplier that it reasonably believes that the Radiologist should not continue to perform the Services under this Agreement;

- (iii) the Radiologist ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiography or the Radiologist's registration is suspended or becomes subject to conditions which are not acceptable to Queensland Health; or
 - (iv) any Credentials or Clinical Privileges Committee recommends to the District Chief Executive Officer that the Approved Radiologist's Clinical Privileges be withdrawn.
- (e) If a Radiologist's approval as an Approved Radiologist is suspended or withdrawn in accordance with **clause 4.3(c)** or a Radiologist ceases to be an Approved Radiologist in accordance with **clause 4.3(d)**, the Supplier must:
- (i) ensure that the person:
 - (A) immediately ceases to perform the Services; and
 - (B) returns to Queensland Health any property or information of Queensland Health in his or her possession or control within five Business Days of the person being suspended or ceasing to be an Approved Radiologist, as applicable; and
 - (ii) promptly identify a suitable replacement Radiologist and request Queensland Health's written approval of the Radiologist as an Approved Radiologist under this Agreement.
- (f) The Supplier must promptly notify Queensland Health if an Approved Radiologist is the subject of investigation or ceases to be registered by the Australian Health Practitioner Regulation Agency as a specialist practitioner in diagnostic radiology or if an Approved Radiologist's registration is suspended or becomes conditional.

4.4 Requirements of Approved Radiologists

The Supplier must ensure that each Approved Radiologist:

- (a) is of good repute and character;
- (b) behaves in professional and courteous manner in all dealings with Queensland Health's Personnel and patients;
- (c) does not represent that he or she is employed by, or acts on behalf of, Queensland Health;
- (d) provides the Services in accordance with the Quality Standards (to the extent applicable);
- (e) attends at the Hospital to perform any Services which are required to be performed at the Hospital;
- (f) has and maintains during the term of this Agreement, unconditional registration with the Medical Board of Queensland as a specialist practitioner in diagnostic radiology;
- (g) provides every medical service required to be performed under this Agreement within the range of his or her qualifications and experience and in accordance with any professional standards issued or accepted by the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);
- (h) complies with all ethical and professional standards required of medical practitioners including any such ethical and professional standards as may be issued or required the Royal Australian and New Zealand College of Radiologists (and any other relevant professional body);

- (i) complies with all laws, standards (including all standards made under the *Health Practitioners (Professional Standards) Act 1999 (Qld)*), the *Health Practitioner Regulation National Law Act 2009 (Qld)*, rules, regulations and policies applicable to the Approved Radiologist's medical practice and as are required or necessary for the performance of the Services;
- (j) complies with the policies and procedures of Queensland Health as amended from time to time, in relation to the performance of clinical services and as otherwise associated with the provision of the Services;
- (k) participates and co-operates in any clinical audits that may be required by the Supplier or Queensland Health from time to time;
- (l) complies with the quality assurance, quality improvement and peer review policies and requirements of the Supplier, Queensland Health and the Royal Australian and New Zealand College of Radiologists (or any other relevant professional body);
- (m) notifies the Supplier as early as possible of any potential or possible claims against the Approved Radiologist in respect of the Services and provide all such details and information as the Supplier may require in respect of any claim.

4.5 Credentials and Clinical Privileges

Notwithstanding anything in this Agreement, the Supplier must ensure that an Approved Radiologist does not perform any Services within the Hospital (or any other Queensland Health facility) unless:

- (a) the Approved Radiologist has had his or her Credentials reviewed and has been granted Clinical Privileges by Queensland Health; and
- (b) the Services are within the scope of the Clinical Privilege rights granted by Queensland Health to the Approved Radiologist.

4.6 Notice to Show Cause

- (a) If, in the opinion of Queensland Health (in its absolute discretion), an Approved Radiologist:
 - (i) has failed to act in accordance with the provisions of this Agreement referring to the Services;
 - (ii) is negligent, careless, incompetent, or inefficient in the provision of the Services;
 - (iii) uses intoxicating beverages or drugs to excess or in a manner which adversely affects the performance of the Services;
 - (iv) provides false or misleading information regarding their qualifications or experience or fails to provide any material information regarding their qualifications or experience required by Queensland Health; or
 - (v) displays disgraceful or improper conduct or conduct which shows an unfitness to continue to provide the Services,

then without limiting any of its other remedies, Queensland Health may issue a notice to the Supplier ("Show Cause Notice") requiring the Supplier to show cause why Queensland Health should not withdraw its approval of the Approved Radiologist.

- (b) A Show Cause Notice under clause 4.6(a) must specify:
 - (i) that it is a Show Cause Notice under the provisions of clause 4.6(a);

- (ii) the period, being not less than 14 days after the date of the Show Cause Notice, within which the Supplier must respond; and
 - (iii) the reasons for the issue of the Show Cause Notice.
- (c) Unless otherwise advised by Queensland Health, on and from the date of the Show Cause Notice the Approved Radiologist will be suspended, and the Supplier shall ensure that the Approved Radiologist does not perform any of the Services, until the matters raised in the Show Cause Notice are responded to and resolved in a manner satisfactory to Queensland Health.
- (d) If the Supplier responds to the Show Cause Notice (“**Show Cause Response**”) in writing, Queensland Health must consider the response and determine (at its sole discretion) whether or not to withdraw its approval or impose any condition on its approval including (without limitation) the removal of any privileges to perform the Services.
- (e) Queensland Health must notify the Supplier in writing of its decision within 14 days of receiving the Show Cause Response. The Supplier must comply with Queensland Health’s decision in respect of any Show Cause Notice and Response, and must ensure that any relevant Approved Radiologist also complies.
- (f) If the Supplier has been advised under clause 4.6(d) that the approval by Queensland Health of a Radiologist has been withdrawn, the Supplier may, within 7 days of receipt of that notice request that the matter be treated as a dispute requiring resolution under clause 13.
- (g) If the Supplier fails to respond to the Show Cause Notice in writing within the period specified in the notice, Queensland Health may, by written notice to the Supplier, withdraw the approval of the Radiologist.

5. ACCESS TO HOSPITAL

5.1 Right to access

Subject to this clause 5, Queensland Health will provide each Approved Radiologist with such access to the Hospital as is necessary to perform the Supplier’s obligations under this Agreement.

1. Conditions of access

The Supplier must ensure that when accessing the Hospital for the purpose of performing the Services, each Approved Radiologist complies with:

- (a) all policies, procedures and codes of practice of Queensland Health in force from time to time, including those concerning:
 - (i) harassment;
 - (ii) discrimination;
 - (iii) use of the Hospital’s resources (including IT resources);
 - (iv) workplace health and safety; and
 - (v) security; and
- (b) all reasonable directions (whether written or verbal) issued by Queensland Health from time to time.

5.3 Induction and training

The Supplier must ensure that each Approved Radiologist that may access the Hospital for the purpose of performing the Services attends all training which Queensland Health requires them to attend from time to time in connection with the policies, procedures and codes of practice of Queensland Health.

6. MEDICAL IMAGING EQUIPMENT

6.1 Medical Imaging Equipment

- (a) The Supplier must use the Medical Imaging Equipment supplied by Queensland Health at the Hospital when performing any Services at the Hospital.
- (b) Except for the Loaned Medical Imaging Equipment, the Supplier must supply all of the equipment necessary to properly and efficiently perform any of the Services which are to be performed at any premises other than the Hospital.

6.2 Loaned Medical Imaging Equipment

- (a) Queensland Health will loan the Loaned Medical Imaging Equipment to the Supplier for use by the Supplier in the performance of the Services which are permitted or required to be performed at a premises other than the Hospital.
- (b) Subject to clause 6.4, Queensland Health will be responsible for the repair and maintenance of the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a);
- (c) The Supplier must promptly notify Queensland Health:
 - (i) of any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Loaned Medical Imaging Equipment; or
 - (ii) if the Loaned Medical Imaging Equipment requires repair or maintenance.

6.3 Requirements in relation to use of Medical Imaging Equipment

The Supplier must:

- (a) only use the Medical Imaging Equipment in the proper performance of the Supplier's obligations under this Agreement;
- (b) take reasonable care of the Medical Imaging Equipment;
- (c) take reasonable precautions to secure the Loaned Medical Imaging Equipment during the period that it is loaned to the Supplier under clause 6.2(a).
- (d) comply with all directions, policies and procedures of Queensland Health from time to time governing the use of the Medical Imaging Equipment;
- (e) subject to the determination of clinical priority by the Executive Director of Medical Services, not hinder Queensland Health or its Personnel in the exercise of their rights to use the Medical Imaging Equipment; and
- (f) not repair or modify the Medical Imaging Equipment without Queensland Health's prior written consent.

6.4 Indemnity

The Supplier indemnifies Queensland Health for any loss, theft or destruction of, or damage (other than fair wear and tear) to, the Medical Imaging Equipment that is caused by any act or omission of the Supplier or its Personnel.

7. PAYMENT AND ACCOUNTING

7.1 Fees

- (a) The fees payable for the Services are set out in Schedule 3.
- (b) The fees specified in this clause 7.1 are the only amounts payable by Queensland Health in connection with this Agreement.

7.2 Invoice

The Supplier must invoice Queensland Health for all Services performed during a calendar month within 10 Business Days after the end of the month.

7.3 Payment

- (a) Subject to this clause 7.3, Queensland Health will pay the Supplier the amount due under a correctly rendered invoice within one month of the end of the month in which the invoice is received.
- (b) An invoice is correctly rendered if:
 - (i) the amount claimed under the invoice is due for payment under this Agreement;
 - (ii) the Supplier has complied with all of its obligations at the date of the invoice;
 - (iii) the invoice is in the form (if any) reasonably required by Queensland Health from time to time; and
 - (iv) it is accompanied by any supporting information or documentation (if any) reasonably required by Queensland Health from time to time.
- (c) Queensland Health is not liable for any fees in respect of any part of the Services which Queensland Health reasonably determines have not been performed in accordance with this Agreement.
- (d) Where Queensland Health, acting reasonably, disputes a fee claimed under an invoice, Queensland Health does not have to pay the relevant portion of the invoice until the query or dispute is resolved.
- (e) Payment by Queensland Health of an amount claimed under an invoice will not constitute an admission by Queensland Health that the Services have been performed in accordance with this Agreement.

7.4 System for recording attendances

Within 90 days of the Commencement Date, Queensland Health will provide to the Supplier a system for recording attendances, which must be agreed between the parties within a further 30 days in consultation with the Supplier, in order to record both on-site and off-site provision of the Services.

7.5 Annual Increase in MBS Scheduled Fees and MBS Updates

- (a) If the fees set out in **Schedule 3** are expressed by reference to MBS scales or MBS item numbers, then in May and November each year during the term of this Agreement, those fees may be varied to incorporate any increase in the fee specified for a particular MBS item number stated in **Schedule 3**. The revised fee for each MBS item number in an Approved MBS Category will be calculated on the basis set out in **Schedule 3**.
- (b) If any updated MBS is published which includes new MBS scales or Item Numbers, or additional MBS Items, that are clinically appropriate for a patient but are not stated in **Schedule 3**, then the Services described by the new scale or Item Number or additional item may be provided by the Supplier to patients where approved in writing by Queensland Health. Where such approval is given, the fees set out in **Schedule 3** shall be taken to be adjusted to include the new or additional Item Numbers or scales.
- (c) The fees set out in **Schedule 3** will be adjusted in accordance with this clause and will be taken to be incorporated into this Agreement and to apply from the date that the updated MBS applies.
- (d) The Supplier agrees to promptly provide Queensland Health with a revised **Schedule 3** as adjusted from time to time in accordance with this clause, which **Schedule 3** (once notified by Queensland Health as accepted) shall be taken to be inserted in replacement of any previous **Schedule 3**.

8. COOPERATION AND REPORTING

8.1 General

- (a) The Supplier must, and must ensure its Personnel, liaise and cooperate with Queensland Health and its Personnel and act reasonably and in good faith toward Queensland Health and its Personnel.
- (b) The Supplier must submit any reports in relation to the performance of the Services as reasonably required by Queensland Health from time to time.
- (c) The Supplier must attend any meetings or briefings with Queensland Health's Personnel, as reasonably required by Queensland Health from time to time.

8.2 Monthly report

Without limiting clause 8.1, within five Business Days after the end of each calendar month, the Supplier must submit a report to Queensland Health, in the form reasonably required by Queensland Health, specifying:

- (a) an itemised summary of all Services provided to patients at the Supplier's Premises during the month; and
- (b) any other information in connection with this Agreement reasonably required by Queensland Health.

8.3 Operational Audit

The Supplier must, upon five Business Day's notice during normal business hours (or as otherwise agreed between the parties), permit and provided persons (Auditors) nominated by Queensland Health supervised access to the Supplier's premises, books, records, documents, computer systems, equipment and other property to verify compliance by the Supplier with its obligations under this Agreement and its likely capacity to continue to comply with its obligations under this Agreement.

8.4 Clinical Audit

Queensland Health will on an annual basis, or any other time as specified by Queensland Health, conduct a clinical audit of the Radiology Services provided by the Supplier to Queensland Health including but not

limited to, and where they a part of the services provided, a clinical review of investigatory, procedural and reporting services provided by the Supplier in areas of plain x-rays, CT scanning, diagnostic studies, angiographic procedures, interventional procedures, off site and remote services and miscellaneous services as determined by Queensland Health.

9. CONFIDENTIALITY

9.1 Provision of Confidential Information

Queensland Health agrees to provide the Supplier with Confidential Information necessary for the purpose of the performance of the Services under this Agreement.

9.2 Acceptance of obligation

Subject to clauses 9.4, 9.5 and 9.6, the Supplier shall keep secret and confidential all Confidential Information of Queensland Health and shall not directly or indirectly disclose all or any part of that Confidential Information in any manner whatsoever, in whole or in part to a third party without the prior written consent of Queensland Health or subject to clause 9.9 as required by law.

9.3 Use solely in accord with Agreement

The Supplier agrees it shall use, copy and retain the Confidential Information of Queensland Health solely for the purposes of the performance of this Agreement and in accordance with the terms of this Agreement.

9.4 Disclosure to those who need to know

The Supplier may only disclose the Confidential Information of Queensland Health to those of its officers and employees and legal advisers as required for the performance of their duties on behalf of the Supplier under this Agreement or as permitted by law.

9.5 Actions of others

The Supplier will ensure that no officer, employee or legal adviser of the Supplier will without the prior written consent of Queensland Health, disclose, allow access to, or use or copy any of the Confidential Information of Queensland Health for any purpose other than as required for the performance of this Agreement and in accordance with the terms of this Agreement.

9.6 Confidentiality agreements

If requested by Queensland Health, the Supplier will procure that its officers, employees and legal advisers to whom it is proposed that the Confidential Information of Queensland Health will be disclosed in accordance with this Agreement, execute a confidentiality agreement on substantially the same terms and conditions as contained in this Agreement before any of Queensland Health's Confidential Information is disclosed to that person.

9.7 No misuse

Without limiting the above, the Supplier acknowledges that it shall not:

- (a) exploit the Confidential Information of Queensland Health;
- (b) use the Confidential Information for Supplier's own business purposes without authorisation from Queensland Health; nor
- (c) make copies in any format of the Confidential Information without the express authorisation of Queensland Health or in accordance with this Agreement.

9.8 Access

The Supplier shall keep the Confidential Information of Queensland Health in a secure location so that no unauthorised person is able to gain access to it.

9.9 Disclosure required by law

In the event that the Supplier becomes aware that it is or may be legally compelled (including by oral questions, request for information or documents, subpoena, civil investigative demand or similar process) to disclose any of the Confidential Information of Queensland Health, the Supplier will provide Queensland Health with prompt written notice so that Queensland Health may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of the Agreement. In the event that such protective order or other remedy is not obtained, or Queensland Health waives compliance with the provisions of this Agreement, the Supplier will furnish only that portion of the Confidential Information which is legally required and will exercise its reasonable best efforts to obtain reliable assurance that confidential treatment will be accorded to the Confidential Information.

10 Acknowledgement

The Supplier acknowledges and agrees:

- (a) an unauthorised disclosure or use of the Confidential Information of Queensland Health by its officer, employees or legal advisers shall constitute a breach of this Agreement by the Supplier;
- (b) nothing contained in this Agreement shall be construed as granting to the Supplier a licence or IP Right other than a right to use and copy the Confidential Information in accordance with this Agreement;
- (c) any unauthorised reverse engineering, copying, annotation, reproduction or translation of the Confidential Information of Queensland Health by the Supplier may infringe the Queensland Health's IP Rights and may result in statutory liability at common law including equity for breach of confidence;
- (d) the value of the Confidential Information is such that any award of damages or account of profits may inadequately compensate Queensland Health in the event of a breach of this Agreement by the Supplier;
- (e) without in any way compromising Queensland Health's right to seek damages or any other form of relief in the event of a breach of this Agreement, Queensland Health may seek and obtain an ex parte interlocutory or final injunction to prohibit or restrain the Supplier or its officers, employees or legal advisers from any breach or threatened breach of this Agreement; and
- (f) that Queensland Health provides no warranty as to the accuracy, completeness or currency of the Confidential Information of Queensland Health.

9.11 Return of Confidential Information

The Supplier must return or destroy (at Queensland Health's discretion) all materials containing Confidential Information when they are no longer required by the Supplier, or otherwise when directed by Queensland Health/

9.12 Personal Information

- (a) The Supplier acknowledges that it is a bound contracted service provider for the purposes of the *Information Privacy Act 2009*.

(b) The Supplier must:

- (i) in relation to the discharge of its obligations under this Agreement, comply with parts 2 and 3 of Chapter 2 of the *Information Privacy Act 2009* as if the Supplier was Queensland Health;
 - (ii) ensure that Personal Information is protected against loss and against unauthorised access, use, modification, disclosure or other misuse;
 - (iii) not use Personal Information other than for the purposes of performing its obligations under this Agreement, unless required or authorised by law;
 - (iv) not disclose Personal Information without the prior written consent of Queensland Health, unless required or authorised by law;
 - (v) not transfer any Personal Information outside of Australia without the prior written consent of Queensland Health;
 - (vi) ensure that access to Personal Information is restricted to those of its employees and officers who require access in order to perform their duties under this Agreement;
 - (vii) ensure that its officers, employees and sub-contractors comply with the same obligations imposed on the Supplier under this clause;
 - (viii) fully cooperate with Queensland Health to enable Queensland Health to respond to applications for access to, or amendment of, a document containing a person's Personal Information and to privacy complaints;
 - (ix) immediately notify Queensland Health if the Supplier becomes aware that a disclosure of Personal Information is or may be required or authorised by law;
 - (x) upon request by Queensland Health, promptly return any Personal Information to Queensland Health upon expiry or termination of this Agreement.
- (c) Upon request by Queensland Health, the Supplier must obtain from its personnel, a deed of privacy in a form acceptable to Queensland Health.
- (d) The Supplier must immediately notify Queensland Health upon becoming aware of a breach of this clause 9.12.

9.13 Privacy Act

Nothing in this clause 9 is intended to limit any obligation of the Supplier under the *Privacy Act 1988* (Cth) that the Supplier may have as an organisation with respect to Personal Information.

9.14 Ownership of Medical Records

- (a) The Supplier agrees that title to, and copyright in, all Medical Records vests in Queensland Health upon creation.
- (b) The Supplier agrees to obtain all necessary assignments from the Supplier's Personnel in respect of the Medical Records to ensure that Queensland Health is the owner of such Medical Records and the copyright in them.

- (c) The Supplier will ensure that all original medical records from Queensland Health (if any) and any Medical Records are provided to Queensland Health as soon as practicable after the particular Services to which they relate have been completed.
- (d) The Supplier must not:
 - (i) delete or destroy copies of Medical Records provided to Queensland Health until it receives confirmation the Medical Records have been received and saved in uncorrupted form by Queensland Health;
 - (ii) allow patients to deliver Medical Records to Queensland Health, unless otherwise instructed by Queensland Health.
- (e) Despite Queensland Health's ownership of the Medical Records, the Supplier may retain a copy of any Medical Records which it is required by law to maintain.
- (f) The Supplier warrants that electronic transfer of patient information and images by it will not compromise service integrity or patient confidentiality.

9.15 Media releases

The Supplier may not make any statement or issue any information, publication, document or article for publication concerning this Agreement in any media without the prior approval of Queensland Health.

9.16 Survival

This clause 9 survives the expiration or termination of this Agreement.

10. INDEMNITY

- (a) For the purposes of this clause 10 and 11, the following definitions will apply:
 - "Queensland Health" includes an officer, employee or contractor of Queensland Health (but excludes the Supplier, and its Personnel);
 - "Supplier" includes an officer, director, employee or contractor of the Supplier (but excludes Approved Radiologists and Practice Companies).
- (b) The Supplier indemnifies Queensland Health, from and against all claims, actions, proceedings, demands, fines, penalties, losses and damages (including for personal injury, disease, illness and death), costs and expenses (including legal fees on an indemnity basis) or liability of any nature which Queensland Health under this subclause may sustain, incur or which may be brought or made by any person, arising out of or in connection with:
 - (i) a breach of this Agreement by the Supplier;
 - (ii) the performance or purported performance of the Services by or through the Supplier;
 - (iii) any care or treatment provided to a patient by the Supplier;
 - (iv) any negligent or unlawful act or omission (including wilful neglect) of the Supplier;
 - (v) the use of the Hospital by the Supplier;
 - (vi) a breach of the IP rights of Queensland Health or any other person in connection with the Services.

- (c) The indemnity under clause 10(b) shall be reduced proportionately to the extent that any act or omission of Queensland Health contributed to the loss, damages, cost or expense.
- (d) Each indemnity in this Agreement is a continuing obligation, separate and independent from the other obligations of the Supplier and survives termination of this Agreement. It is not necessary for Queensland Health to incur expense or make a payment before enforcing any indemnity conferred by this Agreement.

11. INSURANCE

11.1 Medical Malpractice

- (a) The Supplier agrees that it shall:
 - (i) obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients; and
 - (ii) ensure that its Approved Radiologists obtain medical malpractice insurance with a limit of not less than AUD20 million per occurrence and in an aggregate amount acceptable to Queensland Health in respect of Services provided to patients.
- (b) Without limitation to clause 11.1(a), the parties agree that the Supplier shall not derive any benefit or entitlement for indemnity under Queensland Health's indemnity policies in respect of the provision of Services to Private and Public Patients.

11.2 Workers' Compensations

- (a) Before any Approved Radiologist commences work in the provision of the Services, the Supplier will obtain Queensland worker's compensation insurance against liability for death of or bodily injury to the Approved Radiologists, including liability under statute and at common law.
- (b) The cost of worker's compensation insurance required by this clause will be met by the Supplier.

11.3 Public Liability, Products and Occupier Liability Insurance

The Supplier will hold the following insurances for the term of this Agreement in respect of:

- (a) Public liability insurance in respect of premises at which the Supplier performs duties under this Agreement and also in respect of any other premises of Queensland Health occupied or used by the Supplier for the performance of any other duties (including premises occupied or used for private practice purposes) with a limit of not less than AUD20 million per occurrence; and
- (b) Products, occupiers and property liability insurance in respect of any items or property supplied, owned or licensed by the Supplier with a limit of not less than AUD20 million per occurrence.

11.4 Other Insurance

The Supplier and Queensland Health will hold other insurances for the term of this Agreement as required by relevant law.

11.5 Evidence of Insurance

- (a) Before an Approved Radiologist commences work in the provision of the Services, and at any time upon request by Queensland Health, the Supplier will produce evidence to Queensland Health that the insurance required by this clause 11 has been obtained and is being maintained.
- (b) Whenever requested in writing by Queensland Health, the Supplier will provide to Queensland Health a copy of the certificates of currency, current policy wording, policy schedule and endorsements for each of the insurance policies required to be held by the Supplier, or Approved Radiologists under this clause.
- (c) All insurance required to be held by the Supplier or Approved Radiologists under this Agreement will be from insurers licensed to offer insurance in Australia, and will provide for payments to be made in the currencies required to rectify loss or damage covered by the insurance and in respect of medical malpractice insurance shall be held for 3 years after the termination of the Agreement.
- (d) The Supplier will comply and will ensure that Approved Radiologists comply with the conditions stipulated in each of the insurance policies that it is required to hold under this Agreement.
- (e) The Supplier will report to Queensland Health as soon as practicable:
 - (i) the cancellation of any insurance policy required to be held by the Supplier or Approved Radiologists under this Agreement; and
 - (ii) all losses, claims and incidents that may give rise to an insurance claim.
- (f) Any amounts not insured, including policy deductibles or amounts not recovered from insurers (including the costs of preparing insurance claims) will be borne by the parties according to their liabilities under this Agreement.

12. FORCE MAJEURE

12.1 Force Majeure occurrence

- (a) If a party (Affected Party) is prevented or hindered by Force Majeure from fully or partly complying with any obligation (except for the payment of money) under this Agreement, that obligation is suspended for the duration of such Force Majeure.
- (b) If the Affected Party wishes to claim the benefit of this clause 12, it must give prompt notice of the Force Majeure occurrence to the other party including reasonable details of:
 - (i) the Force Majeure occurrence;
 - (ii) the effect of the Force Majeure occurrence on the performance of the Affected Party's obligations; and
 - (iii) the likely duration of the delay in performance of those obligations.

12.2 Termination

If a delay caused by Force Majeure continues for more than one month, either party may terminate this Agreement by giving five Business Day's notice to the other party.

13. DISPUTE RESOLUTION

13.1 Dispute

Subject to clause 13.5(b), as a condition precedent to the commencement of any litigation, if a Dispute arises between parties to this Agreement, the parties agree to seek to resolve the Dispute in accordance with this clause 13.

13.2 Notice of Dispute

In the event of a Dispute, a party may give the other party a written notice of dispute adequately identifying and providing details of the Dispute (Notice of Dispute).

13.3 Dispute resolution conference

- (a) Within 20 Business Days after receiving a Notice of Dispute, the parties will confer at least once to resolve the Dispute.
- (b) At every such conference, each party will be represented by a person having authority to agree a resolution to the Dispute.
- (c) All aspects of every such conference, except the fact of its occurrence, will be privileged.

13.4 Mediation

- (a) If the Dispute is not resolved within 20 Business Days (or such other further period agreed between the parties) after a conference under clause 13.3, the parties agree to refer the Dispute to mediation administered by the Australian Commercial Disputes Centre (ACDC).
- (b) The mediation must be conducted in accordance with the ACDC Guidelines for Commercial Mediation (Guidelines) in force at the date of this Agreement.
- (c) The Guidelines set out the procedures to be adopted, the process of selection of the mediator and the costs involved, including the parties' respective responsibilities for the payment of the mediator's costs and other costs of the mediation.
- (d) The ACDC Mediation Appointment Agreement is expressly incorporated in the Guidelines. The Guidelines, including the ACDC Mediation Appointment Agreement, are incorporated in this Agreement.

13.5 General

- (a) This clause 13 survives termination of this Agreement.
- (b) At any time, a party may, without inconsistency with this clause 13, seek urgent interlocutory relief in respect of the subject matter of the Dispute from any Court having jurisdiction.

14. TERMINATION

14.1 Termination by Queensland Health on notice

Queensland Health may terminate this Agreement without cause by giving not less than three months notice to the Supplier.

14.2 Termination by Queensland Health on default

Queensland Health may immediately terminate this Agreement by notice to the Supplier if:

- (a) the Supplier does not carry out any material obligation under this Agreement and in the case of a default which is capable of remedy, does not remedy that default within five Business Days after Queensland Health serves notice on the Supplier:
- (i) specifying that it is a notice issued under this clause 14.2(a); and
 - (ii) requiring the default to be remedied;
- (b) no Radiologists are approved as Approved Radiologists for a continuous period of one month or more (unless due to default by Queensland Health);
- (c) an Insolvency Event occurs in relation to the Supplier; or
- (d) a Change in Control occurs in relation to the Supplier without the prior written consent of Queensland Health;
- (e) in the reasonable opinion of Queensland Health, the Supplier or any its Personnel engage in any misleading or deceptive conduct in connection with this Agreement;
- (f) in the reasonable opinion of Queensland Health, any of the Approved Radiologists involved in the provision of the Services are guilty of misconduct, negligence or other conduct which Queensland Health reasonably considers to be inappropriate conduct for a medical practitioner;
- (g) the Supplier is (or, if it is a company, any of its directors or senior executives are) convicted of any offence under the *National Health Act 1953* (Cth) or the *Health Insurance Act 1973* (Cth); or
- (h) any representation or warranty made by the Supplier in this Agreement or as part of the offer process resulting in the awarding of this Agreement to the Supplier is materially incorrect.

14.3 No common law right of termination

The Supplier agrees that it may not terminate this Agreement pursuant to any common law rights of termination it may otherwise have had.

14.4 Consequences of termination

- (a) The expiration or termination of this Agreement will not affect any rights or remedies accrued to either party under, or in respect of any breach of, this Agreement.
- (b) The Supplier must deliver any Loaned Medical Imaging Equipment and Medical Records (other than any copies required to be kept in accordance to clause 9.9) to Queensland Health at the Hospital within five Business Days of the expiration or termination of this Agreement.
- (c) If the Supplier fails to deliver the Loaned Medical Imaging Equipment and Medical Records to Queensland Health in accordance with clause 14.4(b), Queensland Health may enter any of the Supplier's premises during normal business hours on not less than 12 hours' prior notice in order to collect the Loaned Medical Imaging Equipment and Medical Records and the Supplier will at all reasonable times permit and assist a person Approved by Queensland Health to do so.

14.5 Action upon termination

Upon termination of this Agreement the Supplier must:

- (a) cease to perform the Services;
- (b) immediately cease to use Queensland Health's IP Rights and Confidential Information;

- (c) within 3 Business Days after termination, return to Queensland Health all copies of materials in any form to which Queensland Health has IP Rights and Confidential Information at the Supplier's expense and in the manner directed by Queensland Health;
- (d) within 3 Business Days after termination, delete, remove and destroy all electronic copies of materials in any form to which Queensland Health has IP Rights and Confidential Information (including all media on which it is contained) at the Supplier's expense in the manner directed to do so and to the satisfaction of Queensland Health. The Supplier will, where requested by Queensland Health provide evidence of all action taken to comply with this provision; and
- (e) if necessary, promptly procure and provide all licences, other permissions and requirements necessary to allow Queensland Health to continue to use any third party materials as provided by the Supplier to Queensland Health under this Agreement.

15. GST

15.1 Construction

In this clause 15:

- (a) words and expressions which are not defined in this Agreement but which have a defined meaning in GST Law have the same meaning as in the GST Law; and
- (b) GST Law has the same meaning given to that expression in the A New Tax System (Goods and Services Tax) Act 1999.

15.2 Consideration GST exclusive

Unless otherwise expressly stated, all prices or other sums payable or consideration to be provided under this Agreement are exclusive of GST.

15.3 Payment of GST

If GST is payable by a supplier or by the representative member for a GST group of which the supplier is a member, on any supply made under this Agreement, the recipient will pay to the supplier an amount equal to the GST payable on the supply.

15.4 Timing of GST payment

The recipient will pay the amount referred to in clause 15.3 in addition to and at the same time that the consideration for the supply is to be provided under this Agreement.

15.5 Tax invoice

The supplier must deliver a tax invoice or an adjustment note to the recipient before the supplier is entitled to payment of an amount under clause 15.3. The recipient can withhold payment of the amount until the supplier provides a tax invoice or an adjustment note, as appropriate.

15.6 Adjustment event

If an adjustment event arises in respect of a taxable supply made by a supplier under this Agreement, the amount payable by the recipient under clause 15.3 will be recalculated to reflect the adjustment event and a payment will be made by the recipient to the supplier or by the supplier to the recipient as the case requires.

15.7 Reimbursements

Where a party is required under this Agreement to pay or reimburse an expense or outgoing of another party, the amount to be paid or reimbursed by the first party will be the sum of:

- (a) the amount of the expense or outgoing less any input tax credits in respect of the expense or outgoing to which the other party, or to which the representative member for a GST group of which the other party is a member, is entitled; and
- (b) if the payment or reimbursement is subject to GST, an amount equal to that GST.

16. NOTICES

16.1 General

A notice, demand, certification, process or other communication relating to this Agreement must be in writing in English and may be given by an agent of the sender.

16.2 How to give a communication

In addition to any other lawful means, a communication may be given by being:

- (a) personally delivered;
- (b) left at the party's current delivery address for notices;
- (c) sent to the party's current postal address for notices by pre-paid ordinary mail or, if the address is outside Australia, by pre-paid airmail; or
- (d) sent by fax to the party's current fax number for notices.

16.3 Particulars for delivery of notices

- (a) The particulars for delivery of notices are initially the particulars set out in item 8 of Schedule 1.
- (b) Each party may change its particulars for delivery of notices by notice to each other party.

16.4 Communications by post

Subject to clause 16.6, a communication is given if posted:

- (a) within Australia to an Australian postal address, three Business Days after posting; or
- (b) outside of Australia to an Australian postal address or within Australia to an address outside of Australia, ten Business Days after posting.

16.5 Communications by fax

Subject to clause 16.6, a communication is given if sent by fax, when the sender's fax machine produces a report that the fax was sent in full to the addressee. That report is conclusive evidence that the addressee received the fax in full at the time indicated on that report.

16.6 After hours communications

Other than with respect to communications concerning the request or delivery of the Services, if a communication is given:

- (a) after 5.00pm in the place of receipt; or
- (b) on a day which is a Saturday, Sunday or bank or public holiday in the place of receipt,

it is taken as having been given at 9.00am on the next day which is not a Saturday, Sunday or bank or public holiday in that place.

17. KEY PERFORMANCE INDICATORS

- (a) The Supplier must perform the Services in order to achieve Key Performance Indicators (KPI's) in accordance with Schedule 4.
- (b) The Supplier acknowledges that the purpose of KPI's is to:
 - (i) provide Queensland Health and the Supplier with focus on the areas which are of paramount importance to Queensland Health in the performance of the Services; and
 - (ii) specify quantitative and qualitative assessment mechanisms to enable the parties to measure and manage the performance of the Supplier with input from Queensland Health against specified targets.
- (c) The Supplier must submit to Queensland Health a written quarterly report within 14 days after the end of each quarter against the KPI's as set out in Schedule 4.
- (d) On receipt of the report Queensland Health will evaluate the performance of the Supplier based on the report.
- (e) Within 14 days of receipt of the report under clause 17(c) the Supplier is required to attend a meeting with Queensland Health and the Supplier must:
 - (i) discuss the report it has prepared under clause 17(c) and such other matters as determined by Queensland Health may require from time to time; and
 - (ii) discuss and provide to Queensland Health all advice which it may require on measurement review and improvement of the Supplier's performance under this Agreement, including:
 - (A) the Supplier's performance against KPI's and Queensland Health may make a determination of any action required where the KPI's indicate that the Supplier's performance under this Agreement is unsatisfactory;
 - (B) all initiatives that could improve the provisions under this Agreement for measuring, reviewing and improving the Suppliers' performance;
 - (C) promptly and fully respond to any questions which Queensland Health asks; and
 - (D) if it requires instructions from Queensland Health, make all necessary recommendations as to the action required.
- (f) Where a Supplier's performance under this Agreement is unsatisfactory under clause 17 (e) (ii)(A) and the Supplier fails to rectify the performance to the satisfaction of Queensland Health by the means set out in clauses 17(e)(ii)(A) to (D), Queensland Health may:
 - (i) proceed to Dispute Resolution under clause 13 of this Agreement; and
 - (ii) suspend payment of the fees payable for the Services under this Agreement until the resolution of the Dispute under clause 13.

18. GENERAL

18.1 Disclosure

If the Supplier becomes aware of a matter that is likely to materially affect the ability of the Supplier to perform its obligations under this Agreement, it must immediately notify Queensland Health of the matter.

18.2 Conflict of interest

- (a) The Supplier warrants that to the best of its knowledge, information and belief, no conflict of interest exists or is likely to arise in the performance of this Agreement.
- (b) The Supplier must immediately notify Queensland Health if a conflict of interest arises.

18.3 Legal costs

Except as expressly stated otherwise in this Agreement, each party must pay its own legal and other costs and expenses of negotiating, preparing, executing and performing its obligations under this Agreement.

18.4 Amendment

This Agreement may only be varied or replaced by a document executed by the parties.

18.5 Waiver and exercise of rights

- (a) No rights under this Agreement will be deemed to be waived except where the waiver is in writing and is signed by the party giving the waiver.
- (b) A waiver by a party will not prejudice its rights in respect of any subsequent breach of this Agreement by the other party.
- (c) Any failure by a party to enforce any clause of this Agreement or any forbearance, delay or indulgence granted by the party to the other party will not be construed as a waiver of the rights under this Agreement.
- (d) A single or partial exercise or waiver by a party of a right relating to this Agreement does not prevent any other exercise of that right or the exercise of any other right.
- (e) A party is not liable for any loss, cost or expense of the other party caused or contributed to by the waiver, exercise, attempted exercise, failure to exercise or delay in the exercise of a right.

18.6 Rights cumulative

Except as expressly stated otherwise in this Agreement, the rights of a party under this Agreement are cumulative and are in addition to any other rights of that party.

18.7 Consents

Except as expressly stated otherwise in this Agreement, a party may conditionally or unconditionally give or withhold any consent to be given under this Agreement and is not obliged to give its reasons for doing so.

18.8 Further steps

Each party must promptly do whatever the other party reasonably requires of it to give effect to this Agreement and to perform its obligations under it.

18.9 Governing law and jurisdiction

- (a) This Agreement is governed by and is to be construed in accordance with the laws applicable in Queensland.
- (b) Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of Queensland and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts.

18.10 Assignment

- (a) A party must not assign or deal with any right under this Agreement without the prior written consent of the other party.
- (b) Any purported dealing in breach of this clause 18.10 is of no effect.

18.11 Subcontracting

- (a) The Supplier will not subcontract any of its obligations under this Agreement without obtaining the prior written approval of Queensland Health.
- (b) The Supplier is responsible for the acts and omissions of its subcontractors as if they were the acts and omissions of the Supplier.

18.12 Set-off

Queensland Health may set off money due to Queensland Health from the Supplier, or damages, costs or expenses recoverable by Queensland Health from the Supplier (including amounts payable under an indemnity), against money due to the Supplier under this Agreement or any other contract between the parties.

18.13 Liability

An obligation of two or more persons binds them separately and together.

18.14 Counterparts

This Agreement may consist of a number of counterparts and, if so, the counterparts taken together constitute one document.

18.15 Entire understanding

- (a) This Agreement contains the entire understanding between the parties as to the subject matter of this Agreement.
- (b) All previous negotiations, understandings, representations, warranties, memoranda or commitments concerning the subject matter of this Agreement are merged in and superseded by this Agreement and are of no effect. Neither party is liable to the other party in respect of those matters.
- (c) No oral explanation or information provided by a party to the other:
 - (i) affects the meaning or interpretation of this Agreement; or
 - (ii) constitutes any collateral agreement, warranty or understanding between the parties.

18.16 Relationship of parties

- (a) The relationship between Queensland Health and the Supplier is that of principal and independent contractor.
- (b) Nothing in this Agreement will be taken as establishing the Supplier or any of its Personnel as an employee or agent of Queensland Health (without the prior written consent of Queensland Health).
- (c) This Agreement is not intended to create a partnership, joint venture or agency relationship between the parties.

18.17 Commissions and Incentives

The Supplier must not offer anything to Queensland Health or any employees or agent of Queensland Health including a parent, spouse and child or associated of the employee or agent, as an inducement, gift or reward, which could in any way influence Queensland Health's actions in relation to the Agreement.

18.18 Skills Transfer

The Supplier will use its best endeavours to impart skills to and instruct Queensland Health employees with whom the Supplier has contact in the performance of the Radiology Services with a view to increasing and consolidating the skills base within Queensland Health.

18.19 Queensland Health Employees

During the term of this Agreement the Supplier acknowledges and agrees that it will not engage, consult, contract or employ Queensland Health employees, whether contractors, agents, subcontractors or officers of Queensland Health.

RTI Release

SCHEDULE 1

AGREEMENT DETAILS

Item 1	Supplier	Name: Premier Medical Imaging Pty Ltd ABN: 41 110 308 962 Address: PO Box 222 RBH Post Office, Qld, 4029
Item 2	Commencement Date	01 July 2010
Item 3	Initial Period	Twenty-four (24) months
Item 3a	Extended Period	Three (3) further periods of up to twelve (12) months each
Item 4	District	Metro North Health Service District
Item 5	Hospitals	Redcliffe Kilcoy * North Lakes Precinct ** * Reporting of images for Kilcoy Hospital may be transferred to The Prince Charles Hospital during the term of this arrangement and therefore will no longer be covered by this arrangement. ** When the North Lakes Precinct begins imaging, Redcliffe will be reporting those images.
Item 6	Approved Radiologists	Dr Eric Sclavos Managing Partner Dr Hal Rice Partner Dr Mark Hansen Partner Dr David Leggett Partner Dr Stephen Drew Partner Dr Adrian Khoo Partner Dr James FitzGerald Partner Dr Tim Hooper Partner Dr Mark Burgin Partner Dr Gary Shepherd Partner Dr David Simpson Partner Dr George Koulouris Associate Dr Laetitia de Villiers Associate

		Dr Phillip Law Associate Dr Stanley Ngai Associate Dr Joseph Wong Associate Dr Lora Medoro Associate Dr Todd Malone Associate Dr Kendal Redmond Associate Dr Tom Hess Associate Dr Ash Jhamb Associate Dr Tanya Wood Associate Dr Jennie Roberts Associate Dr Peter Jackson Associate Dr Phil Law Associate Dr Jane Crossin Associate
Item 7	Loaned Medical Imaging Equipment	
Item 8	Particulars for notices	Queensland Health Delivery address: Redcliffe Hospital Anzac Avenue Redcliffe Qld 4020 Postal address: Locked Bag 1 Redcliffe QLD 4020 Fax No: 07 3883 7528 Attention: District Chief Executive Officer Supplier Delivery address: PO Box 222, RBH Post Office Qld 4029 Fax No: 07 3358 1913 Attention: Dr Eric Sclavos
Item 9	Supplier's Premises	Qscan Redcliffe 6 Silvyn Street Redcliffe Qld 4020 Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley. Plus Qscan Radiologists can report remotely via wireless connections.

10.	Sub-Contracting	<p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • Qscan provides radiology reporting services to its own and "franchised" practices in the Private health sector; <p>PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services.</p>
-----	-----------------	--

RTI Release

SCHEDULE 2

PART 1 – REPORTING SERVICES

1.1 Type of Reporting Services

Queensland Health may require the Supplier to read and report on the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) on a patient:

DIAGNOSTIC IMAGING PROCEDURES		REQUIRED
Group 11 - Ultrasound	Subgroup 1 – General	Yes
	Subgroup 2 – Cardiac	Yes
	Subgroup 3 – Vascular	Yes
	Subgroup 4 – Urological	Yes
	Subgroup 5 - Obs & gynac	Yes
	Subgroup 6 – Musculoskeletal	Yes
Group 12 - Computerised tomography		Yes
Group 13 - Diagnostic radiography	Plain films	Yes

1.2 Scope of Reporting Services

- (a) If Queensland Health requires the Supplier to read and report on a diagnostic image produced through a diagnostic imaging procedure, Queensland Health must provide a written request to the Supplier.
- (b) Each request will specify:
 - (i) relevant clinical information; and
 - (ii) the timeframe in which the request is to be completed.
- (c) Unless Queensland Health requires the Supplier to perform the Reporting Services at the Hospital, Queensland Health will transmit the diagnostic image to the Supplier using the transmission technology determined by Queensland Health from time to time.
- (d) The Supplier must ensure that it is able to receive requests and diagnostic images 24 hours per day on every day of the year.
- (e) The Supplier must provide each report on a diagnostic image in the form (if any) required by Queensland Health from time to time.

1.3 Time for performance of Reporting Services

- (a) The Supplier must complete the Reporting Services specified in a request within the timeframe which is clinically appropriate, and within the timeframe nominated by Queensland Health which timeframes are:

- (i) Urgent: 30 minutes if Radiologist on-site
60 minutes if Radiologist off-site
 - (ii) Priority: 4 hours
 - (iii) Intermediate: 24 hours
 - (iv) Routine: 3 Business Days
- (b) If a Reporting Service is required to be performed at the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of receipt of the request form.
- (c) If a Reporting Service is to be performed at premises other than the Hospital, the time by which the Reporting Service is required to be completed will be calculated from the time of transmission of the diagnostic images to which the Reporting Service relates to the Supplier by Queensland Health.

RTI Released

PART 2 – OFF-SITE IMAGING SERVICES

2.1 Type of Off-Site Imaging Services

Queensland Health may require the Supplier to undertake any of the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) (Diagnostic Imaging Procedures) on a patient:

DIAGNOSTIC IMAGING PROCEDURES		REQUIRED
Group 11 - Ultrasound	Subgroup 1 – General	No
	Subgroup 2 – Cardiac	No
	Subgroup 3 – Vascular	No
	Subgroup 4 – Urological	No
	Subgroup 5 - Obs & gynae	No
	Subgroup 6 – Musculoskeletal	No
Group 12 - Computerised tomography		No
Group 13 - Diagnostic radiography	Subgroups 1-6 – Plain films	No
	Subgroup 7 – Radiographic examination of urinary tract	No
	Subgroup 8 – Radiographic examination of alimentary tract and biliary system	No
	Subgroup 10 – Mammography	Yes
	Subgroup 12 – Radiographic examination with opaque or contrast media	No
	Subgroup 13 – Angiography	No
Group 14 - Nuclear medicine imaging		Yes
		Yes
Group 15 – Magnetic resonance imaging		Yes

2.2 Scope of Off- Site Imaging Services

- (a) The Off-Site Imaging Services include the undertaking of the Diagnostic Imaging Procedure and the reading and reporting on that procedure.
- (b) If Queensland Health requires the Supplier to undertake a Diagnostic Imaging Procedure on a patient, Queensland Health must provide a written request to the Supplier:
- (c) Each request must specify:

- (i) the nature of the diagnostic imaging procedure to be performed;
 - (ii) contact details for the patient;
 - (iii) relevant clinical information; and
 - (iv) the timeframe in which the request is to be completed.
- (d) The Supplier must ensure that it is able to receive requests 24 hours per day on every day of the year.
- (e) The Supplier must perform all Diagnostic Imaging Procedures required to be undertaken as part of the Imaging Services at the Supplier's Premises.
- (f) The Supplier must transmit the diagnostic image and report to Queensland Health using the transmission technology determined by Queensland Health from time to time.
- (g) The Supplier must provide each diagnostic image and report in the form (if any) required by Queensland Health from time to time.

2.3 Time for performance of Off-Site Imaging Services

The Supplier must make contact and arrangements with the patient to which the Imaging Services relate so as to complete the Imaging Services specified in a request within clinically appropriate timeframes, and within the timeframe nominated by Queensland Health which timeframes are:

- (a) Urgent: 30 minutes
- (b) Priority: 4 hours
- (c) Intermediate: 24 hours
- (d) Routine: 3 Business Days.

RTI REQUESTS

PART 3 – ON-SITE IMAGING SERVICES

3.1 Type of On-site Services

Queensland Health may require the Supplier to undertake at the relevant Hospital any of the following types of diagnostic imaging procedures (or any additional diagnostic imaging procedures agreed between the parties) (Diagnostic Imaging Procedures) on a patient:

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
Subgroup 7 - Radiographic examination of urinary tract		
58706	Intravenous Pyelography	Yes
58715	Retrograde Pyelogram, Nephrostogram	Yes
58718	Cystogram, Urethrogram	Yes
58721	Micturating Cystourethrogram	Yes
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	Yes
58916	Small Bowel Series	Yes
58921	Barium/Gastrografin Enema	Yes
58927	T-Tube Cholangiogram	Yes
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	Yes
59718	Venogram (arm/leg)	Yes
59724	Myelogram (cervical, thoracic, lumbar)	Yes
59733	Sialogram	Yes
59739	Sinogram, Fistulogram	Yes
59751	Arthrogram	Yes
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	Yes
60503	Joint Injections (facet jt, hip etc)	Yes
	Nerve Root Block (Fluoro/CT Guided)	Yes
Subgroup 13 - Angiography		
60000	Angiography - head & neck	Yes
60012	Angiography – thorax	Yes

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
<i>Item No.</i>	<i>Procedure</i>	<i>Required</i>
60024	Angiography – abdomen	Yes
60036	Angiography – peripheral	Yes
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram – Percutaneous	Yes
	Gastromy Tube Insertion	Yes
	Nephrostomy – Percutaneous	Yes
	Insertion of Stent/Drain - Fluoro/US/CT Guided	Yes
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	Yes
	Biopsy - Fluoroscopy/US/CT Guided	Yes
	Catheter Insertion – PICC	Yes
	Catheter Insertion - Central Venous	Yes
	Catheter Insertion – Hickman's/Portecath	Yes
35300	Angioplasty	Yes
35306	Vascular Stent Insertion	Yes

3.2 Scope of On-site Imaging Services

- (a) The Onsite Services include the undertaking of the Diagnostic Imaging Procedure and the reading and reporting on that procedure
- (b) If Queensland Health requires the Supplier to undertake a Diagnostic Imaging Procedure on a patient, Queensland Health must provide a written request to the Supplier:
- (c) Each request must specify:
 - (i) the nature of the diagnostic imaging procedure to be performed;
 - (ii) relevant clinical information; and
 - (iii) the timeframe in which the request is to be completed.
- (d) The Supplier must ensure that it is able to receive requests 24 hours per day on every day of the year.
- (e) The Supplier must perform all Diagnostic Imaging Procedures required to be undertaken as part of the On-site Services at the Hospital.
- (f) The Supplier must provide each diagnostic image and report in the form (if any) required by Queensland Health from time to time.

3.3 Attendance onsite

The Supplier must ensure that an Approved Radiologist attends the relevant Hospital at the times required by clause 3.4 of this Part 3 of Schedule 2 to provide On-site Services.

3.4 Time for performance of On-Site Imaging Services

- (a) The Supplier must ensure that an Approved Radiologist provides the On-site Services minimum of 24 hours per week (for 52 weeks of each year of the Agreement) between 8.30am to 5.00 pm Monday to Friday excluding public holidays at the Redcliffe Hospital (**Normal Working Hours**) during scheduled session times (**Sessions**) reasonably determined by Queensland Health in consultation with the Supplier.
- (b) The Supplier must ensure that an Approved Radiologist continues to provide the On-site Services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) The Supplier must ensure that an Approved Radiologist:
 - (i) is on-call and able to be contacted by Queensland Health by telephone or telephone message facility without undue delay outside of Normal Working Hours during the scheduled on-call times (On-Call Periods) reasonably determined by Queensland Health in consultation with the Supplier; and
 - (ii) provides the Onsite Services:
 - (A) during On-Call Periods; and
 - (B) at other times outside of Normal Working Hours in the event of a genuine medical emergency,if reasonably requested to do so by Queensland Health.

RTI RELEASED

PART 4 – RADIOLOGIST SERVICES

4.1 Scope of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist attends the relevant Hospital at times required by clause 4.2 of this Part 4 of Schedule 2 to provide Radiological Services and related activities including those specified in clause 4.1(b) and (c) of this Part 4 of Schedule 2 at the relevant Hospital under the supervision and as directed by the Executive Director or Medical Services.
- (b) The Supplier shall ensure that an Approved Radiologist provides clinical consultation/advice to clinical staff at the hospital, whilst providing Reporting Services on-site at the hospital.
- (c) The Supplier shall ensure that an Approved Radiologist participates in Meetings/educational sessions at the hospital including the following:
 - (i) Clinical Governance including: audits, incident review meetings, preparation of protocols and guidelines etc.
 - (ii) Educational sessions
 - (iii) Managerial meetings including: attendance at Directors' meetings and advice in relation to function and future direction.

4.2 Time for performance of Radiologist Services

- (a) The Supplier must ensure that an Approved Radiologist provides the services between 8.30am to 5.00pm Monday to Friday excluding public holidays at the relevant Hospital (**Normal Working Hours**) during scheduled session times (**Sessions**) reasonably determined by Queensland Health in consultation with the Supplier as under:
 - (i) Clinical consultation/advice whilst providing Reporting Services on-site - for a minimum of 60 hours per week (for 52 weeks of each year of the Agreement) at the Redcliffe Hospital.
 - (ii) Meetings/educational sessions - for a minimum of 18 hour per week (for 52 weeks of each year of the Agreement) at the Redcliffe Hospital.
- (b) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist continues to provide the services at the conclusion of a Session for an additional period if reasonably requested to do so by Queensland Health.
- (c) For Clinical consultation/advice and On-site Reporting Services the Supplier must ensure that an Approved Radiologist provides the services:
 - (i) for additional session times reasonably requested to do so by Queensland Health in consultation with the Supplier; and
 - (ii) at other times outside of Normal Working Hours in the event of a genuine medical emergency, if reasonably requested to do so by Queensland Health.

SCHEDULE 3

SERVICE FEES

PART 1 - REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (7 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films			s.47(3)(b)	

RTI RELEASES

PART 1 - REPORTING SERVICES

- (B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS**
- (C) DURING WEEKENDS AND PUBLIC HOLIDAYS**

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30-60 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				s.47(3)(b)

RTI Released

PART 2 – OFF-SITE IMAGING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s.47(3)(b)			
Subgroup 10 – Mammography				
Group 14 – Nuclear Medicine				
Group 15 – Magnetic Resonance Imaging				

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s.47(3)(b)			
Subgroup 10 – Mammography				
Group 14 – Nuclear Medicine				
Group 15 – Magnetic Resonance Imaging				

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Schedule Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s.47(3)(b)			
Subgroup 10 – Mammography				
Group 14 – Nuclear Medicine				
Group 15 – Magnetic Resonance Imaging				

PART 3 - ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Schedule Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
58715	Retrograde Pyelogram, Nephrostogram	
58718	Cystogram, Urethrogram	
58721	Micturating Cystourethrogram	
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59718	Venogram (arm/leg)	
59724	Myelogram (cervical, thoracic, lumbar)	
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 13 - Angiography		
60000	Angiography - head & neck	s.47(3)(b)
60012	Angiography - thorax	
60024	Angiography - abdomen	
60036	Angiography - peripheral	
Subgroup 17 - Interventional techniques + surgical procedures (radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram - Percutaneous	s.47(3)(b)
	Gastromy Tube Insertion	
	Nephrostomy - Percutaneous	
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
35300	Angioplasty	
35306	Vascular Stent Insertion	

PART 4 – RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		Hourly Rate doubled for after hours all in to Redcliffe Hospital for Interventional work. Any genuine medical emergency call back will be billed at a minimum of 2 hours.

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated.	Nil

RTI RELEASE

SCHEDULE 4

KEY PERFORMANCE INDICATORS

This schedule details the KPI's and data sets to be provided by the Supplier to Queensland Health to monitor performance of the Services against the Agreement.

Quarterly – KPI Report

Report overview:

- The Supplier will develop a database in a format (for example Microsoft Excel) acceptable to Queensland Health.
- The report is to be emailed to the District Chief Executive Officer.
- The report must be password protected, with the unique password to open the file emailed to the District Chief Executive Officer separately to the file.

If the Supplier is unable to meet a reporting deadline, the nominated Project Officer must be notified by email to why this deadline is unable to be met and remedial action negotiated.

The key focus of the KPI's is:

1. Report availability
2. Off-site imaging availability
3. On-site procedural availability
4. Meetings and education

Indicator Area 1: Report Availability

1. Turnaround Times for normal working hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in clause 1.3 of Schedule 2

2. Turnaround Times for after hours radiography reporting

Percentage of

- (a) Urgent;
- (b) Priority;
- (c) Intermediate; and
- (d) Routine

Completed within the timeframes set out in clause 1.3 of Schedule 2

Indicator Area 2: Off-site Imaging Availability

1. Turnaround Times for normal working hours off-site imaging services

Percentage of

- (e) Urgent;
- (f) Priority;
- (g) Intermediate; and
- (h) Routine

Completed within the timeframes set out in clause 2.3 of Schedule 2

Turnaround Times for after hours off-site imaging services

Percentage of

- a. Urgent;
- b. Priority;
- c. Intermediate; and
- d. Routine

Completed within the timeframes set out in clause 2.3 of Schedule 2

Indicator Area 3: On-Site Procedural Availability

Median waiting time for in-patient diagnostic radiography

Median waiting time for out-patient diagnostic radiography

Indicator 4 Meetings and education

1. Meetings

The total number of meetings for Clinical Governance

The total number of meetings for Clinical Governance not attended

The total number of Managerial meetings

The total number of Managerial meetings not attended

2. Education

The total number of Educational sessions

The total number of Educational sessions not attended

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

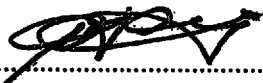
All departures **must** be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A – Conditions of Offer		Nil
Part B – Specification		Nil
Part C – Conditions of Contract		The Supplier will provide reporting for Bilable Patients and Private Patients at the same fees as specified in Schedule 3.
Part D – Additional Conditions		Nil

RTI Released

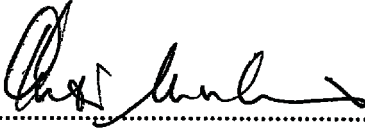
Executed as an agreement

Executed by **The State of Queensland**)
acting through the Department of)
Health by its duly appointed officer in)
the presence of:)


.....
Witness

Elizabeth Wyatt
.....
Name of Witness (print)

Date: **11 May 2012**
.....


.....

Officer

Professor Keith McNeil FRACP
.....
Name of Officer (print) **CEO**
Metro North
.....
Health Service District
Position Title (print)

Date: **11 May 2012**
.....

Executed by **Supplier** by its duly)
appointed officer in the presence of:)
)

.....
s.47(3)(b)

Witness
GILBERT SWEENEY
.....

Name of Witness (print)

Date: **2-5-12**
.....

.....
s.47(3)(b)

Officer
Eric Sclawes
.....

Name of Officer (print)

Managing Partner
.....
Position Title (print)

Date: **2/5/12**
.....

RTI RELEASED

PART E – OFFER SUBMISSION

RESPONSE TO OFFER FORM

To: The Senior Director
 Health Services Purchasing and Logistics
 GPO Box 48
 Brisbane Qld 4000

PL File Ref: 501/1/1
 Enquiries: Sharon Benson
 Telephone: [07] 3224 2953
 Issued: 04 November 2009

Herewith I submit my offer for:

OFFER NO PL501/1/1

PROVISION OF RADIOLOGY SERVICES FOR BAYSIDE

ON ACCOUNT OF QUEENSLAND HEALTH

CLOSING AT 11.00AM ON 18 DECEMBER 2009

This Offer will not be opened publicly.

Information Required	Details
<p>Name of PERSONS/BUSINESS/CORPORATION offering:</p> <ul style="list-style-type: none"> If Offerer is a company – specify full company name; If Offerer is a trust – specify the names of each trustee of the trust; If Offerer trades under a business name, specify the registered business name; If Offerer is an individual or partnership, specify the full name of each individual or partner. 	<p>Premier Medical Imaging Pty Ltd HSP1B Tender Offers 18 DEC 2009</p>
<p>ACN No (if applicable):</p>	
<p>ABN No:</p>	<p>41 110 308 962</p>
<p>OR if no ABN – have you submitted a ‘Statement by a supplier – Reason for not quoting an Australian (ABN) to an enterprise’ form?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>State or Territory where Business /Corporation is registered(*):</p>	<p>Queensland</p>
<p>Name of Holding Company or Corporate Group(*):</p>	<p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the “Approved Radiologists” section.</p> <p>PMI/Qscan Pty Limited (PMI/Qscan) is also owned by the eleven partners identified in the “Approved Radiologists” section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> PMI provides radiology reporting services to Hospitals in the Public Health sector; PMI/Qscan provides radiology reporting services to its own private practices; PMI contracts with PMI/Qscan to provide radiologist and other clinical and non-clinical services. <p>We have listed PMI/Qscan as a “contractor” to PMI.</p>

<p>Company Profile: (As part of the Offer process, each Offerer must include a copy of their Company's Profile.) Does your Offer include your Company's Profile?</p>	<p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Please note that Premier Medical Imaging (PMI) is part of the PMI/Qscan group of companies.</p> <p>The PMI/PMI/Qscan company profile and our value proposition is enclosed as Appendix A Section 1 and 2.</p> <p>The value proposition specifically outlines what "value" we have delivered to Logan Hospital and Queensland Health during our tenure, and what additional "value" we can offer should we be re-appointed. These benefits would easily be extended to Bayside.</p> <p>The PMI/PMI/Qscan Value Proposition fits very well with the Queensland Health objective of securing "Best Ultimate Value" and with the 2020 Vision of the Queensland Government in helping to deliver more efficient and timely health services, and making Queenslanders Australia's healthiest.</p>
<p>Is the Offerer registered for GST?</p>	<p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p>
<p>Postal Address:</p>	<p>PO Box 222 RBH Post Office Queensland 4029</p>
<p>Street Address:</p>	<p>Level 2 15 Malt Street Fortitude Valley Queensland 4006</p>
<p>Contact Name:</p>	<p>Dr Eric Sclavos</p>
<p>Contact Phone No:</p>	<p>07 3357 0902</p>
<p>Contact Fax No:</p>	<p>07 3358 1913</p>
<p>Contact E-mail Address:</p>	<p>Eric.sclavos@PMI/Qscan.com.au</p>
<p>Is it proposed to sub-contract any part of the Services? If "YES", specify full name and address of each sub-contractor and their relevant experience and expertise in relation to the offered Services.</p>	<p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>PMI/Qscan Pty Limited (PMI/Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • PMI/Qscan provides radiology reporting services to its own practices in the Private health sector;

RECEIVED
Tender Offers
18 DEC 2013

PRELIMINARY

- PMI contracts with PMI/Qscan to provide radiologist and other clinical and non-clinical services.

Authorisation, Certification and Execution by an offerer (Company)(*)

The Director/Secretary named below certify that in submitting this Offer on behalf of the Offerer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of their Offer; and
- (c) They have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

Premier Medical Imaging Pty Limited
[Offerer's name]

[Offerer's ACN]

41 110 308 962

[Offerer's ABN]

in accordance with s.127 of the Corporations Act 2001(Cth)

this 17 day of December 2009
by

Dr Eric Sclavos

[full name of Director]

Dr David Leggett

[full name of Director]

RECEIVED
Tender Offers
18 DEC 2009
31

s.47(3)(b)

(signature of Director)

s.47(3)(b)

(signature of Director/Secretary)

Where an attorney executes this Deed on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health/

OR

Authorisation, Certification and Execution by an offerer (individual or partnership)

I, the Offerer named below certify that in submitting this Offer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of my Offer; and
- (c) I have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

[insert Offerer's name]

[insert Offerer's ABN]

this day of 2.....
by

(signature of Offerer)

[insert full name of Offerer])	
in the presence of)	
[insert full name of witness]) (signature of witness)

Where an attorney executes this Offer on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health.

(*) *If an offerer is an individual then the relevant sections identified by (*) will not be applicable.*

RTI Release

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

All departures **must** be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A – Conditions of Offer		None.
Part B – Specification		None.
Part C – Conditions of Contract		None.
Part D – Additional Conditions		None.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF AGREEMENT DETAILS

In this Request for Offer, Queensland Health has completed and/or identified those items which it requires for the purposes of a Contract. These items are easily identified as they are shaded in grey. The Offerer must therefore complete all other items which are NOT shaded below to enable completion of "Schedule 1 - Agreement Details" should the offerer be successful.

If the offerer wishes to amend any items (shaded in grey) as completed by Queensland Health these will constitute departures from this Request for Offer and the Offerer must identify those amendments in the "Schedule of Departures" form.

INFORMATION	DETAILS																																														
<p>Contractor:</p> <p>[Insert full name of Contractor]:</p> <p>[Insert Contractor's ABN]:</p> <p>[Insert Contractor's Address]:</p> <p>[Insert the name of the person representing the Contractor, who will be responsible for the Contract]:</p> <p>[The Contractor's name must be the same name as the Offerer's name within the Offer. If different the Offer will be considered as non-conforming.]</p>	<p>Name: Premier Medical Imaging Pty Ltd</p> <p>ABN: 41 110 308 962</p> <p>Address: PO Box 222 RBH Post Office Qld 4029</p> <p>Contact Person: Dr Eric Sclavos</p> <p>Please note in this document the word "PMP" is used to denote PREMIER MEDICAL IMAGING PTY LTD.</p>																																														
<p>Commencement Date:</p>	<p>To be advised</p>																																														
<p>Initial Period:</p>	<p>Two (2) years</p>																																														
<p>District:</p>	<p>Metro South Health Service District</p>																																														
<p>Hospitals:</p>	<p>Redland Hospital Wynnum Hospital</p>																																														
<p>Approved Radiologists:</p>	<table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Phillip Law</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> <tr><td>Dr Joseph Wong</td><td>Associate</td></tr> <tr><td>Dr Lora Medoro</td><td>Associate</td></tr> <tr><td>Dr Todd Malone</td><td>Associate</td></tr> <tr><td>Dr Kendal Redmond</td><td>Associate</td></tr> <tr><td>Dr Tom Hess</td><td>Associate</td></tr> <tr><td>Dr Ash Jhamb</td><td>Associate</td></tr> <tr><td>Dr Tanya Wood</td><td>Associate</td></tr> <tr><td>Dr Jennie Roberts</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner	Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Phillip Law	Associate	Dr Stanley Ngai	Associate	Dr Joseph Wong	Associate	Dr Lora Medoro	Associate	Dr Todd Malone	Associate	Dr Kendal Redmond	Associate	Dr Tom Hess	Associate	Dr Ash Jhamb	Associate	Dr Tanya Wood	Associate	Dr Jennie Roberts	Associate
Dr Eric Sclavos	Managing Partner																																														
Dr Hal Rice	Partner																																														
Dr Mark Hansen	Partner																																														
Dr David Leggett	Partner																																														
Dr Stephen Drew	Partner																																														
Dr Adrian Khoo	Partner																																														
Dr James FitzGerald	Partner																																														
Dr Tim Hooper	Partner																																														
Dr Mark Burgin	Partner																																														
Dr Gary Shepherd	Partner																																														
Dr David Simpson	Partner																																														
Dr George Koulouris	Associate																																														
Dr Laetitia de Villiers	Associate																																														
Dr Phillip Law	Associate																																														
Dr Stanley Ngai	Associate																																														
Dr Joseph Wong	Associate																																														
Dr Lora Medoro	Associate																																														
Dr Todd Malone	Associate																																														
Dr Kendal Redmond	Associate																																														
Dr Tom Hess	Associate																																														
Dr Ash Jhamb	Associate																																														
Dr Tanya Wood	Associate																																														
Dr Jennie Roberts	Associate																																														

INFORMATION	DETAILS
	Dr Peter Jackson Associate Dr Phil Law Associate Dr Jane Crossin Associate
Loaned Medical Equipment: [Insert details of any (additional) medical imaging equipment Contractor proposes be made available]: OR [If Contract is to include loan of certain equipment then insert details and shade that aspect in grey]:	No loan equipment.
Notices – Queensland Health address for notices: [Insert address for notices] [Insert facsimile no.] [Insert recipient for notices]	Address: Facsimile No Attention:
Notices – Contractor’s address for notices: [Insert address for notices] [Insert facsimile no.] [Insert recipient for notices]	Address: PO Box 222 RBH Post Office Qld 4029 Facsimile No: 07 3358 1913 Attention: Dr Eric Sclavos
Contractor’s Premises: [Insert address(es) from which the Contractor proposes to supply the services]	Address: Redlands Hospital Weippin Street Cleveland Qld 4163 Address: Logan Hospital Cnr Armstrong and Meadowbrook Rds Meadowbrook Qld 4131 Address: All PMI/Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley. Plus PMI/Qscan Radiologist can report remotely via wireless connections. Refer Appendix A section 4.0 for the addresses of all PMI/Qscan radiologist reporting locations.

Offerer’s Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (1 hour)	Priority (24 hours)	Intermediate (next Business Day)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae	s.47(3)(b)			
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI @aleas

HSTPLB
 Tender Offers
 18 DEC 2009
 30/1

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (1 hour)	Priority (24 hours)	Intermediate (next Business Day)	Routine (3 Business Days)
Group 11 - Ultrasound				
Subgroup 1 - General	s.47(3)(b)			
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological				
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography				
Plain Films	s.47(3)(b)			

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST


NSPLB
 Tender Offers
 18 DEC 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 - Ultrasound				
Subgroup 1 - General				
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological	s.47(3)(b)			
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography				
Plain Films	s.47(3)(b)			

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST


HSPED
 Tender Offers
 18 DEC 2009

SCHEDULE OF PRICES – PART 2 OFF-SITE IMAGING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography				
Subgroup 7 – Radiographic examination of urinary tract				
Subgroup 8 – Radiographic examination of alimentary tract and biliary system				
Subgroup 12 – Radiographic examination with opaque or contrast media				
Subgroup 15 – Fluoroscopic examination				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

HSZLB
 Tender Offers
 18 DEC 2009
 (57)

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 - Diagnostic Radiography				
Subgroup 7 - Radiographic examination of urinary tract	s.47(3)(b)			
Subgroup 8 - Radiographic examination of alimentary tract and biliary system				
Subgroup 12 - Radiographic examination with opaque or contrast media				
Subgroup 15 - Fluoroscopic examination				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST

HOSPITAL
 Tender Offers
 18 DEC 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography				
Subgroup 7 – Radiographic examination of urinary tract	s.47(3)(b)			
Subgroup 8 – Radiographic examination of alimentary tract and biliary system				
Subgroup 12 – Radiographic examination with opaque or contrast media				
Subgroup 15 – Fluoroscopic examination				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI RELEASE

HSPFB
 Tender Offers
 18 DEC 2009
57

SCHEDULE OF PRICES - PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
58939	Defaecogram	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy - Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging Pty Limited	
Date:	17 th December 2009	

RTI REQUEST

RTI REQUEST
 Tender Offers
 18 DEC 2009
 57
 6

(B) ON-CALL PERIODS

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
58939	Defaecogram	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy - Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST


HSP/13
 Tender Offers
 18 DEC 2009
 (B) 1

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Nephrostomy - Percutaneous	s.47(3)(b)
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Released


 TENDERS
 Tender Offers
 18 DEC 2009

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		In the event of a genuine medical emergency the minimum callout will be a period of 2 hours

Variations to the Hourly Rate
State the basis upon which any variations to the hourly rate will be calculated.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

Tender Offers
19 DEC 2009

SCHEDULE OF PARTICULARS

Question	Response
Are you offering for Reporting Services as specified in Part 1 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for Off-Site Services as specified in Part 2 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for On-Site Services as specified in Part 3 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for Radiologist Services as specified in Part 4 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
If offering for more than one type of service above, are you prepared to enter into a contract with Queensland Health for only one type of service or is your offer conditional on being accepted for multiple types of services? Please give details.	<p style="text-align: center;">s.47(3)(b)</p>

RTI Release

s.47(3)(b)

- There are some significant synergies we could extend from the Logan Hospital tender into the Bayside tender, these comprise:
 - PMI/Qscan already have established high speed data lines with Logan Hospital which allow our on-site Radiologist to be combined with off-site Radiologists as needed to handle spikes in volume. In this proposal we seek to extend that initiative to one of a common worklist with PMI/PMI/Qscan. **Both the current approach and that approach rely on all four services to be managed by PMI/Qscan in order to leverage the benefits.** More details appear in Appendix A Section 2.4.3.
 - We are proposing to roster one or more of our six interventional radiologists to undertake procedures at Logan Hospital. PMI/Qscan are unique in being able to offer such a large number of radiologists with this high end interventional radiological expertise. Given the growth in patient volumes at Logan Hospital, we think this initiative fits well with the Queensland Health 2020 vision. PMI/Qscan could extend this to Bayside. More details in Appendix A Section 2.4.2.7 onwards.
 - The Logan/Beauesert tender specifically requests **Clinical Governance** and PMI/Qscan intend to appoint a Radiological Clinical Director (or other such title as Logan Hospital deem suitable) to provide that expertise at Logan Hospital. There is potential for Bayside to take advantage of various initiatives as a result of that appointment. More details in Appendix A Section 2.4.2.12.
 - Qscan is well down the track in the implementation of **Voice Recognition** within our practice, working closely with Specchmagic and also Kestral Karisma. This initiative is best leveraged across all three services. More detail can be found in Appendix A Section 2.4.3.2.
 - **PMI/Qscan offer twenty-six (26) Radiologists** with a broad range of sub-specialty reporting and interventional skills. By spreading this expertise across all three service areas we argue that Bayside and Queensland Health realise a significantly enhanced clinical outcome. More detail of our Radiologists and the importance Sub Specialty Radiology can be found in Appendix A Section 3.

<p>If your offer is accepted state the lead time required, from date of acceptance, to be in a position to meet service requirements.</p>	<p>July 1 2010 or earlier by agreement with Queensland Health.</p>
<p>Provide details of the offerers skills and capacities to provide the specified services or that part of the specified services for which an offer is submitted.</p>	<p>PMI/Qscan is confident that it is best placed to deliver the outcomes required by Queensland Health for the Bayside tender and the other (Redcliffe/Logan/Townsville) tenders to which we are responding.</p> <p>Our confidence on the ability to deliver these outcomes is based on knowing that we have the proven skills and capabilities to do so.</p> <p>Very simply, we have worked with Logan Hospital Medical Imaging, with other Public Hospitals and in Private Practice to truly understand what it is that we must deliver to Queensland Health and the growing Bayside community.</p> <p>Whilst we are a private corporate entity, our doctors and other team members have all worked within the Queensland Health facilities, and are fundamentally aware of the public sector health needs and limitations, and are also abreast of the projected vision for Queensland Health into the future.</p> <p>We understand this vision, and are ready to meet the challenges in reconciling improved health of Queenslanders with effective, professional and reliable service delivery.</p> <p><u>Proven Skills</u></p> <p>PMI/Qscan has provided a high level of support to Logan Hospital Medical Imaging (and will continue to do so in the areas of clinical expertise, marketing, administration, IT and management). PMI/Qscan do not view this tender, nor any of the other Queensland Health Radiology tenders, as purely a reporting contract. We have a very strong relationship at multiple levels within Logan Hospital and Queensland Health, and we want to continue to work alongside them in delivering high quality patient outcomes.</p> <p>Since Qscan was awarded the Logan Hospital contract the focus has been from the start to provide :</p> <ul style="list-style-type: none"> • Support to Medical Imaging • Clinical engagement with medical personnel in all departments • Management • High quality pro-active service delivery to key stakeholders • Building a team relationship with Medical team • Meeting management's KPI's • Patient satisfaction <p>Our objective is to demonstrate that we can extend the benefits of our experience to Bayside.</p> <p>PMI/Qscan is willing, highly capable, and has proven its ability to deliver "value beyond the price and beyond reporting". We see synergies between Logan and Bayside which we are confident in realising using our skills.</p> <p>Evidence of this can be found in the following:</p> <ul style="list-style-type: none"> • The PMI/Qscan Profile in Appendix A section 1.0 clearly demonstrates a Radiology practice whose remarkable growth since 2007 with over 126,000 patients visiting our practices last year has been achieved by delivering superior "value" to our public hospitals; referrers and patients. The implications for Queensland Health are:

- A Queensland based group comprising twenty-six (26) cohesive Radiologists with experience in both the public and private health system, who understand needs of patients and referrers alike.
- PMI/Qscan has “shaped” its solution at Logan to enable access to all of our Radiologists, linked by high speed data communications lines, supported by the powerful Karisma RIS, and provided administrative and marketing supported in addition to the clinical initiatives. We think we can do likewise with the Bayside tender.
- PMI/Qscan understands the requirements of Logan Medical Imaging very well, and also the exploding population in the surrounding area. We are well placed to continue to support Logan Hospital and have gone beyond the “contract” in proposing and delivering various initiatives. We view Bayside as an extension of the Logan initiatives.
- **Queensland Health aim to achieve “Best Ultimate Value” and PMI/Qscan embrace that without reservation. Our practice has been based on the “delivery of the highest level of quality and therefore value. PMI/Qscan believe that “value is more than just price” and we have highlighted twelve areas where we have added considerable value to Logan Hospital during the term of our current reporting contract. We can use this experience to do likewise with Bayside. These comprise:**
 - PMI/Qscan has provided a comprehensive and professional diagnostic and Interventional Radiology reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
 - PMI/Qscan has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
 - PMI/Qscan has been able to efficiently cope with the vast increase in workload both within and after hours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on-site, the high speed data lines have allowed additional remote FTE’s, and the proposed increase in FTE on-site will enable further improvements at Logan.
 - PMI/Qscan has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at anytime of day or night. The PMI/Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
 - PMI/Qscan has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing onsite staff training.
 - PMI/Qscan has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
 - PMI/Qscan has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI/Qscan have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.

- PMI/Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.
- PMI/Qscan has paid all the Karisma licence fees for Radiologists reporting for Logan Hospital throughout the current reporting contracts. At an annual cost to PMI/Qscan of \$.
- PMI/Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital (Queensland X-Ray) who have established a practice at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. PMI/Qscan has thrived in a competitive environment and is well equipped to handle this challenge. Over 34% of Logan MRI referrals are received on PMI/Qscan referral pads, and this is evidence of the effectiveness of the marketing actions we have taken to promote the Logan Hospital to specialist referrers well outside the Logan area.
- PMI/Qscan provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.
- PMI/Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores PMI/Qscan's commitment to education and training both within the Public and Private setting.

Initiatives to Enhance Value

We summarise these as follows:

- **PMI/Qscan propose that the RIS be changed to Kestral Karisma and also change to the Fuji Synapse PACS.** This would provide an identical IT solution as Logan Hospital with significant benefits to Bayside which will be outlined in detail.
- **PMI/Qscan enjoy significant benefits from a powerful report generation module that has been developed by Kestral for Karisma. The Business Report Studio module allows the development of custom written reporting for performance measurement.** The Director of Medical Imaging has visited PMI/Qscan and many of our standard reports are suitable with some modification for Logan Hospital. In addition a number of reports will need to be developed from scratch to specifically suits the needs of the Department. **Appendix A Section 2.4.1.7** outlines precisely what is involved and the costs (which PMI/Qscan is largely bearing).
- **PMI/Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link.** More details please refer Appendix A section 2.4.2.1 to 2.4.2.6. We propose to expand this through a common worklist which will deliver even greater benefits to Bayside comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the PMI/Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;
- The Qscan practice includes six **Interventional Radiologists** who have been formally trained internationally to perform high end interventional radiological procedures. More details please refer Appendix A section 2.4.2.7. These doctors comprising Hal Rice, David Leggett, James FitzGerald, Kendal Redmond, Laetitia De Villiers and Ashu Jhamb are all accredited to perform Tier A interventions.
 - These doctors all hold positions in the major Queensland Health tertiary facilities with key positions at Princess Alexandra, Royal Brisbane and Women's and Gold Coast Hospitals. These roles will facilitate continuity of care and ongoing management of patients who require procedures beyond the scope of Logan Hospital's facilities.
 - In addition, many of our other partners and associates are also highly capable of performing image guided biopsies and drainage procedures, vascular access and imaging guided injections for pain management (Tier B interventions).
 - We propose rostering interventional radiologists in conjunction with Logan Medical Imaging to expand this service to the Logan community.
- In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Logan Hospital. We know there is a close relationship between Logan and Bayside, and think there are opportunities to leverage our "governance" at Logan into Bayside also.
- **Resident and Registrar Training** will remain an ongoing focus with further improvements. PMI/Qscan played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded onsite requirements under the term of the tender would allow extension of these. In particular, PMI/Qscan would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required. There may be opportunities for Bayside to avail themselves of this initiative also.
- The additional onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Logan Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols** for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines. There may be opportunities for Bayside to avail themselves of this initiative also.
- PMI/Qscan undertakes to fully comply with Queensland Health standards regarding fatigued doctors. PMI/Qscan will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.
- A benefit to Logan Hospital and their MRI initiative is that because of PMI/Qscan commitment to increasing MRI private revenue at Logan, we would ensure that MRI examinations were directed

to Logan.

Sub-Specialty Radiology Skills

The importance of Sub-Specialty Radiology is a core aspect of what PMI/Qscan offers to Bayside and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the “essence in delivering quality outcomes”.**

Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Logan Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative PMI/Qscan network. More details please refer Appendix A section 3.0.

- “More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level”. Alderson, PO. A Balanced Subspecialization Strategy for Radiology in the New Millennium *AJR* 2000; 175:7-8
- “Further sub-specialisation of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the non-radiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist”. Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology March 2009 *Radiology*, 250, 612-617.
- “Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians maximal benefit to patients under their care and reduction of diagnostic and treatment errors”. Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. *J Am Coll Radiol*. 2007;4(11:752-3). This is particularly relevant at Logan Hospital with the rapid and ever increasing numbers of specialist referring clinicians.
- “Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology”, all of which are characteristics of PMI/Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser, Subspecialization in Radiology and Radiation Oncology. *J Am Coll Radiol* 2009;6:147-159. 2009

How can PMI/Qscan claim to provide the best Subspecialty Radiology services in Queensland?

- PMI/Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.

Annerley Neuroradiologist on urgent Logan Neuro case

Lock Status	Request/Condition	Services	Performed	Turnover	Stop Date	Report work
Locked by David Leggett(Rad) on QSMACWS111 at Mater	1.2 Inpatient	Immunoe of SPIN spheres - part 2	14/09/2009 15:37	14/09/2009 15:37		Mater-Cot
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	1.2 Inpatient	IVR 3MA	10/10/2009 17:53	10/10/2009 17:53		Mater-Cot
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	1.2 Inpatient	MRI Brain	13:36 - 13:36			Logan
Locked by Dr Gary Shepherd on QHLOGHSRWSPO01 at Logan Hospital	1.4_Emergency	Knee Knee Right	14:04 - 14:04			Logan
Locked by Stephen Brown(Rad) on QSMACWS111 at Cleveland	1.4_Emergency	Foot Foot Right	14:25 - 14:25			Logan
Locked by Tim Hooper(Rad) on QSMACWS111 at Windsor	2. Priority Take/Fax	MR Knee Left	23/10/2009 20:30	23/10/2009 21:00		Windsor
Locked by Tim Hooper(Rad) on QSMACWS111 at Windsor	2. Priority Take/Fax	MR Knee Right	23/10/2009 21:30	23/10/2009 22:00		Windsor
Locked by Tim Hooper(Rad) on QSMACWS111 at Windsor	2. Priority Take/Fax	MR Knee Right	2009 20:00	24/10/2009 20:30		Annerley
Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	3.1 Outpatient	US Abdominal	14:11 - 14:13			Logan
Locked by Dr Gary Shepherd on QHLOGHSRWSPO01 at Logan Hospital	3.1 Outpatient	US Abdominal	14:30 - 14:30			Logan
Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	3. Take/Fax	CT Calcium Scoring	23/10/2009 13:41	23/10/2009 13:30		Mater
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	3. Take/Fax	MRI Brain and C Spine Inflamm...	23/10/2009 16:30	23/10/2009 17:30		Annerley
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Right	23/10/2009 18:00	23/10/2009 18:30		Annerley
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Right	23/10/2009 18:00	23/10/2009 18:30		Windsor
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Left	23/10/2009 18:30	23/10/2009 19:30		Annerley
Locked by David Leggett(Rad) on QSMACWS111 at Mater	3. Take/Fax	MRI Spine L Spine Cord Stenosis	23/10/2009 19:00	23/10/2009 19:30		Annerley
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	3. Take/Fax	MR Knee Right	23/10/2009 19:00	23/10/2009 19:30		Windsor
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	3. Take/Fax	MR Hip Left	23/10/2009 19:30	23/10/2009 20:00		Annerley
Locked by James Fitzgerald(Rad) on QSMACWS111 at Annerley	3. Take/Fax	MR Foot Right	23/10/2009 19:30	23/10/2009 20:00		Windsor
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MRI Spine L Spine Cord Stenosis	23/10/2009 20:00	23/10/2009 20:30		Windsor
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Right	23/10/2009 20:30	23/10/2009 21:00		Annerley
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Right	23/10/2009 21:00	23/10/2009 21:30		Windsor
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Knee Left	23/10/2009 21:00	23/10/2009 21:30		Annerley
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Hip Left	23/10/2009 21:30	23/10/2009 22:00		Annerley
Locked by David Simpson(Rad) on QSMACWS111 at Windsor	3. Take/Fax	MR Ankle Right	14:27 - 14:27			Logan
6. Deliver		CT Coronary Angiogram	23/10/2009 08:50	23/10/2009 09:35		Mater
6. Deliver		CT Coronary Angiogram	23/10/2009 10:32	23/10/2009 10:45		Mater
6. Deliver		CT Calcium Scoring	23/10/2009 12:03	23/10/2009 12:32		Mater

Cleveland Doctor on urgent Logan case

- This is a representation of a combined worklist showing Logan Hospital integrated with the Qscan worklist. It shows an urgent Logan Neuro case being immediately reported by a Qscan Neuro-radiologist located at our Annerley practice. And another Logan case being reported from a radiologist based at Cleveland.
- This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.
- Our demonstrated excellence in subspecialty reporting services has allowed PMI/Qscan to install and run to capacity two non rebated clinical magnets in Brisbane. PMI/Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital, Mater Public Hospital, Mater Private Hospital, Princess Alexandra Hospital and Greenslopes Private Hospital.
- Within one year of operating, PMI/Qscan has managed to build a world class neuro-interventional service at the Mater Private hospital, one of only 2 such services offered in Private in Brisbane. Our expert interventional radiologists also provide services at the RBWH and PAH.

	<p>What does this mean for Bayside and Queensland Health?</p> <ul style="list-style-type: none"> ○ Around the clock access to leading subspecialist reporting services. ○ More accurate clinical reporting and greater opportunities for service expansion, particularly in the fields of interventional imaging, vascular access procedures, Musculoskeletal and Neuro MRI, Paediatric Imaging and Cardiac CT. ○ Opportunities for growth in Medical Imaging Private practice billing utilising PMI/Qscan's network of Specialist referrers and medical liaison officers. ○ Opportunities for more Clinical case conference meetings attended by sub-speciality radiologists and Hospital specialists to improve patient outcomes and service delivery. ○ Smoothing of reporting and typing workload peaks by providing greater availability of subspecialty reporting radiologists and typists effectively expanding the local hospital radiologist and typing pool to include the resources of the entire PMI/Qscan network <p>In terms of capacity we have provided a more detailed response in the question entitled "Provide clear details on your capacity to provide the services requested in this offer, including extra capacity if you are offering for multiple offers." However, we will summarise that section here:</p> <ul style="list-style-type: none"> ○ PMI/Qscan has twenty-six (26) Radiologists within our practice who can provide a broad range of sub-speciality skills. ○ Our high speed data lines allow Bayside and Queensland Health immediate access to twenty-six (26) Radiologists with a broad range of sub-specialisations. ○ The number of Radiologists being attracted by the PMI/Qscan "values" is growing and thus we provide an increasing level of capacity.
<p>Provide details of the offerers experience in providing the specified services or that part of the specified services for which an offer is submitted.</p>	<p>The experience of PMI/Qscan comprises the following:</p> <ul style="list-style-type: none"> ● The History of our practice, a foundation of delivering high quality patient outcomes, and the support we continue to enjoy from patients and referrers alike; ● The specific projects which we have undertaken ● The specific value we have delivered to Logan Hospital during the period of the current contract; ● The experience of our Radiologists; ● The experience of our Business Management Team; <p><u>PMI/Qscan History and Profile</u></p> <p>PMI/Qscan through Premier Medical Imaging commenced business in 2007 when we won the current Logan Hospital Medical Imaging contract. That was our start in business life and thus we have a very strong relationship and desire to continue to support the Logan Hospital and Queensland Health.</p> <p>The success of how we conduct our practice and the value that we offer can best be demonstrated by the increasing volume of patients who support us. If our model was not absolutely right in this highly competitive marketplace then our volumes would not be growing. We are truly humbled by the ongoing support from patients and referrers alike.</p>

s.47(3)(b)

PMI/Qscan is a Brisbane based, fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Musculoskeletal and Pain Management Interventional Medical Imaging practice. The PMI/Qscan business model is successful and in Appendix A Section 1.0 our profile demonstrates our experience in detail.

Allow us to summarise the experience of PMI/Qscan:

- PMI/Qscan have worked successfully alongside Queensland Health in a number of projects comprising: Logan Hospital, Townsville Hospital, Princess Alexandra Hospital, Royal Brisbane and Women's Hospital.
- PMI/Qscan are successful in providing Radiology services to the Mater Adult Hospital,
- Qscan now operate eleven Radiology practices within the Brisbane and Gold Coast area.
- Qscan will open a practice in Redcliffe opposite the hospital in July 2010. This will feature all modalities include Nuclear Medicine and MRI which are not currently available on the Peninsula.
- PMI/Qscan were invited, and have accepted space, in the new Redcliffe Hospital Foundation facility within the hospital grounds.
- Qscan plan to establish a Southport practice in the second half of 2010 with all modalities.

This experience is based on the establishment of a "value proposition" that guides every action we make within our practices. Appendix A section 2.0 outlines this in detail, but a summary version appears below:

The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complimentary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the PMI/Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring clinicians;
- The provision of Qpacs a secure web based PACS image viewing system at referring

practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;

- A customer service team providing support to our clinical team, patients and referrers.

We think PMI/Qscan is in a unique position in being able to truly partner with Queensland Health in delivering "Best Ultimate Value" for the people of Bayside and in other parts of Queensland.

PMI/Qscan Reference Sites

In Part E Reference Sites of this response we outline in detail six reference sites we think are relevant to this Hospital Radiology tender. The following table demonstrates the relevance of our experience:

Reference Site	Relevant Experience
Logan and Beaudesert Hospitals	Premier Medical Imaging, has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI/Qscan replaced a fragmented service which required three separate providers. PMI/Qscan has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI/Qscan was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI/Qscan has provided an exceptionally high reporting level, amongst the highest in QHealth, in a timely fashion. PMI/Qscan has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI/Qscan has provided an on-site FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI/Qscan has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI/Qscan was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year. Details of "value delivered to Logan and Beaudesert Hospital can be found in Appendix A Section 2.3.
Royal Brisbane and Women's Hospital (RBWH)	PMI was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.
Mater Adult Hospital (MAH)	Premier Medical Imaging provided teleradiology MRI reporting after hours for the Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sciaivos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.
The Townsville Hospital (TTH)	Since June 2009 PMI/Qscan has provided teleradiology reporting for The Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain

Princess Alexandra Hospital	radiographs and ultrasound scans is provided. For a brief period in 2008, PMI/Qscan was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at Princess Alexandra Hospital. The services were provided by PMI/Qscan radiologists after hours and on-site using the existing PACS and RIS.
Mater Adult Hospital	Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.

PMI/Qscan and Logan Hospital

Since winning the current reporting contract at Logan and Beaudesert Hospital we have delivered significant “value beyond price”. Our experience comprises:

- PMI/Qscan has provided a comprehensive and professional Diagnostic Radiology Reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
- PMI/Qscan has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
- PMI/Qscan has been able to efficiently cope with the vast increase in workload both within and afterhours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on-site, the high speed data lines have allowed additional remote FTE's, and the proposed increase in FTE on-site will enable further improvements at Logan.
- PMI/Qscan has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical imaging result at anytime of day or night. The PMI/Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- PMI/Qscan has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing onsite staff training.
- PMI/Qscan has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
- PMI/Qscan has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI/Qscan have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- PMI/Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.

- PMI/Qscan has paid all the Karisma licence fees for its reporting Radiologists.
- PMI/Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital (Queensland X-Ray) who have established a practice at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. PMI/Qscan has thrived in a competitive environment and is well equipped to handle this challenge
- PMI/Qscan initiated and then provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.
- PMI/Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores PMI/Qscan's commitment to education and training both within the Public and Private setting.

In terms of utilising our experience with Logan we have formulated a number of innovations which will add further value. These are outlined in detail in Appendix A Section 2.4.

PMI/Qscan and Bayside

The specific value for Bayside comprises the following:

- The introduction of the Karisma RIS and Synapse PACS and the integration of the Bayside workflow with that of Logan and Qscan offers a large number of benefits:
 - The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
 - It would allow us to provide typing resources using our pool of typists if required by Bayside (we would need to agree on a cost per report for this);
 - It would improve report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
 - Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;
 - Enables the efficient management process of each patient and imaging study from initial study through to report production;
- **The availability at no additional cost of an on-site Radiologist for fourteen (14) hours per week at no cost.**

The PMI/Qscan Radiologists

PMI/Qscan was born out of the experience that the founding doctors built during their largely overseas fellowships, their public hospital clinical caseload (which many continue with today and will do so), and their time in founding and building the PMI/Qscan practice.

Whilst PMI/Qscan was first formed in 2007 to undertake the Logan Hospital Radiology Reporting contract, the eleven (11) partners and fifteen (15) associates have over **two hundred (200) years of clinical experience.**

In addition, our practice offers a broad range of sub-specialty reporting and as importantly we have six interventional radiologists ready to add further value to the Logan Medical Imaging Department. **Appendix A section 3 provides complete details of our experience in terms of Sub Specialist Reporting and our Doctors' Value.**

The Curriculum Vitae of our Radiologists are provided in detail in Appendix B. you will not find a more highly skilled and experienced, cohesive group of Radiologists based in Brisbane.

In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the PMI/Qscan Radiologists:

<p>Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions</p>	<p>Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing Partner PMI/Qscan</p>
<p>Dr Hal Rice Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist and Interventional Neuroradiologist Royal Brisbane and Women's Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee Member of RANZCR QUDI Advisory Board Member of RANZCR e-Radiology Reference Group</p>
<p>Dr Mark Hansen Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Toronto General Hospital, Peter Munk Cardiac Centre, Canada Director of Cardiac Imaging Research TPCH Chair Cardiovascular Special interest Group RANZCR Executive Conjoint committee for Recognition of Training in CT Coronary Angiography</p>
<p>Dr David Leggett Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Northwestern Memorial Hospital, Chicago, USA Staff interventional radiologist Princess Alexandra Hospital</p>

	<p>Director of interventional neuroradiology services PAH Interventional radiologist Mater Private Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Stephen Drew Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Body and Cardiovascular MRI Royal Brisbane and Women's Hospital New York University Medical Center, New York, USA Visiting Medical Officer Princess Alexandra Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Adrian Khoo Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist The Prince Charles Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr James FitzGerald Subspecialty</p> <p>Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist Interventional Radiologist Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention Royal Brisbane and Women's Hospital University of Rochester New York USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Tim Hooper Subspecialty</p> <p>Radiology Training Fellowship Position</p>	<p>Partner Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention Royal Brisbane and Women's Hospital Hospital for Special Surgery, New York, USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Mark Burgin Subspecialty</p> <p>Radiology Training Fellowship Position</p>	<p>Partner Neuroradiology Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention Princess Alexandra Hospital The Alfred Hospital, Melbourne Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Gary Shepherd Subspecialty</p> <p>Radiology Training Fellowship Position Special</p>	<p>Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention Princess Alexandra Hospital PMI/Qscan Radiology Clinics Radiologist PMI/Qscan Radiology Clinics Inventor of the "SHEPSHEET"</p>
<p>Dr David Simpson Subspecialty</p> <p>Radiology Training</p>	<p>Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention Royal Brisbane and Women's Hospital</p>

Fellowship	Mount Sinai, Toronto Western, Princess Margaret Hospitals Toronto, Canada
Position	Radiologist PMI/Qscan Radiology Clinics
Dr George Koulouris	Associate
Subspecialty	Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training	The Alfred Hospital Melbourne
Fellowship	The Alfred Hospital Melbourne
Positions	Thomas Jefferson University Hospital Philadelphia, Pennsylvania Founding Partner Melbourne Radiology Clinics Subspecialist Teleradiology consultant PMI/Qscan Radiology Clinics
Dr Laetitia de Villiers	Associate
Subspecialty	Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training	Princess Alexandra Hospital
Fellowship	Princess Alexandra Hospital Mt Sinai Hospital, New York USA
Positions	Staff Specialist Radiologist Princess Alexandra Hospital Radiologist PMI/Qscan Radiology Clinics
Dr Phillip Law	Associate
Subspecialty	MRI Nuclear Medicine
Radiology Training	Napean Hospital Royal Prince Alfred Hospital Princess Alexandra Hospital
Fellowship	Princess Alexandra Hospital
Positions	Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist PMI/Qscan Radiology Clinics
Dr Stanley Ngai	Associate
Subspecialty	Nuclear Medicine
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital
Positions	Staff Specialist Radiologist, Princess Alexandra Hospital Radiologist and Nuclear Medicine Specialist PMI/Qscan
Dr Joseph Wong	Associate
Subspecialty	Nuclear Medicine and Bone Densitometry
Physician Training	Christchurch, New Zealand
Fellowship	The Prince of Wales Hospital, Sydney Guy's and St Thomas' Hospitals, London
Positions	Consultant Nuclear Medicine Physician PMI/Qscan Radiology Clinics Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine
Dr Lora Medoro	Associate
Subspecialty	MRI
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital Mater Private and Greenslopes Hospitals
Positions	Consultant Radiologist PMI/Qscan Radiology Clinics
Dr Todd Malone	Associate
Subspecialty	MRI Women's Imaging

Radiology Training Fellowship Positions	Royal Brisbane and Women's Hospital Mater Private and Greenslopes Hospital Consultant radiologist Queensland XRay, Townsville
Dr Kendal Redmond Subspecialty	Associate Interventional Radiologist Interventional Neuroradiologist
Radiology Training Fellowship Positions	Royal Brisbane and Women's Hospital The Prince Charles Hospital Brown University, Providence, Rhode Island, USA Staff interventional radiologist Princess Alexandra Hospital Radiologist PMI/Qscan Radiology Clinics
Dr Tom Hess Subspecialty	Associate Paediatric Radiologist
Radiology Training Fellowship Positions	Princess Alexandra Hospital British Columbia Children's Hospital, Vancouver, Canada Paediatric Radiologist, Royal Children's and Mater Children's Hospitals Radiologist PMI/Qscan Radiology Clinics
Dr Ash Jhamb Subspecialty	Associate Neuroradiologist
Radiology Training Fellowship Positions	Interventional Radiologist The Alfred Hospital Melbourne The Alfred Hospital Melbourne Vancouver General Hospital, Canada Apollo Hospital, New Delhi, India Staff Specialist Radiologist Royal Brisbane and Women's Hospital Consultant Radiologist Queensland Diagnostic Imaging
Dr Tanya Wood Subspecialty	Associate Cardiothoracic Radiologist
Radiology Training Fellowship Positions	Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist The Prince Charles Hospital Radiologist PMI/Qscan Radiology Clinics
Dr Jennie Roberts Subspecialty	Associate Neuroradiologist Paediatric Radiologist
Radiology Training Fellowship Positions	Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist Royal Brisbane and Women's Hospital Director of Radiology Training Royal Brisbane and Women's Hospital

Oscar Business Management Team

In addition to our team of Radiologists we also rely on the expertise of our non-clinical team to deliver the marketing, administration and management initiatives which also add value to Logan Hospital. The key people in this team comprise:

Mark Grahame Qualifications	Business Manager B. Commerce (UQ) Master of Business Administration
Experience	Over 30 years experience in management, marketing, IT, finance, business strategy and business process.
Relevance to Tender	Work directly with the Director of Medical Imaging to determine service requirements and then co-ordinate the various clinical and non-clinical resources to continue to deliver "value" on time and within budget.

<p>Karen Bird Qualifications</p>	<p>Accountant B. Business (Computing) Southern Cross University B. Business (Accounting) QUT Certified Practicing Accountant</p>
<p>Experience Relevance to Tender</p>	<p>Six years experience in a company accountant role Work directly with Redcliffe Hospital finance team to ensure billing and financial matters are delivered as per the requirements.</p>
<p>Maree Landon Qualifications</p>	<p>Administration Manager Various administration and management courses</p>
<p>Experience Relevance to Tender</p>	<p>Eighteen years radiology administration roles Maree and her team have played a major role in supporting Logan Hospital with Karisma and with business processes. This has had significant outcomes in terms of recovery of unbilled invoices, improved processes and controls. A key aspect is also the provision of training and ongoing support. We intend to replicate this at Redcliffe Hospital.</p>
<p>Paul Watt Qualifications</p>	<p>IT Manager B. App Science (MedRadTech) Grad Dip App Science (MedUltrasound) Master Information Technology</p>
<p>Experience Relevance to Tender</p>	<p>Twelve years experience in radiology in both the public and private sectors as a radiographer, sonographer and as an IT professional. IT is a vital aspect of Radiology Reporting and Paul has driven various initiatives to deliver a highly reliable and effective IT solution that is integrated seamlessly with the Queensland Health network.</p>

RTI RELEASED

Provide clear details on your capacity to provide the services requested in this offer, including extra capacity if you are offering for multiple offers.

Capacity comprises a number of elements:

- The ability to provide the number of Radiologist FTE's to undertake the current and projected volumes at Bayside;
- The ability to quickly cope with spikes in volume and significant ongoing increases in volumes;
- The speed of being able to access sub-specialty knowledge;
- The speed of being able to access a second opinion;
- The reliability of the service being offered.

Ability to cope with volumes

PMI/Qscan has twenty-six (26) Radiologist FTE's that we can deploy to effectively service the requirements of Queensland Health in terms of Logan, Bayside, Redcliffe and Townsville; in addition to our other commitments.

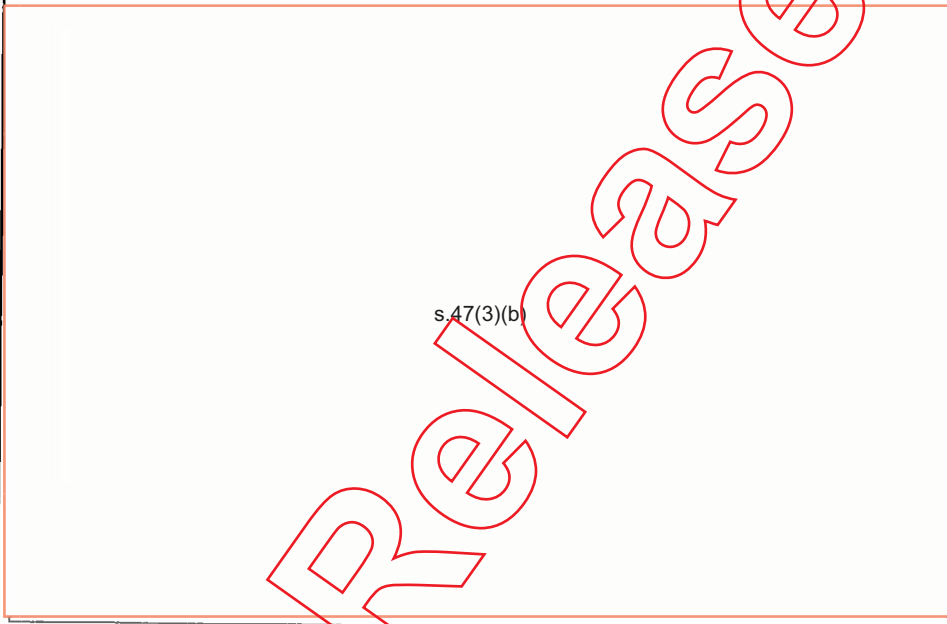
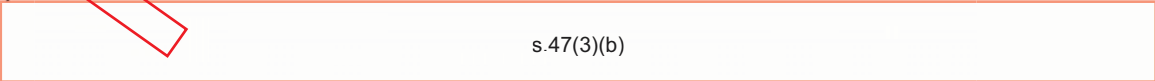


Figure 1 Significant capacity exists for PMI/Qscan. This Chart shows Actual examinations and Total Capacity on the left Y axis; and the number of FTE Radiologists on the right Y axis. Essentially PMI/Qscan could accept reporting work at twice the current rate.

This chart demonstrates that since inception PMI/Qscan has enjoyed a high number of radiologists available to the practice. Owing to the diversity of the case load, the sub-specialties, and the various private and public reporting contracts PMI/Qscan is an attractive employer of choice.

Currently our volumes across our practices and our commitments at Logan Hospital, Townsville, the Mater Private and other engagements only require nine (9) FTE.



Speed of response

PMI/Qscan has a highly skilled IT team that monitor the connection from PMI/Qscan's end to maintain a very stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance. For more details please refer to Appendix C Section 1.0.

PMI/Qscan's team have a proven track record of successfully working with Queensland Health Remote

Access Services staff to resolve issues as they occur. **Monitoring shows that a remarkable 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health.** This could be improved to 99.99% as per PMI/Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

In addition with the high speed links and a common worklist we can provide access to **Typing Resources outside Bayside** if required. Appendix A section 3.5.5 provides more detail.

We note the time frames for report turnaround as follows:

- Urgent (within 30 minutes)
- Priority (within 4 hours)
- Intermediate (within 24 hours)
- Routine (within 3 business days)

PMI/Qscan can commit to these report turnaround time frames provided the volumes and mix of reporting services is in line with those specified in Part B section 6 of the tender.

Management of Report Turnaround will be conducted as follows:

- Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our on-site and off-site Radiologists we can manage the worklist very precisely using all FTE's;
- Within the Qscan practice 99.1% of reports are complete the same day;
- Logan is implementing the Business Report Studio and one of the report groups that PMI/Qscan will provide is a report turnaround module. This allows the analysis of report speed through all phases of the process. It also allows us to identify "bottlenecks" in the process and apply additional resources as needed. This reporting pack will be available to Bayside also;
- Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution.
- The infrastructure to manage this is already in place comprising a Synapse and Karisma (using HL7 interfaces as part of the Karisma HL7 Connect product).

Reliability of the service

The primary reporting is conducted on-site at Bayside with a rotational rostering system. Should a rostered Radiologist not be available then we have processes in place for their replacement AND also to utilise our off-site and overflow reporting.

For off-site and overflow reporting PMI/Qscan rely on the high speed data communications line between Bayside and Queensland Health, and then to our Telstra co-location. For more details please refer to Appendix C section 1.0.

Based on the last three years we can report a high level of system availability as follows:

- PMI/Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost PMI/Qscan staff contact Remote Access Services if required. PMI/Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Bayside team members if a problem with connectivity to PMI/Qscan is identified. In the past it has been PMI/Qscan making contact with Queensland Health where our systems have alerted us to a problem.
- PMI/Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's high speed reporting lines have

	<p>achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance.</p> <ul style="list-style-type: none"> ○ PMI/Qscan’s team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that a remarkable 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health. This could be improved to 99.99% as per PMI/Qscan’s other High speed connections if a direct connection with Queensland Health was obtained. <p>We also propose to provide capacity beyond that required by the Bayside tender in making available on-site our interventional radiology capabilities. Appendix A section 2.4.2.7 outlines this in detail. This would add significant health outcomes for the Bayside and surrounding community, leveraging the unique capability of the PMI/Qscan practice to utilise some of our six interventional radiologists.</p>																																														
<p>Provide evidence that the staff proposed to provide the offered services are registered or eligible for Registration by the Queensland Medical Board.</p>	<p>The evidence we are providing appears in Appendix B and comprises the following:</p> <ul style="list-style-type: none"> • Queensland Medical Board confirmation of registration for all partners and associates; 																																														
<p>Please indicate which staff are Fellows of RANZCR.</p>	<p>The following partners and associates are Fellows of RANZCR:</p> <table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> <tr><td>Dr Lora Medoro</td><td>Associate</td></tr> <tr><td>Dr Todd Malone</td><td>Associate</td></tr> <tr><td>Dr Kendal Redmond</td><td>Associate</td></tr> <tr><td>Dr Tom Hess</td><td>Associate</td></tr> <tr><td>Dr Ash Jhamb</td><td>Associate</td></tr> <tr><td>Dr Tanya Wood</td><td>Associate</td></tr> <tr><td>Dr Jennie Roberts</td><td>Associate</td></tr> <tr><td>Dr Jane Crossin</td><td>Associate</td></tr> </table> <p>The following associate is a Fellow of the Royal Australasian College of Physicians :</p> <table border="0"> <tr><td>Dr Joseph Wong</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner	Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Stanley Ngai	Associate	Dr Lora Medoro	Associate	Dr Todd Malone	Associate	Dr Kendal Redmond	Associate	Dr Tom Hess	Associate	Dr Ash Jhamb	Associate	Dr Tanya Wood	Associate	Dr Jennie Roberts	Associate	Dr Jane Crossin	Associate	Dr Joseph Wong	Associate
Dr Eric Sclavos	Managing Partner																																														
Dr Hal Rice	Partner																																														
Dr Mark Hansen	Partner																																														
Dr David Leggett	Partner																																														
Dr Stephen Drew	Partner																																														
Dr Adrian Khoo	Partner																																														
Dr James FitzGerald	Partner																																														
Dr Tim Hooper	Partner																																														
Dr Mark Burgin	Partner																																														
Dr Gary Shepherd	Partner																																														
Dr David Simpson	Partner																																														
Dr George Koulouris	Associate																																														
Dr Laetitia de Villiers	Associate																																														
Dr Stanley Ngai	Associate																																														
Dr Lora Medoro	Associate																																														
Dr Todd Malone	Associate																																														
Dr Kendal Redmond	Associate																																														
Dr Tom Hess	Associate																																														
Dr Ash Jhamb	Associate																																														
Dr Tanya Wood	Associate																																														
Dr Jennie Roberts	Associate																																														
Dr Jane Crossin	Associate																																														
Dr Joseph Wong	Associate																																														

<p>Provide details of all staff accreditation, including date obtained and level. A copy of the certificate must be attached.</p>	<p>The evidence we are providing appears in Appendix B and comprises the following:</p> <ul style="list-style-type: none"> Queensland Medical Board confirmation of registration for all partners and associates, this provides confirmation of MBBS qualification (and year obtained) and RANZCR Fellowship; 				
<p>Provide details of the experience of the staff that will be providing the specified services or that part of the specified services for which an offer is submitted.</p>	<p>PMI is simply the “corporate entity” that provides Qscan services to the Public Health sector. PMI contracts Qscan to do so.</p> <p>PMI/Qscan was born out of the experience that the founding doctors built during their largely overseas fellowships, their public hospital clinical caseload (which many continue with today and will do so), and their time in founding and building the PMI/Qscan practice. PMI/Qscan is the fastest growing, most successful, Brisbane based radiology reporting practice in Australia and New Zealand.</p> <p>Our experienced team comprise two key areas:</p> <ul style="list-style-type: none"> Our Radiologists providing depth of Clinical Experience Our Management team providing depth of Business Experience <p><u>Clinical Experience</u></p> <p>Whilst PMI/Qscan was first formed in 2007 to undertake the Logan Hospital Radiology Reporting contract, the eleven (11) partners and twelve (12) associates have over two hundred (200) years of clinical experience.</p> <p>In addition, our practice offers a broad range of sub-specialty reporting and as importantly we have six interventional radiologists ready to add further value to the Logan Medical Imaging Department. Appendix A Section 3 provides complete details of our experience in terms of Sub Specialist Reporting and our Doctors’ Value.</p> <p>The Curriculum Vitae of our Radiologists are provided in detail in Appendix B. you will not find a more highly skilled and experienced, cohesive group of Radiologists based in Brisbane.</p> <p>In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the PMI/Qscan Radiologists:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions</p> </td> <td style="vertical-align: top;"> <p>Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing Partner PMI/Qscan</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Dr Hal Rice Subspecialty Radiology Training Fellowship Positions</p> </td> <td style="vertical-align: top;"> <p>Partner Neuroradiologist and Interventional Neuroradiologist Royal Brisbane and Women’s Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee</p> </td> </tr> </table>	<p>Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions</p>	<p>Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing Partner PMI/Qscan</p>	<p>Dr Hal Rice Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist and Interventional Neuroradiologist Royal Brisbane and Women’s Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee</p>
<p>Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions</p>	<p>Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing Partner PMI/Qscan</p>				
<p>Dr Hal Rice Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist and Interventional Neuroradiologist Royal Brisbane and Women’s Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee</p>				

	<p>Member of RANZCR QUDI Advisory Board Member of RANZCR e-Radiology Reference Group</p>
<p>Dr Mark Hansen Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Toronto General Hospital, Peter Munk Cardiac Centre, Canada Director of Cardiac Imaging Research TPCB Chair Cardiovascular Special interest Group RANZCR Executive Conjoint committee for Recognition of Training in CT Coronary Angiography</p>
<p>Dr David Leggett Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Northwestern Memorial Hospital, Chicago, USA Staff interventional radiologist Princess Alexandra Hospital Director of interventional neuroradiology services PAH Interventional radiologist Mater Private Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Stephen Drew Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Body and Cardiovascular MRI Royal Brisbane and Women's Hospital New York University Medical Center, New York, USA Visiting Medical Officer Princess Alexandra Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Adrian Khoo Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist The Prince Charles Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr James FitzGerald Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist Interventional Radiologist Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention Royal Brisbane and Women's Hospital University of Rochester New York USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Tim Hooper Subspecialty Radiology Training Fellowship Position</p>	<p>Partner Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention Royal Brisbane and Women's Hospital Hospital for Special Surgery, New York, USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist PMI/Qscan Radiology Clinics</p>
<p>Dr Mark Burgin Subspecialty</p>	<p>Partner Neuroradiology Musculoskeletal MRI and ultrasound</p>

Radiology Training Fellowship Position	Sports medicine Musculoskeletal intervention Princess Alexandra Hospital The Alfred Hospital, Melbourne Radiologist PMI/Qscan Radiology Clinics
Dr Gary Shepherd Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position Special	Princess Alexandra Hospital PMI/Qscan Radiology Clinics Radiologist PMI/Qscan Radiology Clinics Inventor of the "SHEPSHEET"
Dr David Simpson Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Princess Alexandra Hospital PMI/Qscan Radiology Clinics Radiologist PMI/Qscan Radiology Clinics Inventor of the "SHEPSHEET"
Dr George Koulouris Subspecialty	Associate Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Positions	The Alfred Hospital Melbourne The Alfred Hospital Melbourne Thomas Jefferson University Hospital Philadelphia, Pennsylvania Founding Partner Melbourne Radiology Clinics Subspecialist Tele-radiology consultant PMI/Qscan Radiology Clinics
Dr Laetitia de Villiers Subspecialty	Associate Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training Fellowship Positions	Princess Alexandra Hospital Princess Alexandra Hospital Mt Sinai Hospital, New York USA Staff Specialist Radiologist Princess Alexandra Hospital Radiologist PMI/Qscan Radiology Clinics
Dr Phillip Law Subspecialty	Associate MRI Nuclear Medicine
Radiology Training Fellowship Positions	Nepean Hospital Royal Prince Alfred Hospital Princess Alexandra Hospital Princess Alexandra Hospital Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist PMI/Qscan Radiology Clinics
Dr Stanley Ngai Subspecialty	Associate Nuclear Medicine
Radiology Training Fellowship Positions	Princess Alexandra Hospital The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital Staff Specialist Radiologist, Princess Alexandra Hospital

	Radiologist and Nuclear Medicine Specialist PMI/Qscan
Dr Joseph Wong	Associate
Subspecialty	Nuclear Medicine and Bone Densitometry
Physician Training	Christchurch, New Zealand
Fellowship	The Prince of Wales Hospital, Sydney
Positions	Guy's and St Thomas' Hospitals, London
	Consultant Nuclear Medicine Physician PMI/Qscan Radiology Clinics
	Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine
Dr Lora Medoro	Associate
Subspecialty	MRI
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital
Positions	Mater Private and Greenslopes Hospitals
	Consultant Radiologist PMI/Qscan Radiology Clinics
Dr Todd Malone	Associate
Subspecialty	MRI
Radiology Training	Women's Imaging
Fellowship	Royal Brisbane and Women's Hospital
Positions	Mater Private and Greenslopes Hospital
	Consultant radiologist Queensland XRay, Townsville
Dr Kendal Redmond	Associate
Subspecialty	Interventional Radiologist
Radiology Training	Interventional Neuroradiologist
Fellowship	Royal Brisbane and Women's Hospital
Positions	The Prince Charles Hospital
	Brown University, Providence, Rhode Island, USA
	Staff interventional radiologist Princess Alexandra Hospital
	Radiologist PMI/Qscan Radiology Clinics
Dr Tom Hess	Associate
Subspecialty	Paediatric Radiologist
Radiology Training	Princess Alexandra Hospital
Fellowship	British Columbia Children's Hospital, Vancouver, Canada
Positions	Paediatric Radiologist, Royal Children's and Mater Children's Hospitals
	Radiologist PMI/Qscan Radiology Clinics
Dr Ash Jhamb	Associate
Subspecialty	Neuroradiologist
Radiology Training	Interventional Radiologist
Fellowship	The Alfred Hospital Melbourne
Positions	The Alfred Hospital Melbourne
	Vancouver General Hospital, Canada
	Apollo Hospital, New Delhi, India
	Staff Specialist Radiologist Royal Brisbane and Women's Hospital
	Consultant Radiologist Queensland Diagnostic Imaging
Dr Tanya Wood	Associate
Subspecialty	Cardiothoracic Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist The Prince Charles Hospital
	Radiologist PMI/Qscan Radiology Clinics
Dr Jennie Roberts	Associate
Subspecialty	Neuroradiologist
Radiology Training	Paediatric Radiologist
	Royal Brisbane and Women's Hospital

Fellowship Positions
The Prince Charles Hospital
Staff Specialist Radiologist Royal Brisbane and Women's Hospital
Director of Radiology Training Royal Brisbane and Women's Hospital

Business Experience

In addition to our team of Radiologists we also rely on the expertise of our non-clinical team to deliver the marketing, administration and management initiatives which also add value to Logan Hospital. The key people in this team comprise:

Mark Grahame **Business Manager**
Qualifications B. Commerce (UQ)
Master of Business Administration
Experience Over 30 years experience in management, marketing, IT, finance, business strategy and business process.
Relevance to Tender Work directly with the Director of Medical Imaging to determine service requirements and then co-ordinate the various clinical and non-clinical resources to continue to deliver "value" on time and within budget.

Karen Bird **Accountant**
Qualifications B. Business (Computing) Southern Cross University
B. Business (Accounting) QUT
Certified Practising Accountant
Experience Six years experience in a company accountant role
Relevance to Tender Work directly with Redcliffe Hospital finance team to ensure billing and financial matters are delivered as per the requirements.

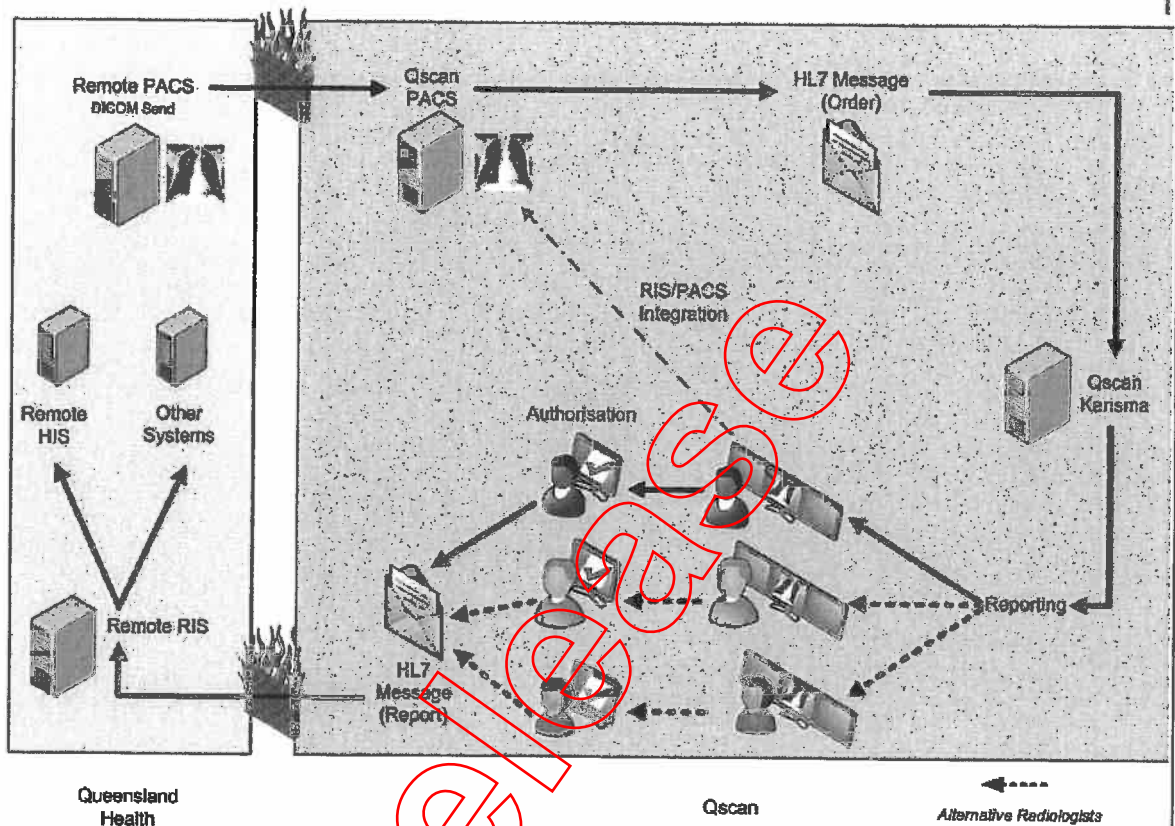
Maree Landon **Administration Manager**
Qualifications Various administration and management courses
Experience Eighteen years radiology administration roles
Relevance to Tender Maree and her team have played a major role in supporting Logan Hospital with Karisma and with business processes. This has had significant outcomes in terms of recovery of unbilled invoices, improved processes and controls. A key aspect is also the provision of training and ongoing support. We intend to replicate this at Redcliffe Hospital.

Paul Watt **IT Manager**
Qualifications B App Science (MedRadTech)
B App Science (MedUltrasound)
Master Information Technology
Experience Twelve years experience in radiology in both the public and private sectors as a radiographer, sonographer and as an IT professional.
Relevance to Tender IT is a vital aspect of Radiology Reporting and Paul has driven various initiatives to deliver a highly reliable and effective IT solution that is integrated seamlessly with the Queensland Health network.

Where use of electronic reporting is envisaged provide details of the offered proposal on how such might most appropriately be managed.

PMI/Qscan comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

On-site reporting as per current workflow



The proposed workflow consists of:

- Bayside Transmits the DICOM images for reporting to PMI/Qscan (Including a scanned image of the request form)
- PMI/Qscan's PACS system generates a HL7 order from the DICOM header information mapping to the correct HL7 segments. Critical patient data is maintained (UR Number, Name, Accession number etc)
- The order is sent to PMI/Qscan's Karisma RIS. The order is processed and the case available to on PMI/Qscan's shared reporting work list.
- The most appropriate sub specialty Radiologist is able to pick up the case off the common worklist and Dictate the case for typing or use Voice Recognition software.
- The typed report is checked by the reporting Radiologist and is electronically authorised on PMI/Qscan's Karisma RIS.
- PMI/Qscan's Karisma RIS automatically generates a HL7 report message using the required patient details for Logan Hospital (Name, UR Number, Accession number etc).
- The HL7 report message is securely transmitted to Logan Hospitals HL7 gateway interface where it is integrated back into Logan's Karisma RIS.
- Logan's Karisma RIS will automatically distribute the report as per its internal rules to other Health Information Systems within Queensland Health as appropriate.

For more details please refer to Appendix C section 1.0 and 2.0

Improved Work Practices – Voice Recognition

Voice Recognition is an opportunity for improved performance and PMI/Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. PMI/Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

PMI/Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.

PMI/Qscan use the healthcare version which includes a full range of medical terminology. Speechmagic is a “predictive” speech recognition program, it anticipates the next word based on prior dictations.

An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>

The benefits we are realising at this early stage comprise:

- Reduction in transcription errors.
- Increased throughput where templates are used.
- Will allow PMI/Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
- Ability to immediately authorise a report once dictation is complete.

For further details refer to Appendix A Section 2.4.3.2.

Improved Work Practices – Common Worklist

PMI/Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver even greater benefits to Bayside comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Bayside (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the PMI/Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

For further details refer to Appendix A Section 2.4.2.6.

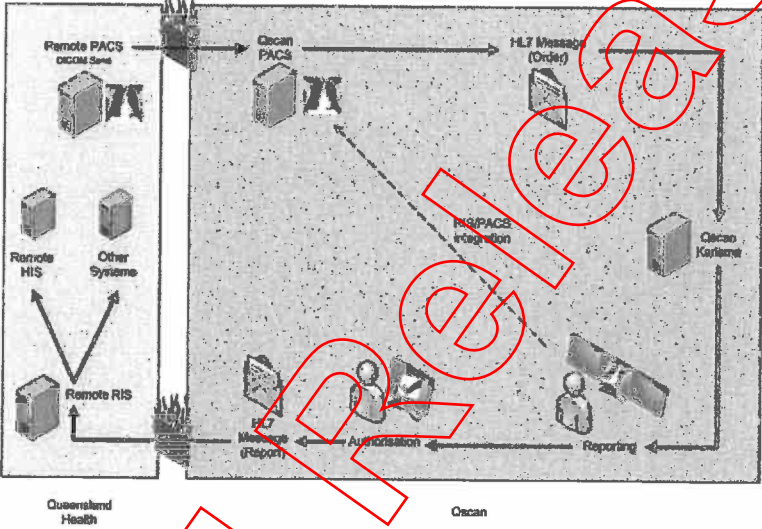
Improved Work Practices – Report Turnaround

We note the time frames for report turnaround as follows:

- Urgent (30 minutes)
- Priority (4 hours)
- Intermediate (24 hours)
- Routine (3 business days)

PMI/Qscan can commit to these report turnaround time frames provided the volumes and mix of reporting

	<p>services is in line with those specified in Part B section 6 of the tender.</p> <p>Management of Report Turnaround will be conducted as follows:</p> <ul style="list-style-type: none"> ▪ Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our on-site and off-site Radiologists we can manage the worklist very precisely using all FTE's; ▪ Logan is implementing the Business Report Studio and one of the report groups that PMI/Qscan will provide is a report turnaround module. This allows the analysis of report speed through all phases of the process. It also allows us to identify "bottlenecks" in the process and apply additional resources as needed. This would be extended to Bayside providing common reporting; ▪ Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution. ▪ The infrastructure to manage this is already in place comprising a Synapse and Karisma (using HL7 interfaces as part of the Karisma HL7 Connect product).
<p>Please provide an example of invoices detailing the number of reports, priority levels and investigation types.</p>	<p>We propose an identical process and reporting for Bayside as that currently implemented at Logan Hospital.</p> <p>Qscan currently invoice the Logan Hospital on a weekly basis (typically the Tuesday of the next week) the charge for the on-site Radiologist and all of the on-call for that week. Refer Appendix D for a sample of the invoice and the on call log.</p> <p>The invoice and on call log is emailed directly to Logan Hospital.</p> <p>On a monthly basis the Revenue Manager at Logan Hospital is emailed the Ledger (Refer Appendix D) which shows the patient fees received for the month. This is done two days following the end of each month.</p> <p>The Logan Hospital then raises an invoice to PMI/Qscan for the patient fees plus GST (Refer Appendix D for a sample document).</p>
<p>Please provide details on how it is envisaged that requests will be received from Queensland Health?</p>	<p>Requests can be received from Queensland Health in a physical format, as a DICOM image or by HL7 message. The preferred method is via a DICOM image. The proposed workflow is for PMI/Qscan to receive images for reporting into PMI/Qscan's own PACS system which then generates a HL7 order message using information contained in the DICOM header of the images. Site specific information (Location, UR Number and Accession Number etc) will be retained in the message so that the report message generated on Validation of the report can be easily integrated back into the originating location's health information systems. This order is automatically entered into PMI/Qscan's Karisma RIS system where it is then integrated into PMI/Qscan's workflow that allows any Radiologist working at PMI/Qscan to report the images, including PMI/Qscan's Sub-specialty trained Radiologists.</p>
<p>Please provide details on how it is envisaged that images will be received from Queensland Health?</p>	<p>Images will be received over a network connection either sent into PMI/Qscan's PACS or by direct use of Logan Synapse. The preferred method is for the images (+ any priors) to be sent to PMI/Qscan's PACS. The DICOM header of the images will then be used to create a HL7 order message that is then integrated into PMI/Qscan's RIS for reporting. This allows the work to be integrated into PMI/Qscan's existing workflow that matches the best sub-specialty Radiologist to the examination across any of PMI/Qscan's reporting sites.</p>

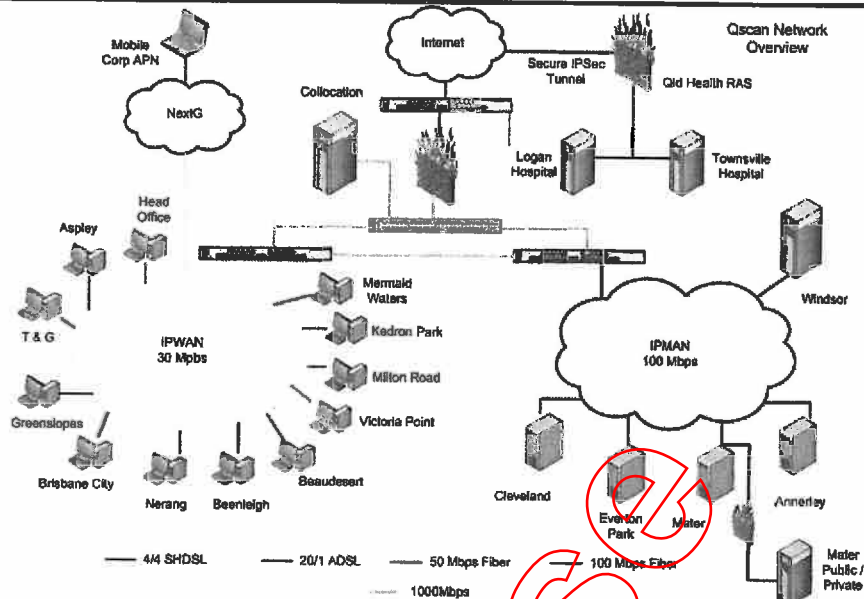
<p>Are you able to provide each report on a diagnostic image in the form required by Queensland Health?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>All HL7 report messages generated by PMI/Qscan will be in accordance with the relevant HL7 standard. All HL7 data mapping of required information will be performed in accordance with the requirements of Queensland Health.</p>
<p>If no, please give details.</p>	
<p>Please provide details on how it is envisaged that reports will be received by Queensland Health?</p>	<p>Reports will be either directly typed into Bayside Karisma or via HL7 report message transfer. The preferred method for returning reports to Queensland Health is an automated HL7 transfer. Reports received by Queensland Health will be in a HL7 standard report format. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.8 for more details.</p> 
<p>Please provide details on how it is envisaged that reports received by Queensland Health will be verified?</p>	<p>Reports will be verified either directly on Bayside Karisma or on PMI/Qscan's RIS prior to HL7 report message transfer. PMI/Qscan's proposed workflow would have the Radiologist authorising (validating) the report in PMI/Qscan's Karisma RIS. The process of validating the report would then trigger the automatic creation and transmission of the appropriate HL7 report message to be integrated into the originating RIS or HIS. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.9 for more details.</p>
<p>Please provide details on how it is envisaged that validated reports will be integrated into the RIS?</p>	<p>Validated reports will seamlessly integrate into Bayside Karisma via HL7 transfer of the validated report and then matching by Karisma of the report to the correct study based on fields within the HL7 message. The generated HL7 report message will maintain all required patient data from the originating location. It is anticipated that this data will include the original Name, UR Number and accession number. These data fields will be mapped to the appropriate fields of the HL7 report message. Refer Appendix C section 4.10 for more details.</p>
<p>Please provide</p>	<p>In Appendix C section 5.0 we have a section entitled System Performance and Redundancy.</p>

details of the mechanism that will be used to mitigate against and address technology communication failures?

PMI/Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.

- For off-site and overflow reporting PMI/Qscan rely on the high speed data communications line between Logan and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows:
 - PMI/Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost PMI/Qscan staff contact Remote Access Services if required. PMI/Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to PMI/Qscan is identified. In the past it has been PMI/Qscan making contact with Queensland Health where our systems have alerted us to a problem.
 - PMI/Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance.
 - PMI/Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that a remarkable 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health. This could be improved to 99.99% as per PMI/Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
 - PMI/Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data.
 - The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure PMI/Qscan has the ability to quickly deploy wireless technology to regain basic functionality.
 - PMI/Qscan currently use the Watchguard firewall software, are evaluating Juniper and Checkpoint, and also have implemented Sophos for internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3.
 - An option which we strongly recommend is direct connectivity to further increase speed and system reliability. The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to PMI/Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds (10Mbps+), greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
 - Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises:
 - PMI/Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support;
 - PMI/Qscan have a network of contacts within the various Queensland Health IT teams to assist with support if required. The relationships have been built over the past three years, have proven invaluable and we are entirely confident in our ability to continue to do so in the event we are successful with this tender.

<p>Please provide details of any infrastructure upgrades that may be required to facilitate report validation in the Queensland Health RIS?</p>	<p>To facilitate report workflow with PMI/Qscan it is proposed that Bayside upgrades to Kestral Karisma RIS and also Fuji Synapse PACS. In addition to giving better scalability and functionality locally on-site, this would allow Bayside to send DICOM images to Qscan to be reported in Qscan's own reporting environment. This workflow allows Bayside to leverage off Qscan's infrastructure and Radiologists to have any of our off-site Radiologists reporting cases and also providing sub-specialty reporting for appropriate cases.</p> <p>To cost effectively achieve this it is possible to expand the existing Karisma infrastructure at Logan Hospital by adding a Worksite License and purchasing additional workstation licenses. The worksite license allows Bayside to connect and use the existing Karisma infrastructure. Qscan in its own Karisma system has 17 worksites all operating simultaneously using the same Karisma infrastructure.</p> <p>The way this would work is as follows:</p> <ul style="list-style-type: none"> • Logan, Bayside and potentially Redcliffe would be configured under the one Karisma licence; • All three would share the same database and Queensland Health infrastructure; • All three could be configured to suit specific hospital needs; • Ideally all three would use a common PACS which is the case with Logan and Redcliffe which both use Synapse (in the Bayside tender we have included Synapse as part of our offer); <p>Approximate costs are follows:</p> <ul style="list-style-type: none"> • Potentially upgrade the current Queensland Health servers capacity; • Karisma secondary Site Licence costing \$1,350; • Karisma workstation licences costing \$1,500 each. This would depend on the number of workstations required at Redcliffe Hospital; • Karisma radiologist reporting workstation licence costing \$1,500 each. (Qscan has paid for these at Logan and would do so at Redcliffe); • A detailed analysis would confirm the time needed for onsite training and implementation assistance. Although Qscan can provide much of this owing to our high level of expertise with Karisma. <p>Note Qscan will pay for all software licence costs and implementation for Karisma and Synapse. There is zero cost to Queensland Health from this aspect.</p> <p>To provide an accurate costing would require a complete analysis of the processes and IT infrastructure at Redcliffe Hospital.</p> <p>The advantages of this are:</p> <ul style="list-style-type: none"> - Reuse of already established infrastructure; No establishment costs for software or new hardware; - Commonality between sites giving an internal support network of users; - Known working integrated PACS/RIS system; - Ability to share patient radiology records between sites; - Already established and known radiology workflow both for internal use and for external reporting; - Ability to access the full level of benefits from the PMI/Qscan offer. <p>Network connectivity between Bayside and Logan Hospital's Karisma infrastructure would need to be accomplished over Queensland Health's internal network. For Qscan to attain connectivity would be a simple matter of adding rules into the existing connection between Qscan and Queensland Health to allow DICOM connectivity to Bayside's PACS system to allow sending of images.</p> <p>Details of the Kestral Karisma RIS and the Business Report Studio are provided in Appendix C Section 6.0.</p>
<p>Please provide</p>	<p>To enable image transfer to PMI/Qscan a DICOM send destination is required in Logan's Synapse PACS.</p>

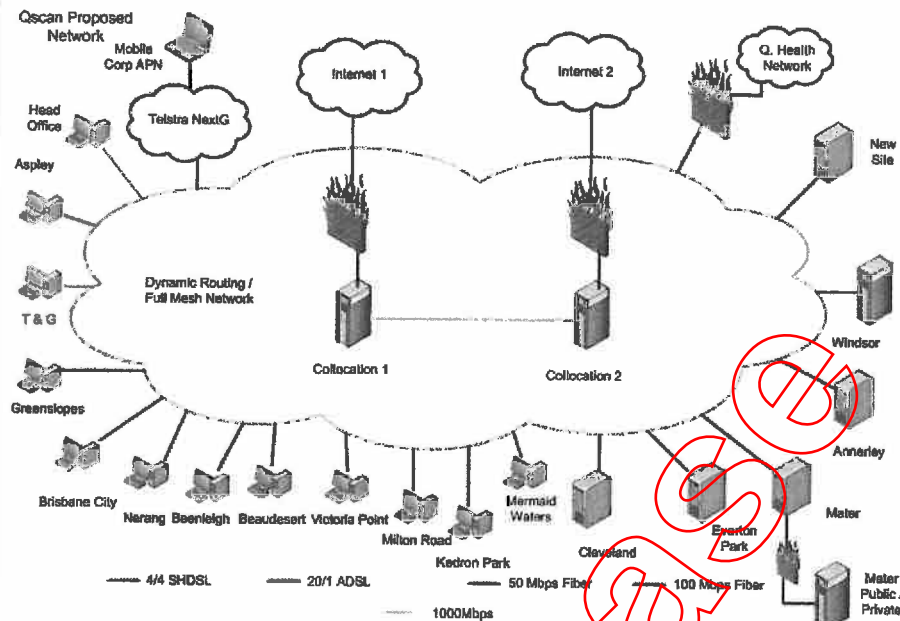


- PMI/Qscan uses Watchguard firewalls and both PMI/Qscan and Queensland Health firewalls are configured to allow access only to the resources that are required. The connection uses advanced encryption and security settings for maximum security for the transmission of clinical information.
- PMI/Qscan is evaluating Juniper and Checkpoint enterprise firewalls as potential candidates to upgrade PMI/Qscan's current network edge security. PMI/Qscan currently use Watch-guard as the firewall and Sophos for email/internet security. The project's goal is to redesign PMI/Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the security and functionality of remote access to provide simple but secure reliable connection methods for PMI/Qscan's remote access staff. PMI/Qscan acknowledges the excellent security architecture that Queensland Health maintains and intends to be absolutely compatible with Queensland Health creating an even more reliable IT environment. PMI/Qscan will proceed with this implementation irrespective of the outcome of the tender.
- PMI/Qscan has a highly skilled IT team that monitor the connection from PMI/Qscan's end to maintain a very stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance.
- PMI/Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that a remarkable 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health. This could be improved to 99.99% as per PMI/Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- PMI/Qscan maintains best practice in the areas of patient privacy and confidentiality. The management of personal information held by PMI/Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld).
- The current IPSec tunnel uses the recommended Queensland Health encryption levels which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

PMI/Qscan also have recommended a number of IT initiatives which will result in changes to our

infrastructure.

Future IT Infrastructure with Queensland Health



PMI/Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.

The proposed new network design consolidates PMI/Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

PMI/Qscan, Kestral and Queensland Health have been working together on the QRIS project. This is a key Queensland Health initiative where PMI/Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

- Describes the ORU inbound report data that is to be exchanged between other systems and QRIS
- Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- Provides a high level overview of the communication and integration options available to facilitate

this exchange of data

PMI/Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support.

- PMI/Qscan is a Kestral Karisma development site, and thus has provided Logan with **level 1 application support and administrative support** in terms of training and business process. PMI/Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services.
- **Administrative support** at Logan has comprised:
 - Identification and recovery of old examinations that had not been invoiced. This resulted in the recovery of \$42,162 in revenue for Logan.
 - Implemented new workflow to ensure all examinations are captured and invoiced.
 - Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
 - Updated the work cover rates in Karisma to reflect the last schedule increase.
 - Currently reviewing the service types within the system and checking that all items are correct.
 - Providing Karisma training and workflow documentation.
- PMI/Qscan currently manages its side of the connection in conjunction with Queensland Health Remote Access Services. Queensland Health is supplied with contact details for PMI/Qscan IT staff. PMI/Qscan monitor connections to Queensland Health for breaks in service.
- PMI/Qscan has formalised the process of who to contact at Logan in regards to downtime associated with network, RIS and PACS through Haeley Reeves at Logan. Similar support could be introduced for Bayside.
- PMI/Qscan's IT team collectively have multiple tertiary and industry qualifications and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

The Kestral Karisma RIS

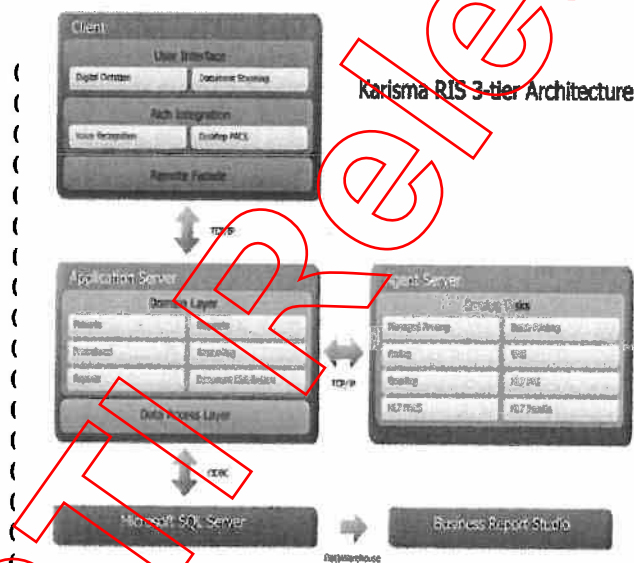
PMI/Qscan use the Kestral Karisma RIS in our practice, and are recognised as a development site, so our application knowledge is extremely strong. PMI/Qscan enjoy a very strong strategic alliance with Kestral which has resulted in outstanding levels of support and changes to best suit modern Radiology practice. The interface between Logan Hospital, Bayside, Kestral and PMI/Qscan can be described as follows:

- Queensland Health host the Karisma RIS.
- PMI/Qscan have provided, and intend to continue to do so, the **first level of support to Logan** for the Karisma RIS. Logan have utilised our experience with this excellent product in terms of workflow documentation, training and administrative support. We would do the same for Bayside.
- Kestral are the manufacturer and provide the **second level of support**.

Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand to look after our customers across the Tasman.
- Kestral has been in business since 1990 and in that time has supplied RIS systems to customers in WA, SA, Victoria , NSW , QLD and NZ.
- In broad terms , Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

Overview of the Karisma RIS.



Functionality of the Karisma RIS.

The Karisma RIS comprising the following key features:

- An intuitive diary and booking system
- Customised exam rules and protocols
- Customised worklists for both clerical and clinical
- Full document scanning
- Technologist's examination module
- Reporting module
- Typist management screen
- Customised report distribution tools
- Rebate billing library
- Medicare online

- Management and ad hoc reporting
- Full text indexing
- Industry leadership in integration of HL7 / PACS / VR / CDA and more

- Diary and Booking System enables the following features:
 - Customised exam rules and protocols
 - Preparation notes
 - Roster input
 - Auto search for next available
 - Colour coding
 - Ability to cut and paste
 - Configuration of Diary by room, modality, Doctor, etc
 - Appointment slots per type of exam
 - Easy to block out times

- Technologist Review enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes
 - Prior reports
 - Status of patient
 - Type of exams
 - Patient billing
 - Exam verification
 - Private notes to radiologists
 - Editing of billing details
 - Scanning of extra worksheets
 - Adding consumables
 - Sign-off

- Reporting Module enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes
 - Prior reports
 - Status of patient
 - Type of exams
 - Interim report
 - Patient billing

- Digital Dictation enables the following features:
 - Worklist customised
 - Referring practitioner details
 - Batch mode reporting
 - Prior reports (cut and paste)
 - Structured reports
 - Template reports
 - Automatic launch of PACS images via speech mike
 - Integrated Speech mike configured to minimise Mouse clicks
 - Park and restore
 - Automatic shut down of PACS images after dictation

- Voice Recognition enables the following features:

- Fully integrated interface to voice recognition
 - Dragon Dictate
 - Speech Magic
 - Power Scribe
- Voice commands
- Report Authorisation enables the following features:
 - Worklist customised
 - Batch authorisation
 - Delay dispatch function
 - Viewing of Interim reports
 - Amended report functionality
 - Access to Referring Practitioner's details
- Transcription Module enables the following features:
 - Worklist customised
 - Referring practitioner
 - Referring request
 - Structured reports
 - Template reports
 - Integrated Dictation (not Microsoft Word)
 - Integrated foot pedals for voice file management
 - Dictionary
 - Private notes
- Reporting Module
- Management Reporting key features comprise:
 - Data storage managed by Microsoft SQL 2008 database on a dedicated server
 - Production data is extracted into an intermediate data warehouse
 - Data extraction into the Business Report Studio
 - Business Report Studio comprises:
 - 500 relationship tables
 - Full integrated
 - Customised management report creation
 - Automated email distribution of reports

Processes for ongoing co-ordination

Our processes to ensure the close co-operation and strong performance of our respective IT systems comprise the following:

- Continue to build upon the network of relationships established between our respective IT teams with the purpose of maintaining the outstanding level of system performance (99.99% availability).
- PMI/Qscan will complete the review of its firewall software and replace with a product entirely compatible with Queensland Health.
- Continue to work closely with Queensland Health on the QRIS project and ensure our inclusion in future initiatives.
- We could further improve responsiveness by arranging periodic meetings between key Logan Hospital IT, Queensland Health IT and PMI/Qscan team members to review system performance, table initiatives and issues. Currently these are dealt with on a case by case basis, and it seems to

	<p>be functioning effectively given the high level of system performance. This would formalise the network of contacts and professional relationships built up over the past three years.</p>
<p>Please provide details of processes that will be used to work with Queensland Health to achieve Queensland Health's long term goal for radiology services in regards to information technology facilitated radiology reporting workflows?</p>	<p>PMI/Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Our response is as follows:</p> <ol style="list-style-type: none"> 1.0 PMI/Qscan have a strong working relationship at multiple levels within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network; 2.0 Queensland Health has invited PMI/Qscan to participate in a number of radiology IT projects, the latest of which is the QRIS Project. PMI/Qscan, Kestral and Queensland Health have been working together on the QRIS project. This is a key Queensland Health initiative where PMI/Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following: <ol style="list-style-type: none"> 2.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS 2.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS 2.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data 3.0 PMI/Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health which comprise: <ol style="list-style-type: none"> 3.1 Upgrading the line speed between PMI/Qscan and Logan Hospital (refer Appendix A section 3.4 and 3.10); 3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 3.3); 3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 3.5); 3.4 The proposal in this tender response to include Logan in the current Voice Recognition project which PMI/Qscan are currently implementing (refer Appendix A section 3.11 for details). 4.0 PMI/Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value. We would be entirely supportive of a periodic meeting between various elements of Queensland Health and PMI/Qscan to formalise the generation, communication and on-going support for IT and other initiatives.
<p>Please give details of the premises where the off-site Diagnostic Imaging services will be provided.</p>	<p>PMI/Qscan can provide off-site Diagnostic Imaging services from any of its Radiologist Reporting "bunkers" in Southeast Queensland. These are located at Annerley, Mater Private, Windsor, Everton Park, Cleveland and Logan Hospital. From July 2010 that will be extended by the opening of a Qscan practice at Redcliffe.</p> <p>Address details for our reporting sites are provided in Appendix A section 4.0.</p>
<p>Please give details of the type of off-site Diagnostic Imaging services</p>	<p>All required procedural or interventional cases can be performed at Qscan Annerley or Mater Private Hospital. These include, but are not limited to, the examinations listed below.</p> <ul style="list-style-type: none"> • Hysterosalpingography, gastrointestinal tract and renal fluoroscopic contrast

<p>able to be provided at each site.</p>	<p>examinations.</p> <ul style="list-style-type: none"> • Diagnostic sialograms, fistulograms, and lymphography • Transcutaneous biliary intervention • All spinal intervention including discography, facet joint injections and nerve root blocks/ablations (this includes all regions). • Vascular and neurointerventional procedures.
<p>Are you prepared to provide a report for the billable patients at the same fee as for public patients?</p> <p>Definition: Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES.</p>

RTI Release

<p>Offerer's Name:</p>	<p>Premier Medical Imaging Pty Limited</p>
<p>Date:</p>	<p>17th December 2009</p>

REFERENCE SITES

In this Response Schedule, Offerers must provide details of at least three clients for whom similar services have been previously provided. Offerers must ensure persons nominated below are agreeable to being contacted with regards to this Offer.

Reference #1:

Company Name:	Queensland Health Royal Brisbane and Women's Hospital (RBWH)
Contact Name:	A/Prof Peter Scally
Position Title:	Director of Medical Imaging Royal Brisbane and Women's Hospital
Contact Address:	Department of Medical Imaging Royal Brisbane and Women's Hospital Butterfield Street Herston 4029
Contact Phone:	Switch 3636 8111 Direct 3636 4312 Mobile s.47(3)(b)
Contact Email:	peter_scally@health.qld.gov.au
Detailed description of services previously provided for this client:	Performance of MRI scans and reporting – 369 public patients from the RBWH waiting list were scanned and reported at Qscan Windsor. Performance of CT scans and reporting – 589 RBWH patients were scanned and reported at Qscan Windsor
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Qscan Radiology Clinics was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.

Reference #2:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3163 8630 Direct 3163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	Premier Medical Imaging provided teleradiology MRI reporting after hours for the Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sclavos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	s.47(3)(b)
Additional comments:	Considerable hurdles existed to the establishment of an offsite teleradiology MRI service with the existing infrastructure at the Mater Adults Hospital. Qscan worked patiently and effectively with the Mater to provide a successful IT solution. With this background, Qscan now utilises the Mater Adults 3T MRI for scanning with the images transferred to Qscan's PACS via a direct secure high speed link.

Reference #3:	
Company Name:	Queensland Health Logan and Beaudesert Hospitals
Contact Name:	Mr Mark Horder
Position Title:	Director of Medical Imaging Logan and Redlands Hospitals
Contact Address:	Armstrong Rd (cnr Loganlea Rd) Meadowbrook QLD 4131
Contact Phone:	Direct 3299 8594 Mobile s.47(3)(b)
Contact Email:	mark_horder@health.qld.gov.au
Detailed description of services previously provided for this client:	<p>Premier Medical Imaging, has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI/Qscan replaced a fragmented service which required three separate providers. PMI/Qscan has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI/Qscan was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI/Qscan has provided an exceptionally high reporting level, amongst the highest in Queensland Health, in a timely fashion. PMI/Qscan has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI/Qscan has provided an Onsite FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI/Qscan has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI/Qscan was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year.</p>
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	PMI/Qscan sees many opportunities for improvement at the Logan Hospital Medical imaging department and plans to follow these through should we be successful in renewing the tender. Opportunities for teaching and clinical meetings have been limited to date by the rapidly growing service requirement in medical imaging which has been met by just one FTE. With two on site FTE radiologists, as specified in the tender, there is potential for vast improvement in teaching and clinical consultation

	<p>throughout the hospital. Clinical governance will be strengthened by the appointment of a "Radiologist in Charge" who can work on clinical issues, especially the appropriate use of medical imaging within the hospital. There is scope for increasing the private practice revenue for the department using Qscan's referrer base and marketing expertise. This revenue for Queensland Health can be channelled into improving the radiographer and administrative staffing levels within the department and thus aid with staff morale and staff retention levels. There is a growing need for interventional radiology at Logan as the hospital expands. Qscan has the strongest interventional radiology focus of any private practice in Queensland. There is no group better placed than PMI/Qscan to oversee and implement any changes needed in interventional radiology.</p>
--	---

Reference #4:	
Company Name:	Queensland Health The Townsville Hospital (TTH)
Contact Name:	Dr Anthony Lamont
Position Title:	Director of Medical Imaging The Townsville Hospital
Contact Address:	100 Angus Smith Drv Douglas QLD 4814
Contact Phone:	Switch (07) 4796 1500 Direct (07) 4796 1508 Mobile s.47(3)(b)
Contact Email:	anthony_lamont@health.qld.gov.au
Detailed description of services previously provided for this client:	Since June 2009 PMI/Qscan has provided teleradiology reporting for The Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain radiographs and ultrasound scans is provided.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The service volume provided for TTH by Qscan can be scaled as required, once a steady volume of work can be established to allow for appropriate rostering of Qscan radiologists. Qscan intends to improve its service to Townsville so as to better cope with variations in service requirements.

Reference #5:	
Company Name:	Queensland Health Princess Alexandra Hospital (PAH)
Contact Name:	A/Prof Stephen Stuckey
Position Title:	Director of Medical Imaging (at the time of the contract) Princess Alexandra Hospital
Contact Address:	Ipswich Rd Woolloongabba QLD 4102
Contact Phone:	Direct line 03 9594 2276
Contact Email:	
Detailed description of services previously provided for this client:	For a brief period in 2008, PMI/Qscan was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at PAH. The services were provided by Qscan radiologists after hours and Onsite using the existing PACS and RIS.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The volume of work was cleared rapidly by Qscan's team of hard working radiologists.

Reference #6:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3163 8630 Direct 3163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	PMI/Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Approximately 0.4 FTE radiologists are provided, depending on requirements and availability.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Release

DECLARATION OF INTEREST AND POSSIBLE INFLUENCES

In submitting an offer in response to the Request for Offer, the Offerer warrants that to the best of its knowledge and belief and subject to any disclosures detailed below:

- (a) no family, business or pecuniary relationships exist between the Parties to this Offer Process that would adversely impact on this Request for Offer or any Contract arising as a result of this Offer Process.
- (b) neither the Offerer nor its officers or employees have:
 - (i) engaged in any unethical behaviour or sought and/or obtained an unfair advantage, or
 - (ii) received or will receive any pecuniary or in-kind advantage from any other Offerer, in relation to this Offer Process;
- (c) no officer, employee, contractor or family member associated with the Offerer is or has been engaged by Queensland Health in a position or role that in any way relates back to this Offer.
- (d) no officer, employee, contractor or family member associated with Queensland Health has been offered any benefit or inducement associated with this Offer, including any offer relating to employment, and
- (e) other than specified below, neither the Offerer nor any of its officer or employees have or are likely to have any Conflict of Interest.

The Offerer further undertakes to notify Queensland Health via the Contact Officer in writing immediately if any warranty contained in this Response Form becomes incorrect.

The following information is disclosed for the purposes of this Response Form. Offerers must supply details of any possible conflict of interest that exists or may arise in relation to the making and/or acceptance of their Offer.

If there is nothing to declare, Offerers must insert "None"

None

Offerer's Name: Premier Medical Imaging Pty Limited

Date: 17th December 2009

STATEMENT OF COMPETITIVE NEUTRALITY

Government owned entities seeking to supply to the Queensland Government are required to indicate whether their Offer for the provision of Services complies with the competitive neutrality principles of the Offerer's jurisdiction.

If Statement of Competitive Neutrality Is not applicable in some of all areas please the appropriate "Not Applicable" box and sign this Statement.

To be completed by Government owned entities external to Queensland

For government owned entities outside Queensland, including local government and other State and Federal government Customers, the Offer has been priced to comply with the competitive neutrality principles of the government of the Offerer's jurisdiction.

Compliant or Not Applicable

To be completed by Queensland Government owned entities

For Queensland government owned entities, the Offer has been priced to comply with the Queensland Government's policy statement for the application of competitive neutrality to government business activities, "Competitive neutrality, and Queensland Government Business Activities" located at www.treasury.qld.gov.au.

Compliant or Not Applicable

To be completed by Queensland Local Government owned entities

The Offer has been priced to comply with the competitive neutrality policy arrangements established by the Queensland Government.

Compliant or Not Applicable

Offerer's Name:

Premier Medical Imaging Pty Limited

Date:

17th December 2009

CHECK LIST

The Check List is provided to assist Offerers submitting a conforming Offer. The list is not exhaustive and should not be relied upon as the sole quality check. Prior to submitting an offer, Offerers should use the following check list to ensure that all key information has been complied:

Check List Questions	Have you met this requirement:
1. Have you read and understood the Conditions of Offer, in Part A of this Request for Offer:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you read and understood the Conditions of Contract, in Part C and the Additional Conditions in Part D of this Request for Offer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you submitting your Offer in accordance with Part A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you specified any departures from the Specification and/or Conditions of Contract in relation to your Offer, in the Response Form?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you signed your Offer on the "Offer Authorisation and Certification" page of the Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you answered all questions and responded to all requirements specified in the Response Forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you entered the name of your organisation making this Offer in the footer of each Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you checked all other lodgement requirements of the Request for Offer to ensure your Offer is prepared and addressed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If your answer to any of the above questions is "NO" your offer may be considered non-conforming.

RTI Release



DOH-DL-13/14-011

RTI Document No. 225

RTI Release

qscan.com.au

DOH-DL-13/14-011 RTI Document No. 226

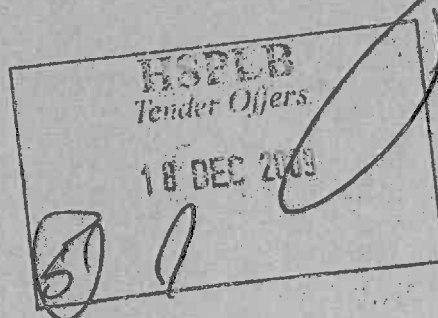
APPENDIX A:
Corporate Profile
Initiatives

Sub-Specialty Reporting

APPENDIX C:
Information Technology

APPENDIX D:
Billing

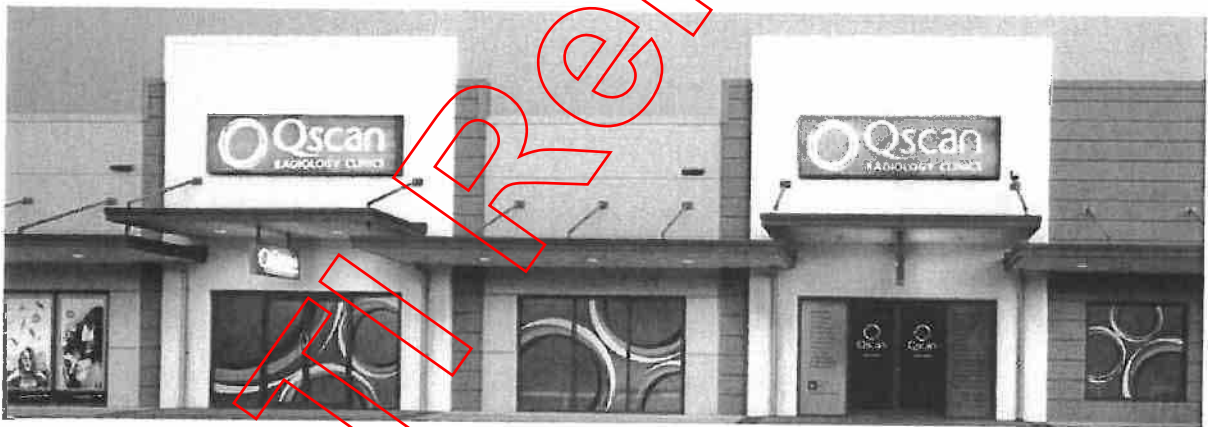
APPENDIX Q:
Insurance Certificates



Appendix A: Corporate Profile, Initiatives and Sub-Specialty Reporting

1. Qscan Radiology Clinics Company Profile

- 1.0** Qscan is a Queensland based; fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Medical Imaging practice, also offering Musculoskeletal and Pain Management Interventional procedures. The Qscan business model is successful and this section will demonstrate the company profile in terms of being a Specialist driven comprehensive Medical Imaging provider focused on the delivery of world-class healthcare outcomes for both patients and referrers.
- 1.1** The Qscan business (through its subsidiary Premier Medical Imaging) commenced in July 2006 with a tendered appointment to provide onsite Diagnostic and Interventional Radiology and remote 24 hour on call reporting services for Queensland Health at the **Logan Hospital Medical Imaging Department** and District Health Service on Brisbane's Southside.
- 1.2** In July 2007 an 800m2 practice at **Windsor** in the inner Northside of Brisbane (shown below) was established providing a hospital grade comprehensive range of Diagnostic and Image Guided Medical Imaging services, also offering Musculoskeletal and Pain Management Interventional procedures. The practice provides Digital X-Ray, Dental imaging, Bone Mineral Densitometry, Ultrasound, Computed Tomography, Fluoroscopy, Nuclear Medicine and 1.5 Tesla MRI. This was an unprecedented initiative, with a comprehensive multimodality Medical Imaging practice opening in a non-hospital location within a major suburban precinct. The result has been outstanding patient comfort and easy access with the combination of excellent parking in modern, attractive and comfortable facilities combined with the very latest in Medical Imaging and computer technology complimenting the Consultant Radiologists and Clinical team members.



- 1.3** Shortly thereafter sites opened in **Everton Park** (shown below), **Kedron**, **Cleveland**, **Victoria Point** and **Toowong**.



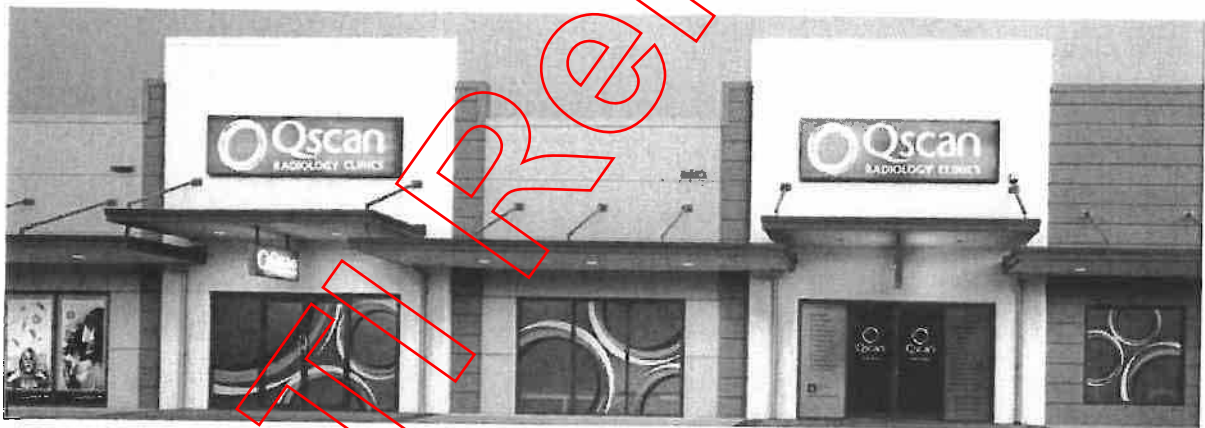
APPENDIX A:
Corporate Profile
Initiatives
Sub-Specialty Reporting

RTI Release

Appendix A: Corporate Profile, Initiatives and Sub-Specialty Reporting

1. Qscan Radiology Clinics Company Profile

- 1.0** Qscan is a Queensland based; fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Medical Imaging practice, also offering Musculoskeletal and Pain Management Interventional procedures. The Qscan business model is successful and this section will demonstrate the company profile in terms of being a Specialist driven comprehensive Medical Imaging provider focused on the delivery of world-class healthcare outcomes for both patients and referrers.
- 1.1** The Qscan business (through its subsidiary Premier Medical Imaging) commenced in July 2006 with a tendered appointment to provide onsite Diagnostic and Interventional Radiology and remote 24 hour on call reporting services for Queensland Health at the **Logan Hospital Medical Imaging Department** and District Health Service on Brisbane's Southside.
- 1.2** In July 2007 an 800m² practice at **Windsor** in the Inner Northside of Brisbane (shown below) was established providing a hospital grade comprehensive range of Diagnostic and Image Guided Medical Imaging services, also offering Musculoskeletal and Pain Management Interventional procedures. The practice provides Digital X-Ray, Dental imaging, Bone Mineral Densitometry, Ultrasound, Computed Tomography, Fluoroscopy, Nuclear Medicine and 1.5 Tesla MRI. This was an unprecedented initiative, with a comprehensive multimodality Medical Imaging practice opening in a non-hospital location within a major suburban precinct. The result has been outstanding patient comfort and easy access with the combination of excellent parking in modern, attractive and comfortable facilities combined with the very latest in Medical Imaging and computer technology complimenting the Consultant Radiologists and Clinical team members.



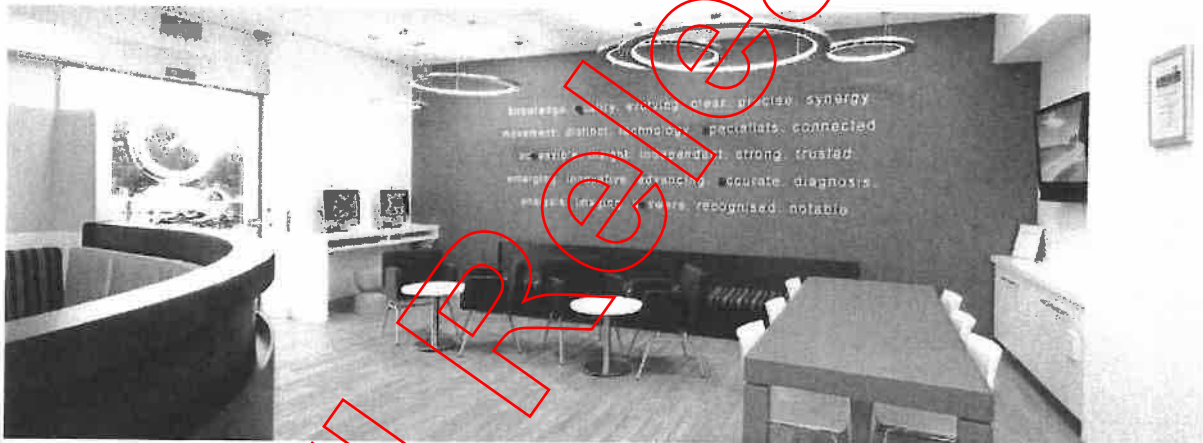
- 1.3** Shortly thereafter sites opened in **Everton Park** (shown below), **Kedron**, **Cleveland**, **Victoria Point** and **Toowong**.



- 1.4** In November 2007, Qscan opened a practice within the **Mater Private Clinic** (shown below) featuring the first (and only) private Siemens Dual Source 64 slice helical CT scanner in Queensland. The site also provides Digital X-Ray, Ultrasound and Nuclear Medicine services. The Mater Private Qscan practice specializes in Cardiovascular imaging particularly Cardiac CT Angiography, and provides the only private Neuro interventional radiology service in Queensland. All advanced hospital based vascular and non-vascular interventional radiology procedures are catered for.



- 1.5** In September 2008 a 600m2 practice at **Annerley** in the inner Southside of Brisbane was opened. The comprehensive full service practice providing the same extensive range of imaging modalities and world-class facilities as at Windsor.



- 1.6** All of the Qscan practices are linked by high speed (100megabit) fibre optic data links allowing real-time sub-speciality reporting with whichever Consultant Radiologist is best suited to report on a particular examination from anywhere within the Qscan network at any time. The screen shot below shows our "common work list" which provides Qscan with the ability to leverage our Doctors' sub-specialisation and enables faster report turnaround. For example, should five category 1 patients appear on the work list it allows any of the eleven doctors to immediately report these cases.

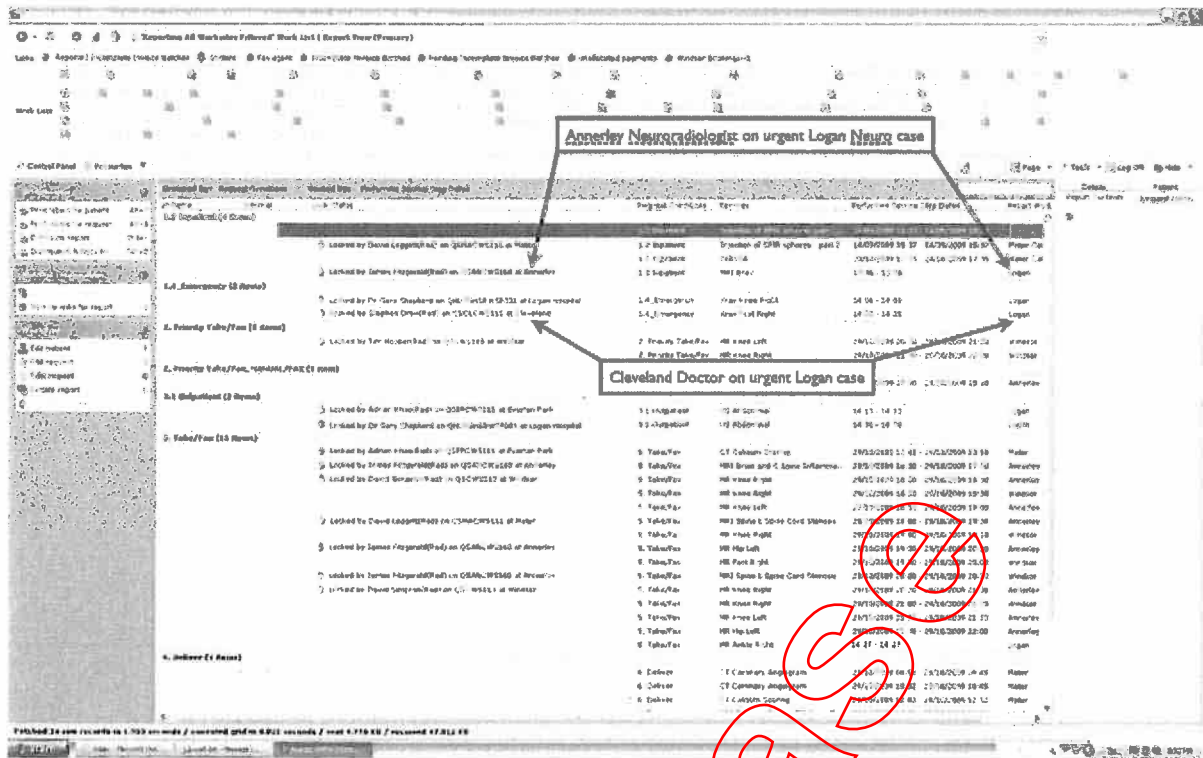


Figure 1 This is a representation of a combined worklist showing Logan Hospital (or Redcliffe or Bayside) integrated with the Qscan worklist. This would facilitate faster priority based report turnaround AND subspecialty reporting. Refer Appendix A section 2.4.2.6.

- 1.7 From February 2009 five additional practices were integrated into the Qscan network with sites located at **Brisbane City, Greenslopes, Beenleigh, Beaudesert and Nerang.**
- 1.8 In March 2009 another Qscan practice opened at **Aspley**. In April a specialist Dental imaging practice opened within the **T&G building in the Brisbane CBD**. We installed the first Zenith cone beam in Australia.
- 1.9 **Qscan at Mermaid Waters** on the Gold Coast opened in August 2009 offering initially X-Ray and subsequently the addition of Ultrasound services.
- 1.10 In September 2009 Qscan purchased a 4000m2 property at 6 Silvyn Street, **Redcliffe** and will build a full service centre on the site comprising all imaging modalities. The Redcliffe Hospital Foundation also offered 280m2 of space in their new facility adjacent to Redcliffe Hospital, which we have also accepted. This practice will have both MRI and Nuclear Medicine which will be available to the community on the Redcliffe peninsula for the first time. Our commitment to healthcare and the establishment of a Diagnostic and Interventional Radiology service in Redcliffe involves a multi-million dollar investment. We are anticipating a July 1, 2010 practice opening.

1.11

s.47(3)(b)

s.47(3)(b)

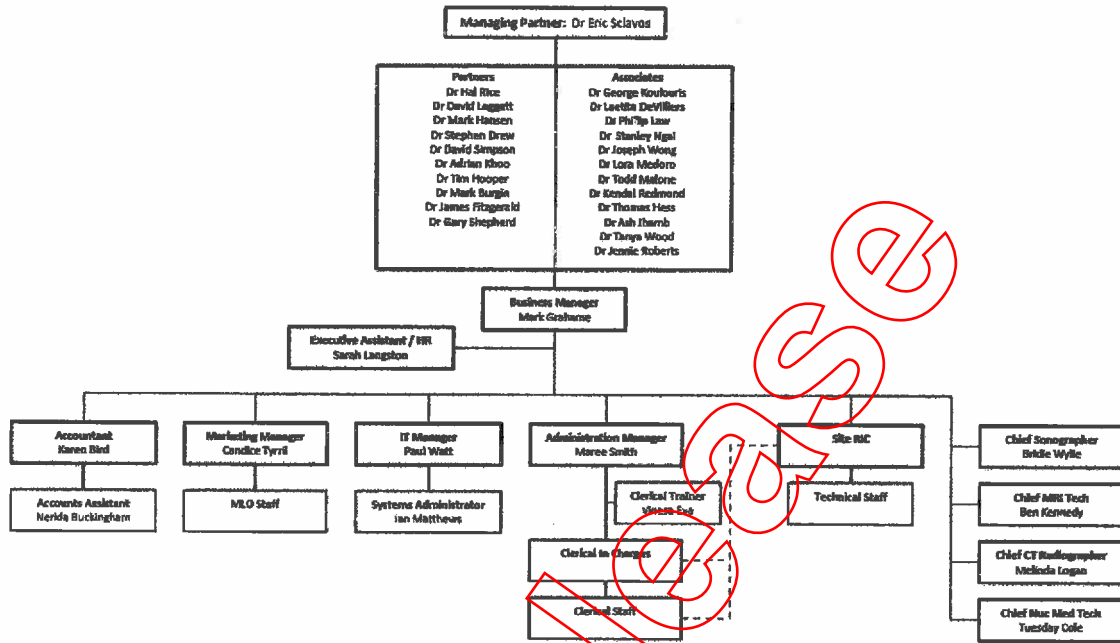
1.12

s.47(3)(b)

s.47(3)(b)

RTI Released

1.13 Qscan employs well over one hundred Queenslanders. The training, calibre and skill set of its Consultant Radiologists is outlined comprehensively in section 3.4. Supporting the Radiologists is an equally skilled team of Technicians, Imaging Modality Heads, Radiographers, Nurses and non-clinical Management team.



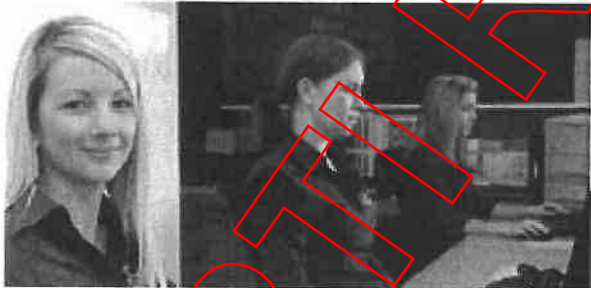
RTI Release

2. Value Proposition

2.1 Qscan firmly believes in delivering high quality "value" to our referrers and patients alike. This section outlines the "value" which we have delivered to Logan "beyond the price", and also those innovations we are either currently working upon or will initiate should Qscan be successful in winning an extension of the current reporting contract.

2.2 The Qscan business is built upon a very precise "value proposition" which guides the actions within the business. The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complimentary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring clinicians;
- The provision of Qpacs a secure web based PACS image viewing system at referring practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;
- A customer service team providing support to our clinical team, patients and referrers.



(Queensland X-Ray) who have established a **practice** at Meadowbrook, less than 500 metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge

2.3.11 Qscan provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.

2.3.12 Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores Qscan's commitment to education and training both within the Public and Private setting.

2.4 PROPOSED INNOVATIONS

This section outlines innovations either commenced but not complete OR proposed should Qscan be successful in winning renewal of the reporting tender.

2.4.1 Marketing and Business Initiatives

2.4.1.1 Implementation and execution of the **MRI growth initiative**, which will require a co-ordinated effort between the Logan Hospital Medical Imaging Department and the Qscan marketing team to effectively promote the MRI services to Specialist referrers. **The revenue for this initiative is critical to the expansion of the number of FTE's in the Logan Hospital Medical Imaging Department.** Qscan have already undertaken a MAPINFO analysis surrounding Logan Hospital with several important implications for proposed growth and competitor analysis requiring a professional and targeted marketing campaign:



Figure 3 Shows location of potential referrer and major competitive threat to Logan Hospital Medical Imaging.

2.4.1.2 There are not enough Specialists within 5km of Logan Hospital to fully support the MRI initiative. **Success will depend on the strong Qscan network of Specialist contacts in driving MRI referrals to the Logan Hospital Medical imaging Department.**

2.4.1.3 There is a competitor to Logan Hospital (Queensland X-Ray) who have established a **practice** at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge.

2.4.1.4 A **marketing plan** has been developed in conjunction with key people within Logan Medical Imaging which will be launched in early February. Brochures are being created to support a campaign specifically targeting key referrers; all of whom have an existing relationship with Qscan.

2.4.1.5 It should be noted that roughly 34% of all MRI bookings at Logan are made from referrals bearing the Qscan logo. This confirms our commitments to Logan Hospital:

- i) Qscan do not have "funded magnets" at our sites at Annerley nor Windsor, thus we have not redirected referrals to our own sites. Our "funded" competitors may not prove as willing;
- ii) The Qscan marketing initiatives with including Logan Hospital are having a positive impact on generating private revenue;
- iii) That we will continue to support Logan Hospital in this initiative and recognise the significance in funding further improvements;

2.4.1.6 **We also propose providing a Qscan funded team member** to work at the Logan site. We have provided Karisma administrative support (refer section 2.2.5 of Appendix A) and would like to continue to do so, providing assistance with private patient bookings, ensuring the appropriate billing of private work and co-ordinating with the Radiologists to ensure the timely reporting and appropriate film and report delivery. They would also generate and distribute the KPI reports to both the Logan director and to the Qscan partners.

2.4.1.7 To support the provision of **Reporting** specified in Part D Schedule 4 Key Performance Indicator Reporting there are costs that would need to be borne by the Logan Hospital Medical Imaging Department. **To provide these reports the Logan Hospital Medical Imaging Department would need to add the Business Report Studio (BRS) module to the current Karisma RIS.** The costs of doing so comprise:

- A server to be purchased and installed in the QH network, which we have been advised will cost the department \$10,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS licence fees are costed at an initial \$20,000 payment, and then ongoing maintenance of \$2,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS would require the employment of a software analyst/developer to determine the reporting needs; develop and test the reports for the Director of Medical Imaging. Qscan will bear this cost. The report templates will remain the intellectual property of Qscan however.
- Queensland Health IT also advise an additional IP address costing \$300 would be required and Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital. This would allow Qscan to provide ongoing support to Logan in terms of report development.
- A Microsoft Server licence costing \$2000.
- A full list of the BRS reporting templates developed for Logan by Qscan (these remain the intellectual property of Qscan) comprise:
 - Period Views by Modality by Time Period
 - Patient Fee Analysis
 - Referrer Fee Analysis
 - Performance Report by Group, Sub-Group by Item
 - Daily Typing Statistics

- Daily Item Count
- Outstanding Debtors
- Plus other as defined by the Director of Imaging Services Logan

• Qscan will continue to pay for the Karisma licence fees for Doctors.

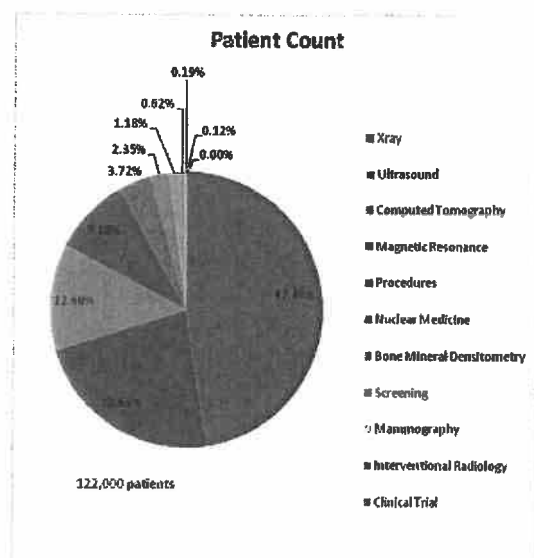
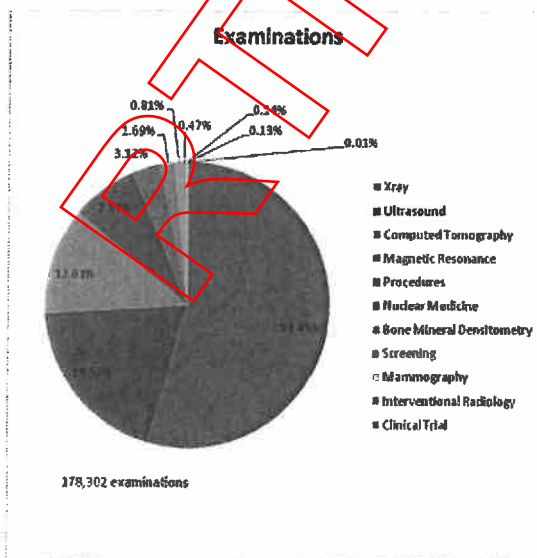
FUNCTIONALITY REQUIRED	COST
Server (may not be required if existing database server can be upgraded with RAM)	\$10,000 (from QHealth)
Business Report Studio Licence Fees	\$20,000 initial cost \$2,000 per annum maintenance
IP address	\$300
Microsoft Server Licence	\$2,000
Karisma Licence Fees for Reporting Workstations	
Analyst/Programmer to develop BRS reports	\$150 per hour
TOTAL COSTS	

2.4.2 Clinical Initiatives

2.4.2.1 Qscan propose to **increase the availability of Sub-Specialty Reporting to Logan via the new high speed information link.**

2.4.2.2 As outlined in Appendix B, Qscan's partners and associates offer a **comprehensive spectrum of radiology subspecialty expertise**, with a proven track record of working together as a group and with our referrers to help optimize clinical outcomes for patients. We have twenty-six (26) Radiologists available within the Qscan network. We have achieved this by use of our high speed data connections and combined worklists, allowing the radiologist with the greatest expertise in a particular area of imaging to either report and/or advise on cases within their field, as if onsite.

2.4.2.3 **The recognition of our unique "value proposition" by public and private medical institutions is evidenced by our remarkable growth** in revenue, in examinations and the number of patients visiting our various practices. Last year we conducted 178,302 examinations and saw 122,000 patients through our private practices.



2.4.2.4 We have recently achieved **improved high speed access to Queensland Health** and have already used this to facilitate in hours reporting of studies at Logan Hospital which have been specifically referred to Radiologists within our group, for example, MRI examinations of the rectum for tumour staging referred to Dr Steven Drew and MRI CNS cases referred to Dr Hal Rice and Dr James Fitzgerald. To our knowledge, no other group in Queensland can currently match our data network or harness the clinical benefits this yields.

2.4.2.5 **The benefits of this approach** can be summarised as follows:

- Makes available to Logan Medical Imaging all members of the Qscan team for specialised, sub-speciality reporting;
- Allows off-site FTE's to be brought to bear in coping with reporting volumes as needed by Logan;
- Allows report production by off-site typists, if required.
- Increased the number of Radiologists who can pick up and report on urgent cases. For example, should there be an urgent CT, two Plain Films and an Ultrasound which all need to be immediately reported upon, there are eleven Radiologists throughout the Qscan network who can do so.

2.4.2.6 Through **Worklist Integration** the potential exists to significantly improve our service to the doctors and patients of Logan Hospital by integration of the Logan Hospital work list with the QScan work list. Qscan would like to make use of the depth of sub-specialities available within its ranks of Radiologists. Qscan do undertake remote reporting work for Logan within our network of practices, this is achieved by simultaneously having open both Karisma for Qscan and Logan, and then both the GE PACS and Synapse. This workflow is cumbersome and not ideal. Our common worklist proposal with a single PACS/RIS solution would improve workflow significantly.

The following diagram is a representation of how the Karisma RIS would look with a common worklist. Note the following:

- An urgent Logan case is depicted, and a Qscan Radiologist located at our Cleveland practice is reporting this case. We would introduce report prioritisation into the Logan workflow which would ensure immediate reporting from within the Logan/PMI/Qscan network.
- Notice all Logan inpatient and emergency scans are being reported on this common worklist.
- There is a Logan MRI brain case on the common worklist and one of Qscan Neuroradiologists is shown as undertaking the reporting from our Annerley practice.

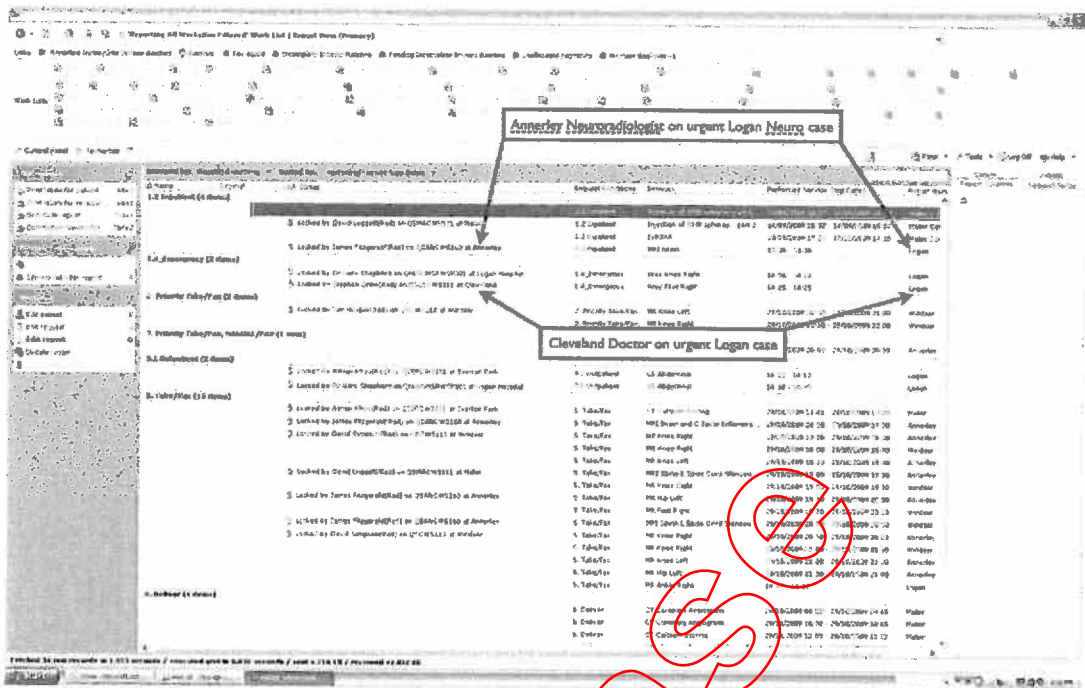


Figure 4 A common worklist comprising Logan/Redcliffe/Bayside and Qscan offers significant benefits in terms of faster, priority based report turnaround AND also access to subspecialty reporting from the 26 Qscan doctors.

- For this to occur it is optimal that images be sent into Qscan's PACS system – this gives the advantage of leveraging Qscan's high speed network to allow any radiologist at any of Qscan's practices access to report the images. Due to this Qscan is able to match the best radiologist for the type of examination performed and easily add resources to assist in reporting at times of high reporting load. The authorised report would then be returned from Qscan's Karisma RIS via HL7 message transfer to Logan's Karisma RIS.
- Qscan uses a single RIS worklist viewable to all Radiologists. This gives Qscan radiologists the advantage of full visibility of the workload across all sites. Qscan Radiologists can pick examinations that suite their own particular subspecialty skill set. The workload is distributed to all reporting sites so that no one site is ever back logged with waiting reports.
- The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds (10Mbps+), greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- The Image Sent workflow would be on reception of DICOM images into Qscans PACS a HL7 ORM message would be formed using the DICOM header. This HL7 message is sent to Qscan's Karisma RIS. This prompts appearance of the case on the Qscan reporting work list. Images are reported using Qscan's Karisma RIS by the most appropriate radiologist at whatever location they are reporting from on the day. On authorisation of the case a HL7 R01 message is sent back to Logan's Karisma RIS where it is integrated back into Logan's information systems via Karisma.
- This would effectively place all Qscan's reporting and typing resources at the hospital's disposal. Instead of 2 onsite radiologists working through the

overnight Emergency Department films each morning, as many as 10 will be accessing this list, with many of these cases typed offsite, speeding report turnaround time and ensuring that someone is always available to report urgent cases, even if the onsite Radiologists are occupied in clinical or administrative meetings or procedures.

- This would also allow immediate reporting of Category 1 radiographs on Saturdays, as we have radiologists (and typists) on site at both our Windsor and Annerley rooms between 8am and 4pm who would be able to immediately access these cases.
- The impact of a common worklist at Qscan results in 99% of daily reports are complete on the same day in our practices, and that we use the BRS (refer section 3.3) to monitor and manage this. We are confident in replicating this at Logan Hospital using the same principles.
- The high speed data lines and the fact we are using the same Radiology Information System make this possible.
- The benefits to Logan Hospital comprise:
 - Faster report turnaround.
 - Ability to link the report to the Qscan Radiologist most expert in attending to a specific sub-specialty.
 - Ability to manage spikes in reporting volumes with easily accessed resources.
 - Able to obtain a second radiologist opinion quickly.
 - Qscan could replicate this approach at Redlands to deliver the same benefits across both hospitals. Likewise with Redcliffe.

IMPORTANT NOTE: Whilst Qscan strongly believe that Workflow Integration offers major benefits to Logan Hospital, its clinicians and patients, our tender is not dependent upon acceptance of this proposed initiative.

- 2.4.2.7 The Qscan practice includes six **Interventional Radiologists** who have been formally trained internationally to perform high end interventional radiological procedures. These doctors comprising Hal Rice, David Leggett, James FitzGerald, Kendal Redmond, Laetitia De Villiers and Ash Jhamb are all accredited to perform **Tier B interventions (Tier B or advanced interventional radiology procedures are defined by the Interventional Radiological Society of Australasia on the RANZCR website).**
- 2.4.2.8 These doctors all hold positions in the major Queensland Health tertiary facilities with key positions at Princess Alexandra, Royal Brisbane and Women's and Gold Coast Hospitals. **Dr Leggett and Dr Rice were instrumental in the establishment of Interventional Neuroradiology services ("neurocoiling") at the Princess Alexandra and Gold Coast Hospitals respectively.** These major teaching hospital roles will facilitate continuity of care and ongoing management of patients who require procedures beyond the scope of Logan Hospital's facilities.
- 2.4.2.9 In addition, many of our other partners and associates are also highly capable of performing image guided biopsies and drainage procedures, vascular access and imaging guided injections for pain management (**Tier A interventions**).
- 2.4.2.10 We propose **the rostering of interventional radiologists in conjunction with the Logan Medical Imaging Department** to expand the interventional radiology service to the Logan community.

- 2.4.2.11 No other private practice in Queensland can match Qscan's expertise in Interventional Radiology.

Guidelines for Credentialling for Interventional Radiology

TIER A

Basic diagnostic angiography and interventional techniques - angiography, nephrostomy, abscess drainage and biopsy. This is in keeping with the training requirements of the RANZCR and any individual with RANZCR or equivalent qualifications may perform these procedures.

TIER B

1. All neuro-interventional procedures intracranial and extracranial
 2. All vascular interventional procedures other than basic diagnostic angiography, i.e. stents, angioplasty, thrombolysis, thrombectomy, atherectomy, embolisation, retrieval of foreign bodies and laser and mechanical angioplasty
 3. Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography, i.e. thrombolysis, angioplasty, stents, atherectomy, pulmonary embolectomy/thrombolysis and caval filter insertion
 4. Biliary intervention including T.I.P.S.
 5. Thoracic intervention, i.e. embolisation of AVMs, bronchial stents, occlusion of broncho-pleural fistulae and bronchial artery embolisation
 6. Gastro-intestinal intervention, i.e. oesophageal and duodenal stents, percutaneous gastrostomy, gastrointestinal vascular procedures other than diagnostic angiography, i.e. embolisation, chemo-embolisation and transplant intervention.
 7. Urological intervention, i.e. renal artery embolisation, angioplasty or stenting, percutaneous nephrolithotomy
 8. Gynaecological - fallopian tube recanalisation, embolisation of fibroids, temporary aortic occlusion
 9. Orthopaedic - percutaneous vertebroplasty, percutaneous discectomy In view of the small number of formal training sites so far established, accreditation for these procedures should be based on proof of a certain number of procedures performed as follows:
- 2.4.2.12 In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Logan Hospital. It is anticipated, that this person will be the principal contact with the Hospital and Department with regard clinical issues related to service provision.
- 2.4.2.13 **Resident and Registrar Training** will remain an ongoing focus with further improvements. Qscan played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded onsite requirements under the term of the tender would allow extension of these. In particular, Qscan would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required.
- 2.4.2.14 The additional onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols**

for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines.

- 2.4.2.15 Qscan undertakes to fully comply with Queensland Health standards regarding fatigued doctors. Qscan will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.

2.4.3 Information Technology Initiatives

The use of IT allows Qscan to leverage its clinical strengths in supporting the Logan Hospital.

- 2.4.3.1 The current IT interface with Queensland Health is a secure network access point via IPSec connectivity. Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Full details of our Information Technology may be found in **Appendix C: Information Technology**. Qscan propose to leverage the IT interface to provide:

- a) **Karisma and BRS Support** (refer section 3.3).
- b) **increased availability of Sub-Specialist Reporting** (refer section 3.4);
- c) a **Common Work List** (refer section 3.5);

- 2.4.3.2 **Voice Recognition** is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

- Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.
- Qscan use the healthcare version which includes a full range of medical terminology.
- Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.
- An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>
- The benefits we are realising at this early stage comprise:
 - Reduction in transcription errors.
 - Increased throughput where templates are used.
 - Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
 - Ability to immediately authorise a report once dictation is complete.

- 2.4.3.3 The **Karisma RIS from Kestral** is identical to that Qscan use in its own practices and also in a large number of public hospital sites in Australia and New Zealand. Kestral's flagship product, Karisma, is an intuitive, best of breed Radiology Information System (RIS) harnessing the high-end power of Microsoft SQL Server while offering a simple to use interface. All clinical data collected by Karisma is stored in an SQL database; giving you quick and reliable access to all your information needs. Karisma comes equipped with integrated accounting, reporting, voice recognition, digital dictation, document scanning, desktop-level

Picture Archiving and Communication System HL7 Connect (PACS) integration and a host of other beneficial standard features. Innovations Qscan can deliver to Logan Hospital as a result of our appointment as a Karisma development site comprise:

- We have provided, and will continue to do so, a **high level of Karisma support** to the Logan Medical Imaging team;
- Qscan are a development testing site, and we have driven the implementation of new features in both Karisma and the BRS reporting product. We have highlighted the importance of BRS to Logan in section 3.3. By continuing to work closely with Logan **we can ensure that Karisma is capable of meeting our ongoing requirements;**
- Should we succeed with the Redlands tender we could provide a **common RIS/PACS solution** across both hospital sites with significant integration benefits.

RTI Release

3. The Importance of Sub Specialty Radiology

3.1 The importance of Sub-Speciality Radiology is a core aspect of what Qscan offers to Logan Hospital and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the "essence in delivering quality outcomes"**. Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Logan Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative Qscan network.

"More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level". Alderson, PO. A Balanced Sub-specialisation Strategy for Radiology in the New Millennium AJR 2000; 175:7-8

"Further sub-specialization of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the nonradiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist". Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology 1 March 2009 Radiology, 250, 612-617.

"Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians, maximal benefit to patients under their care and reduction of diagnostic and treatment errors". Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. J Am Coll Radiol. 2007;4(11:752-3). At Logan this is particularly relevant give the rapid and ever-increasing number of specialist referring clinicians

"Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology", all of which are characteristics of Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser, Sub-specialisation in Radiology and Radiation Oncology. J Am Coll Radiol 2009;6:147-159, 2009

3.2 How can Qscan claim to provide the best Subspecialty Radiology services in Queensland?

3.2.1 Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.

3.2.2 This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.

3.2.3 Our demonstrated excellence in subspecialty reporting services has allowed Qscan to install and run to capacity two non rebated clinical MRI units in Brisbane. Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital,

Dr Hal Rice
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Neuroradiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
Mt Sinai Hospital, New York USA
Deputy Director of Medical Imaging at Gold Coast
Hospital Southport
Director and Councilor RANZCR College Council
Treasurer of RANZCR
Chair of RANZCR Workforce Advisory Board
Chair of RANZCR Independent Radiologists Group
Member of RANZCR CPD committee
Member of RANZCR QUDI Advisory Board
Member of RANZCR e-Radiology Reference Group
Radiologist Qscan Radiology Clinics



Dr David Leggett
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Northwestern Memorial Hospital, Chicago, USA
Staff interventional radiologist Princess
Alexandra Hospital
Director of interventional neuroradiology services
PAH
Interventional radiologist Mater Private Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Hansen
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Toronto General Hospital; Peter Munk
Cardiac Centre, Canada
Director of Cardiac Imaging Research TPCH
Chair Cardiovascular Special Interest
Group RANZCR
Executive Conjoint committee for Recognition
of Training in CT Coronary Angiography
Radiologist Qscan Radiology Clinics



Dr Stephen Drew
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Abdominal and Pelvic Imaging
Royal Brisbane and Women's Hospital
New York University Medical Center, New York, USA
Visiting Medical Officer Princess Alexandra Hospital
Radiologist Qscan Radiology Clinics



Dr David Simpson
Subspecialty

Radiology Training
Fellowship

Position

Partner
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Adrian Khoo
Subspecialty
Radiology Training
Fellowship
Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Tim Hooper
Subspecialty

Radiology Training
Fellowship
Position

Partner
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Hospital for Special Surgery, New York, USA
Visiting Medical Officer Royal Brisbane and Women's
Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Burgin
Subspecialty

Radiology Training
Fellowship
Position

Partner
Neuroradiology
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Princess Alexandra Hospital
The Alfred Hospital, Melbourne
Radiologist Qscan Radiology Clinics



Dr James FitzGerald
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Neuroradiologist
Interventional Radiologist
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
University of Rochester New York USA
Visiting Medical Officer Royal Brisbane and Women's
Hospital
Radiologist Qscan Radiology Clinics



Dr Gary Shepherd
Subspecialty

Radiology Training
Fellowship
Position

Partner
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Princess Alexandra Hospital
Qscan Radiology Clinics
Radiologist Qscan Radiology Clinics



Dr Tom Hess
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Paediatric Radiologist
Princess Alexandra Hospital
British Columbia Children's Hospital, Vancouver
Canada
Paediatric Radiologist, Royal Children's and
Mater Children's Hospitals
Radiologist Qscan Radiology Clinics



Dr Laetitia deVilliers
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Neuroradiologist
Interventional Neuroradiologist
Interventional Radiologist
Princess Alexandra Hospital
Princess Alexandra Hospital
Mt Sinai Hospital, New York USA
Staff Specialist Radiologist Princess Alexandra
Hospital
Radiologist Qscan Radiology Clinics



Dr Joseph Wong
Subspecialty
Physician Training
Fellowship

Positions

Associate
Nuclear Medicine and Bone Densitometry
Christchurch, New Zealand
The Prince of Wales Hospital, Sydney
Guy's and St Thomas' Hospitals, London
Consultant Nuclear Medicine Physician, Qscan
Radiology Clinics
Consultant Nuclear Medicine Physician,
Northcoast Nuclear Medicine



Dr Kendal Redmond
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Brown University, Providence, Rhode Island, USA
Staff interventional radiologist Princess Alexandra
Hospital
Radiologist Qscan Radiology Clinics



Dr Anthony Litzow
Subspecialty

Radiology Training
Fellowship

Position

Associate
MRI
Princess Alexandra Hospital
Princess Alexandra Hospital
Radiologist, Qscan Radiology Clinics



Dr Stanley Ngai
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
The Prince Charles Hospital
Royal Brisbane and Women's Hospital
Princess Alexandra Hospital
Staff Specialist Radiologist, Princess Alexandra
Hospital
Radiologist and Nuclear Medicine Specialist,
Qscan



Dr Lora Medoro
Subspecialty

Radiology Training
Fellowship

Positions

Associate
MRI
Princess Alexandra Hospital
The Prince Charles Hospital
Mater Private and Greenslopes Hospitals
Consultant Radiologist Qscan Radiology Clinics



Dr Jane Crossin
Subspecialty
Radiology Training
Fellowship

Position

Associate
Cardiothoracic Radiologist
Edinburgh, Scotland, United Kingdom
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Tanya Wood
Subspecialty
Radiology Training
Fellowship
Positions

Associate
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Phillip Law
Subspecialty

Radiology Training

Fellowship
Positions

Associate
MRI
Nuclear Medicine
Nepean Hospital
Royal Prince Alfred Hospital
Princess Alexandra Hospital
Princess Alexandra Hospital
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Consultant Radiologist Qscan Radiology Clinics



Dr Peter Jackson
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
Princess Alexandra Hospital
Guy's and St Thomas's Hospital London, UK
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Radiologist, Qscan Radiology Clinics



Dr George Koulouris
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Musculoskeletal MRI and Ultrasound
Sports medicine
Musculoskeletal intervention
The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Thomas Jefferson University Hospital,
Philadelphia, Pennsylvania
Founder Melbourne Radiology Clinics
Subspecialist teleradiology consultant Qscan
Radiology Clinics



Dr Ash Jhamb
Subspecialty
Radiology Training Fellowship
Positions

**Associate
Neuroradiologist
Interventional Radiologist**
The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Vancouver General Hospital, Canada
Apollo Hospital , New Delhi, India
Staff Specialist Radiologist Royal Brisbane and Women's Hospital
Consultant Radiologist Queensland Diagnostic Imaging

Dr Todd Malone
Subspecialty
Radiology Training Fellowship
Positions

**Associate
MRI
Women's Imaging**
Royal Brisbane and Women's Hospital
Mater Private and Greenslopes Hospital
Consultant radiologist Queensland XRay, Townsville
Consultant radiologist Qscan Radiology Clinics, Jan 2010

Dr Jennie Roberts
Subspecialty
Radiology Training Fellowship
Positions

**Associate
Neuroradiologist
Paediatric Radiologist**
Royal Brisbane and Women's Hospital
Great Ormond Street, London, UK
Staff Specialist Radiologist Royal Brisbane and Women's Hospital
Supervisor of Radiology Registrar Training
Royal Brisbane and Women's Hospital

RTI REVIEW

4. Qscan Reporting Sites and Contact Details

WINDSOR

Homezone, 142 Newmarket Road,
Windsor 4030
Ph: 07 3357 0333
Fax: 07 3357 0300

ANNERLEY

Shop 7/310 Ipswich Road,
Annerley 4103
Ph: 07 3357 0388
Fax: 073357 0380

MATER PRIVATE CLINIC

Suite 6/ Level 6, 550 Stanley Street
South Brisbane 4101
Ph: 07 3357 0361
Fax: 07 3010 5791

EVERTON PARK

456 South Pine Road,
Everton Park 4053
Ph: 07 3355 4422
Fax: 073355 4943

CLEVELAND

177 Bloomfield Street,
Cleveland 4163
Ph: 07 3821 1766
Fax: 07 3821 1100

RTI Release

APPENDIX C:
Information Technology

RTI Release

Appendix C Information Technology

The use of IT is a vital element in delivering "value" to Queensland Health, to referrers and to patients. Qscan invests considerable resources in terms of dollars, time and people to ensure the utilisation of world's best technology and protocols.

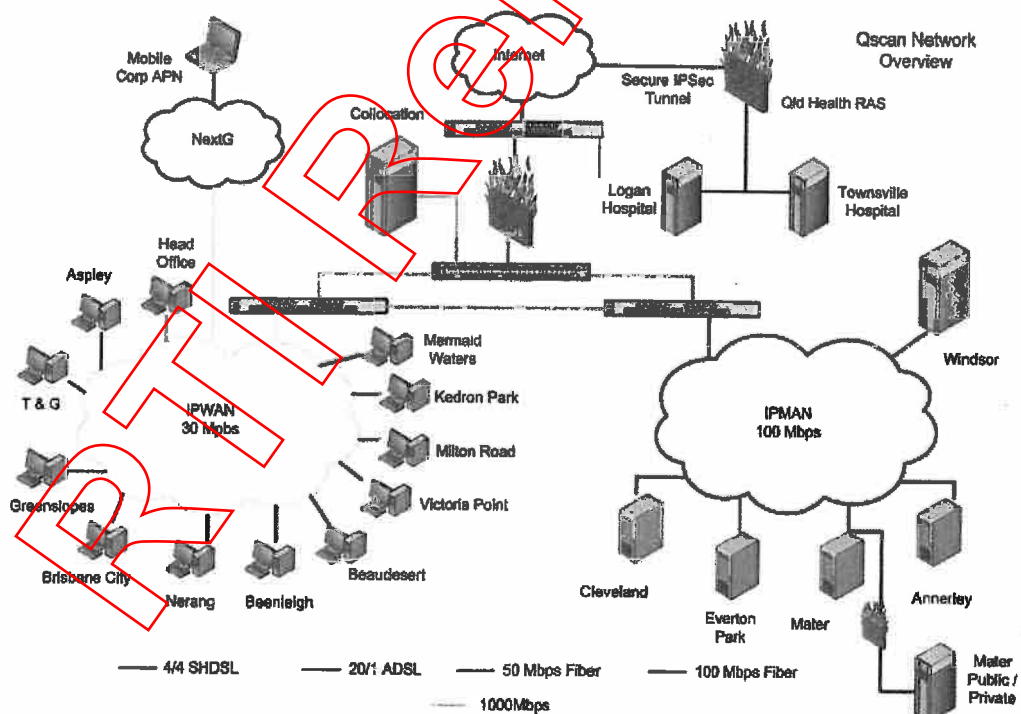
The purpose of this section is to provide a high level of detail to Queensland Health in answering the various specific questions in Schedule E related to IT.

More specifically it is intended to clearly demonstrate that:

- Qscan meets the needs of the current tender specifications;
- Qscan has been historically proactive in working with Queensland Health in facilitating and improving IT based radiology reporting services;
- Qscan has strong relationships with the IT team at Queensland Health.

1.0 Current IT Infrastructure with Queensland Health and Logan/Townsville

1.1 The current system uses a secure IPSec tunnel connection to Queensland Health Remote Access Services. Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Currently Qscan connects to Townsville and Logan Hospital resources. The IPSec tunnel is already in place, configured and reliable - to add additional Queensland Health network destinations only requires adjustment of firewall rules at each end.



1.2 Qscan uses Watchguard firewalls and both Qscan and Queensland Health firewalls are configured to allow access only to the resources that are required. The connection uses advanced encryption and security settings for maximum security for the transmission of clinical information.

1.3 Qscan is evaluating Checkpoint enterprise firewalls as potential candidates to upgrade Qscan's current network edge security. Qscan currently use Watchguard firewalls and Sophos for endpoint/email/internet security. The project's goal is to redesign Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the security and functionality of remote access to provide simple but secure reliable connection methods for Qscan's remote access staff. Qscan acknowledges the excellent security architecture that Queensland Health maintains and Qscan intends to be absolutely compatible with Queensland Health by aligning security architectures. Qscan will proceed with this implementation irrespective of the outcome of the tender.

1.4 Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur with active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.

1.5 Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health despite the connection traversing the internet. This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

1.6 Qscan maintains best practice in the areas of patient privacy and confidentiality. The management of personal information held by Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld). The current IPSec tunnel **uses the recommended Queensland Health encryption levels** which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

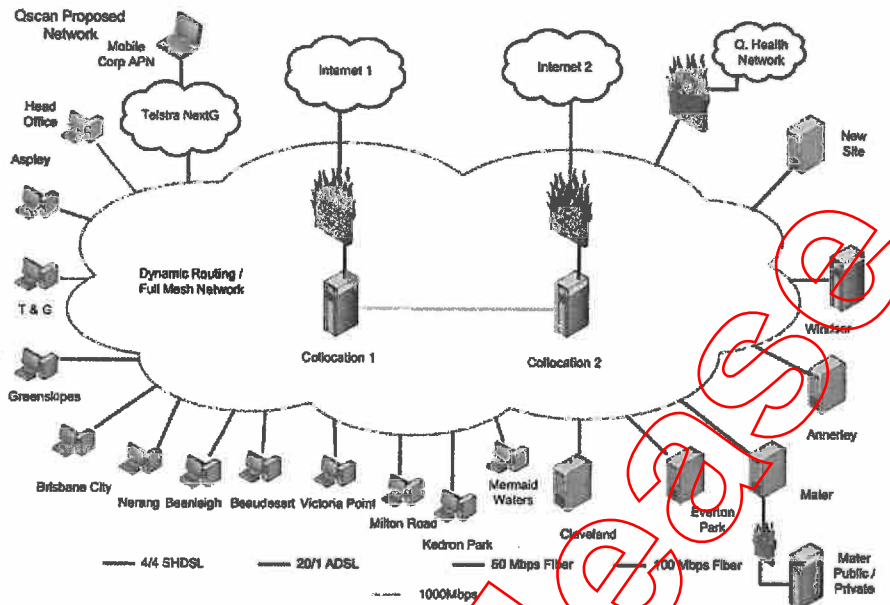
RTI REQUEST

2.0 Future IT Infrastructure with Queensland Health and Logan

2.1 Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Schedule E page 72 paragraph 2 specifically asks Qscan what processes will be employed to work with Queensland Health. Our response is as follows:

- 2.1.1 Qscan have a **strong working relationship at multiple levels** within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network;
- 2.1.2 **Queensland Health has invited Qscan to participate in a number of radiology IT projects**, the latest of which is the QRIS Project (refer Appendix C section 2.4 for details). Qscan will continue to support Queensland Health where asked to do so;
- 2.1.3 **Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health** which comprise:
 - 2.1.3.1 Upgrading the line speed between Qscan and Logan Hospital (refer Appendix A section 2.4.3.1);
 - 2.1.3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 2.4.1.7);
 - 2.1.3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 2.4.2.6);
 - 2.1.3.4 The proposal in this tender response to include Logan in the current Voice Recognition project which Qscan are currently implementing (refer Appendix A section 2.4.3.2 for details).
- 2.1.4 **Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value.** We would be entirely supportive of a periodic meeting between various elements of Queensland Health and Qscan to formalise the generation, communication and ongoing support for IT and other initiatives.

2.2 Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.



The proposed new network design consolidates Qscan's network into a single dynamically routed mesh.

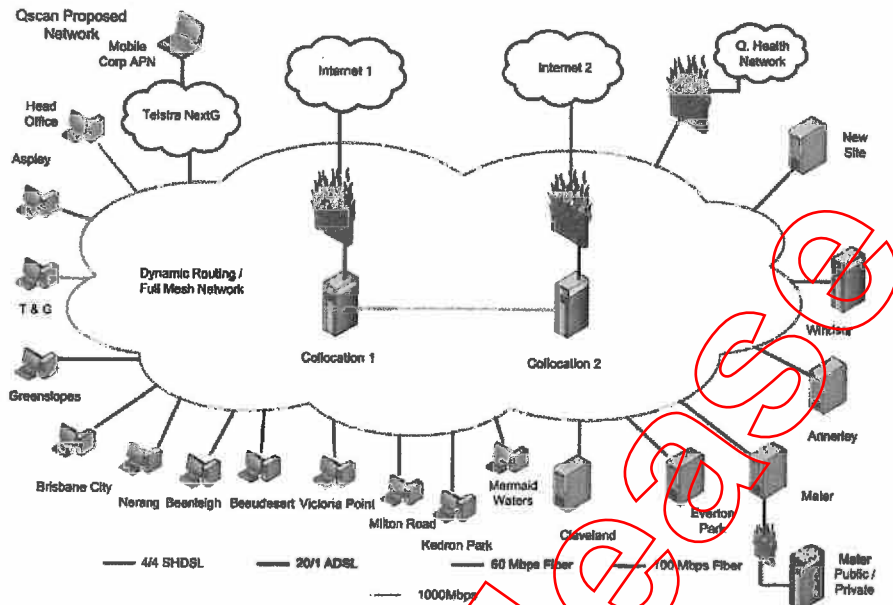
This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with little or no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple Internet facilities with different providers maintains communications in the event of a complete provider failure.

2.3 Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

2.3.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS

2.2 Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.



The proposed new network design consolidates Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with little or no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

2.3 Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

2.3.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS

- 2.3.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- 2.3.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data

3.0 Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support per Schedule E page 72 paragraph 1.

3.1 Qscan is a Kestral Karisma development site, and thus has provided Logan with **level 1 application support and administrative support** in terms of training and business process. Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services.

3.2 Administrative support at Logan has comprised:

- 3.2.1 Identification and recovery of old examinations that had not been invoiced. This resulted in the recovery of \$42,162 in revenue for Logan.
- 3.2.2 Implemented new workflow to ensure all examinations are captured and invoiced.
- 3.2.3 Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
- 3.2.4 Updated the workcover rates in Karisma to reflect the last schedule increase.
- 3.2.5 Currently reviewing the service types within the system and checking that all items are correct.
- 3.2.6 Providing Karisma training and workflow documentation.

3.3 Qscan currently manages its side of the connection **in conjunction with Queensland Health Remote Access Services**. QH is supplied with contact details for Qscan IT staff. Qscan monitor connections to QH for breaks in service.

3.4 Qscan has **formalised the process of who to contact at Logan** in regards to downtime associated with network, RIS and PACS. A similar process would be developed for Bayside.

3.5 Qscan's IT team collectively have multiple tertiary and industry qualifications and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

4.0 Electronic Reporting and Workflow

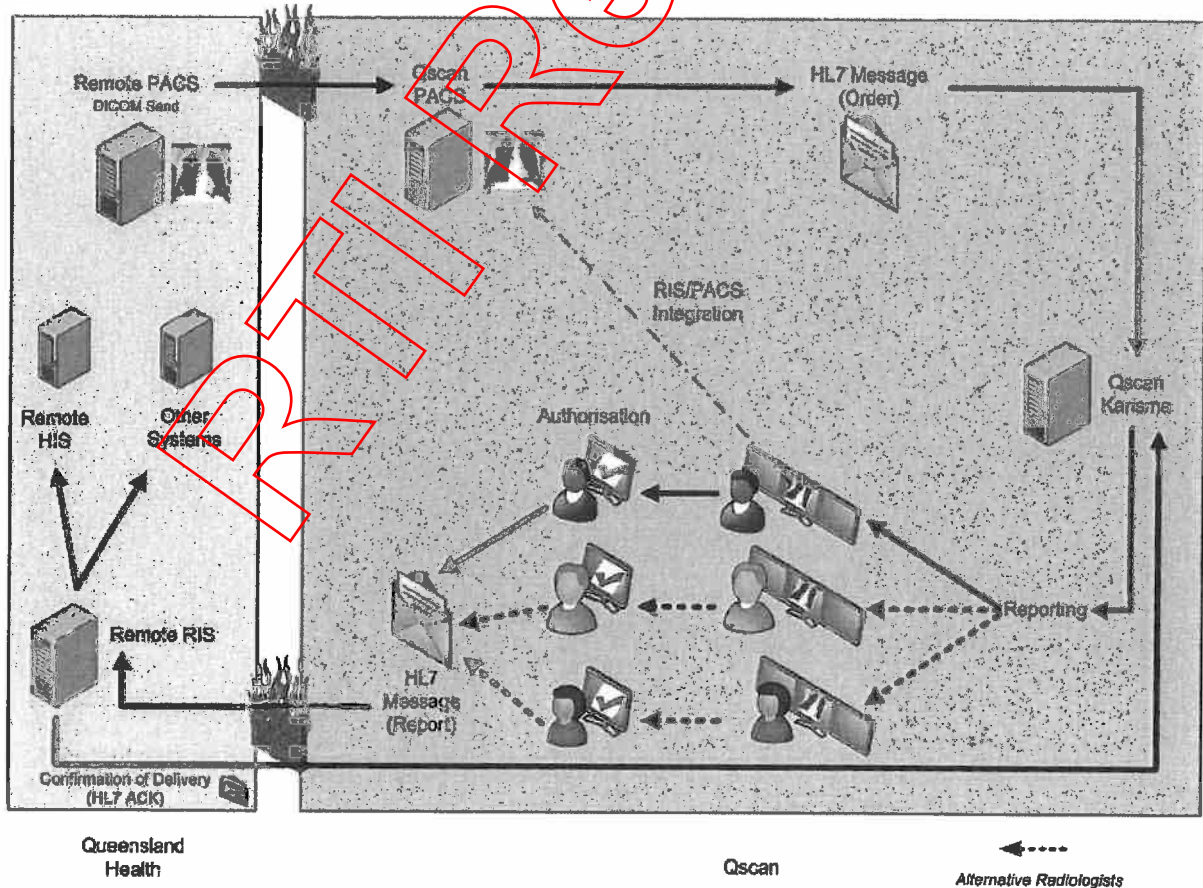
4.1 Qscan have reviewed the Environment and Workflow in Part B section 5 of the Specification and can confirm that we currently meet and will continue to do so the requirements listed.

4.2 Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this to Bayside which will provide greater significant benefits comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Bayside Hospitals (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

4.3 Management Qscan comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

4.3.1 On-site reporting as per current workflow



The additional proposed workflow consists of:

- Bayside Hospitals Transmits the DICOM images for reporting to Qscan (Including a scanned image of the request form)
- Qscan's PACS system generates a HL7 order from the DICOM header information mapping to the correct HL7 segments. Critical patient data is maintained (UR Number, Name, Accession number etc)
- The order is sent to Qscan's Karisma RIS. The order is processed and the case available to on Qscan's shared reporting work list.
- The most appropriate **sub specialty Radiologist** is able to pick up the case off the **common worklist** and Dictate the case for typing or use **Voice Recognition** software.
- The typed report is checked by the reporting Radiologist and is electronically authorised on Qscan's Karisma RIS.
- Qscan's Karisma RIS automatically generates a HL7 report message using the required patient details for the originating facility (Name, UR Number, Accession number etc).
- The HL7 report message is securely transmitted to Bayside Hospitals HL7 gateway interface where it is integrated back into Bayside's Karisma RIS. Bayside's Karisma RIS generates a HL7 Acknowledgement message that is returned to Qscan's Karisma RIS to confirm correct receipt.
- Bayside's Karisma RIS will automatically distribute the report as per its internal rules to other Health Information Systems within Queensland Health as appropriate.

For more details please refer to Appendix C section 1.0 and 2.0

4.3.2 Improved Work Practices – Voice Recognition

Voice Recognition is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Bayside Hospitals. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Bayside would be of considerable value.

Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.

Qscan use the healthcare version which includes a full range of medical terminology. Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.

An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>

The benefits we are realising at this early stage comprise:

- Reduction in transcription errors.
- Increased throughput where templates are used.
- Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
- Ability to immediately authorise a report once dictation is complete.

For further details refer to Appendix A Section 2.4.3.2.

4.3.3 Improved Work Practices – Common Worklist

Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver the same benefits to Bayside comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Bayside Hospitals (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

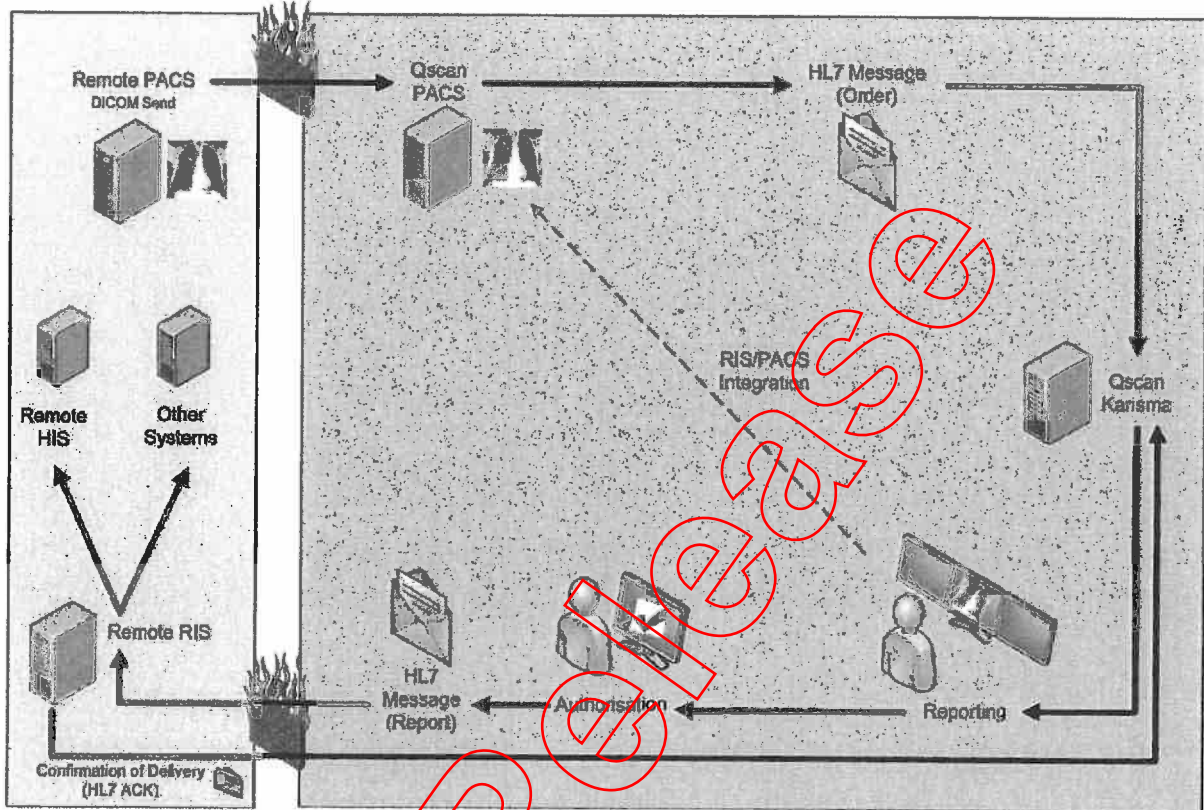
For further details refer to Appendix A Section 2.4.2.6.

4.4 Requests can be received from QH in a physical format, as a DICOM image or by HL7 message. The preferred method is via a DICOM image. The proposed workflow is for Qscan to receive images for reporting into Qscan's own PACS system which then generates a HL7 order message using information contained in the DICOM header of the images. Site specific information (Location, UR Number and Accession Number etc) will be retained in the message so that the report message generated on Validation of the report can be easily integrated back into the originating location's health information systems. This order is automatically entered into Qscan's Karisma RIS system where it is then integrated into Qscan's workflow that allows any Radiologist working at Qscan to report the images, including Qscan's Sub-specialty trained Radiologists. Resolves Section E page 71 paragraph 3.

4.5 Images will be received over a network connection either sent into Qscan's PACS or by direct use of Bayside's Synapse. The preferred method is for the images to be sent to Qscan's PACS. The DICOM header of the images will then be used to create a HL7 order message that is then integrated into Qscan's RIS for reporting. This allows the work to be integrated into Qscan's existing workflow that matches the best sub-specialty Radiologist to the examination across any of Qscan's reporting sites. Resolves Section E page 71 paragraph 4.

4.6 All HL7 report messages generated by Qscan will be in accordance with the relevant HL7 standard. All HL7 data mapping of required information will be performed in accordance with the requirements of Queensland Health. Resolves Section E page 71 paragraph 5.

4.7 Reports will be either directly typed into Bayside Karisma or via HL7 report message transfer. The preferred method for returning reports to QH is an automated HL7 transfer. Reports received by QH will be in a HL7 standard report format. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Section E page 71 paragraph 7.



Queensland Health

Qscan

4.8 Reports will be verified either directly on Bayside's Karisma or on Qscan's RIS prior to HL7 report message transfer. Qscan's proposed workflow would have the Radiologist authorising (validating) the report in Qscan's Karisma RIS. The process of validating the report would then trigger the automatic creation and transmission of the appropriate HL7 report message to be integrated into the originating RIS or HIS. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Resolves Section E page 71 paragraph 8.

4.9 Validated reports will seamlessly integrate into Bayside's Karisma via HL7 transfer of the validated report and then matching by Karisma of the report to the correct study based on fields within the HL7 message. The generated HL7 report message will maintain all required patient data from the originating location. This data will include the original Name, UR Number and accession number. These data fields will be mapped to the appropriate fields of the HL7 report message. Resolves Schedule E page 71 paragraph 9

4.10 No upgrades are required to facilitate report validation in the Queensland Health RIS. Logan already have in place the ability to send images and HL7 messages if required through Karisma and Synapse PACS. The network links and firewall rules are also in place giving Qscan secure access to the required resources. Upgrades can however be considered to give better reliability and greater speed of communication to allow better collaboration between Qscan and Queensland Health. To achieve this it is proposed that

a direct high speed link into Queensland Health be commissioned which would provide greater security, reliability and speed of service.

- 4.11** To enable image transfer to Qscan, a DICOM send destination is required in Bayside's Synapse PACS. This is a simple configuration change in Synapse's settings and requires no physical changes. To enable connectivity to Qscan's PACS, Queensland health Remote Access Services in association with Qscan's IT department will need to open the necessary connections in both sides security architecture. This is simply opening the ports and locations required in the existing connection between Qscan and Queensland Health. No physical changes are required.
- 4.12** To facilitate image transfer from Bayside to Qscan will require the set up of a Qscan PACS send destination. . To enable connectivity to Qscan's PACS, Queensland health Remote Access Services in association with Qscan's IT department will need to open the necessary connections in both sides security architecture. This is simply opening the ports and locations required in the existing connection between Qscan and Queensland Health. No physical changes are required.
There are multiple settings which can be applied to push images to Qscan. The exact workflow would need to be arranged with the staff at Logan. Where possible an automated transfer would be considered. All images transfers will be DICOM 3.0 compliant.
- 4.13** To facilitate image transfer to Bayside, Bayside's PACS will require setup of the DICOM origin for Qscan's PACS. . To enable connectivity to Qscan's PACS, Queensland health Remote Access Services in association with Qscan's IT department will need to open the necessary connections in both sides security architecture. This is simply opening the ports and locations required in the existing connection between Qscan and Queensland Health. No physical changes are required. Qscan would also setup a DICOM send destination in its PACS. Studies performed at Qscan locations would be pushed by staff to the relevant destination. All transfers would be DICOM 3.0 compliant.

RTI REVIEW

5.0 System Performance and Redundancy

In responding to Section E page 71 paragraph 10, Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.

For off-site and overflow reporting Qscan rely on the high speed data communications line between Logan and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows:

- Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem.
- Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data.
- The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure Qscan has the ability to quickly deploy wireless technology to regain basic functionality.
- Qscan currently use Watchguard firewalls, and are evaluating Checkpoint enterprise devices to align more closely with Queensland Health's security architecture. Qscan uses Sophos for endpoint, internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3.
- **An option which we strongly recommend is direct connectivity to further increase speed, security and system reliability.** The current IPSec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds, greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises:
- Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support;

- Qscan have a network of contacts within the various Queensland Health IT teams to assist with support if required. The relationships have been built over the past three years, have proven invaluable and we are entirely confident in our ability to continue to do so in the event we are successful with this tender.

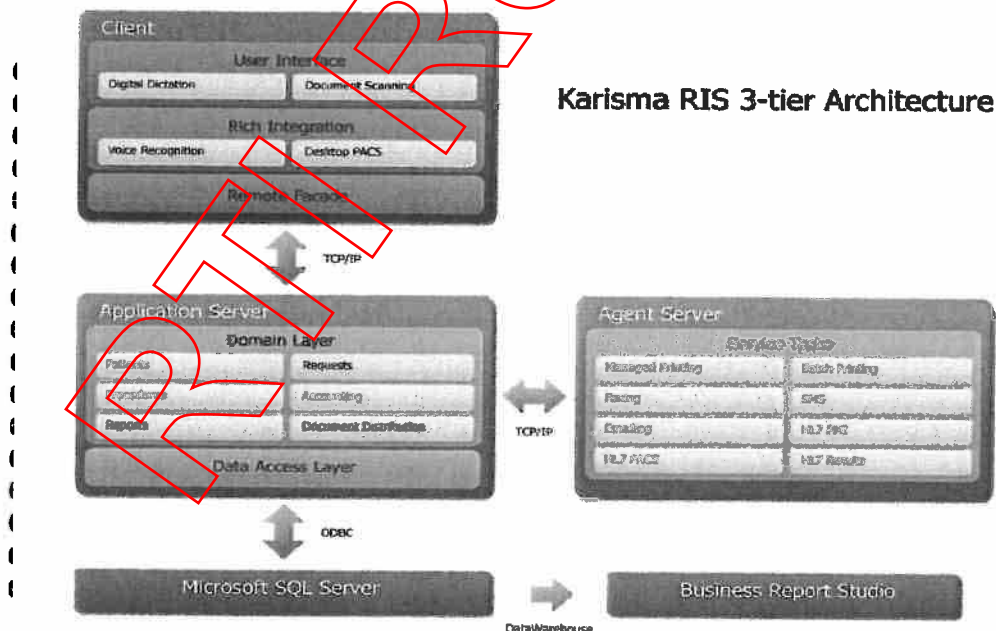
RTI Release

6.0 Karisma RIS

6.1 Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand to look after our customers across the Tasman.
- Kestral has been in business since 1990 and in that time has supplied RIS systems to customers in WA, SA, Victoria , NSW , QLD and NZ.
- In broad terms , Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

6.2 Overview of the Karisma RIS



6.3 Functionality of the Karisma RIS. The Karisma RIS comprises the following key features:

- An intuitive diary and booking system
- Customised exam rules and protocols
- Customised worklists for both clerical and clinical
- Full document scanning
- Technologist's examination module
- Reporting module
- Typist management screen
- Customised report distribution tools
- Rebate billing library
- Medicare online
- Management and ad hoc reporting
- Full text indexing
- Industry leadership in integration of HL7 / PACS / VR /CDA and more

6.31 Diary and Booking System enables the following features:

- Customised exam rules and protocols
- Preparation notes
- Roster input
- Auto search for next available
- Colour coding
- Ability to cut and paste
- Configuration of Diary by room, modality, Doctor, etc
- Appointment slots per type of exam
- Easy to block out times

6.32 Technologist Review enables the following features:

- Patient referral
- Technologist's worksheets
- Private notes
- Prior reports
- Status of patient
- Type of exams
- Patient billing
- Exam verification
- Private notes to radiologists
- Editing of billing details
- Scanning of extra worksheets
- Adding consumables
- Sign-off

6.33 Reporting Module enables the following features:

- Patient referral
- Technologist's worksheets
- Private notes
- Prior reports
- Status of patient
- Type of exams
- Interim report
- Patient billing

6.34 Digital Dictation enables the following features:

- Worklist customised
- Referring practitioner details
- Batch mode reporting
- Prior reports (cut and paste)
- Structured reports
- Template reports
- Automatic launch of PACS images via speech mike
- Integrated Speech mike configured to minimise Mouse clicks
- Park and restore
- Automatic shut down of PACS images after dictation

6.35 Voice Recognition enables the following features:

- Fully integrated interface to voice recognition
 - Dragon Dictate
 - Speech Magic
 - Power Scribe
- Voice commands

6.36 Report Authorisation enables the following features:

- Worklist customised
- Batch authorisation
- Delay dispatch function
- Viewing of Interim reports
- Amended report functionality
- Access to Referring Practitioner's details

6.37 Transcription Module enables the following features:

- Worklist customised
- Referring practitioner
- Referring request
- Structured reports
- Template reports
- Integrated Dictation (not Microsoft Word)
- Integrated foot pedals for voice file management
- Dictionary
- Private notes

6.38 Reporting Module

6.39 Management Reporting key features comprise:

- Data storage managed by Microsoft SQL 2008 database on a dedicated server
- Production data is extracted into an intermediate data warehouse
- Data extraction into the Business Report Studio
- Business Report Studio comprises:
 - 500 relationship tables
 - Full integrated
 - Customised management report creation
 - Automated email distribution of reports

6.3 Hospital Reference Sites for Karisma comprise the following:

KESTRAL COMPUTING PTY LTD Radiology Clients - Hospitals - November 2009		
Client		Site Address
Central Melbourne Medical Imaging	RIS	St Vincents Hospital 55 Victoria Parade FITZROY VIC 3065
Daw Park Repatriation General Hospital	RIS	Daws Road DAW PARK S.A. 5041
Eastern Health	RIS	Box Hill Hospital 16 Arnold Street BOX HILL VIC 3128
		<u>Additional Sites:</u> Angliss Hospital, Ferntree Gully, VIC Maroondah Hospital, Ringwood, VIC Healesville Hospital, Healesville, VIC
Flinders Medical Centre	RIS	Worksite extended to - Flinders Private Hospital Flinders Drive BEDFORD PARK S.A. 5042
Geraldton Radiology	KARISMA	St John of God Hospital Cathedral Avenue GERALDTON W.A. 6530
Goulburn Valley Imaging Group	KARISMA	Echuca Hospital ECHUCA VIC
Healthscope	KARISMA	Prince of Wales Hospital Barker Street RANDWICK NSW 2031
Logan Public Hospital	KARISMA	Armstrong Road (cnr Loganlea Road) MEADOWBROOK QLD 4131
Mater Misericordiae Public Hospital	RIS - Undergoing KARISMA upgrade	Raymond Terrace SOUTH BRISBANE QLD 4101

Midlands	KARISMA	Waikato District Health Board Hamilton Hospital HAMILTON NZ Bay of Plenty District Health Board Tauranga Hospital TAURANGA NZ
Murray Bridge Soldiers Memorial Hospital	RIS	Swanport Road MURRAY BRIDGE S.A. 5243
Northland District Health Board, New Zealand	KARISMA	Whangarei Hospital WHANGAREI NEW ZEALAND - and 3 smaller hospitals
Northern Sydney and Central Coast Area Health Service	RIS	Royal North Shore Hospital Reserve Road ST LEONARDS NSW 2065 Ryde Hospital RYDE NSW
North Western Adelaide Health Service	RIS	The Queen Elizabeth Hospital 28 Woodville Road WOODVILLE S.A. 5011 Additional Site: The Lyell McEwin Health Service, Elizabeth S.A.
Peninsula Health Care Network	RIS	Frankston Hospital Hastings Road FRANKSTON VIC 3199
Peter MacCullum Cancer Centre	KARISMA	1 A'Beckett Street MELBOURNE VIC 3000
Riverland Regional Health Service Inc	RIS	Maddern Street BERRI S.A. 5343
Royal Adelaide Hospital	RIS	North Terrace ADELAIDE S.A. 5000
Royal Children's Hospital	RIS	Flemington Road PARKVILLE VIC 3052
Royal Melbourne Hospital	KARISMA	Flemington Road PARKVILLE VIC 3052

South East Radiology	KARISMA	Nowra District Hospital Standish Medical Centre 33 Berry Street NOWRA NSW 2541 Bowral District Hospital BOWRAL NSW Bega Hospital BEGA NSW Shell Harbour Hospital SHELL HARBOUR NSW
St Vincent's Hospital Melbourne	RIS	41 Victoria Parade FITZROY VIC 3065
St Vincent's Hospital Sydney	KARISMA	Victoria Street DARLINGHURST NSW 2010
The Bendigo Hospital	RIS	Arnold Street BENDIGO VIC 3550
Western Health	RIS	Western Hospital 148 Gordon Street FOOTSCRAY VIC 3011 <u>Additional Site</u> Bell Radiology - Sunshine Hospital, SUNSHINE VIC
Women's and Children's Hospital - South Australia	RIS	72 King William Road NORTH ADELAIDE S.A. 5006
X-Ray Specialist Services - Albury	KARISMA	Albury Base Hospital Medical Imaging Department Borella Road ALBURY NSW 2640

RTI RELEASED

APPENDIX D:
Billing

RTI Release

APPENDIX D: SAMPLES OF INVOICES AND REPORTS

These are a sample of current reports. Please note that PMI/Qscan can generate reports to meet specific requirements using the Business Report Studio module within the Kestral Karisma RIS.

Sample of Invoice

Premier Medical Imaging Pty Ltd

PO Box 222 RBH Post Office Qld 4029
Ph: 07 3357 0333, Fax: 07 3357 0300
ABN: 41 110 308 962

Logan Hospital
Director of Medical Imaging Services
PO Box 4096
Loganholme Qld 4129

Tax Invoice
Invoice #: 00000200
Date: 6/12/2009

On-Call Teleradiology for the period 30/11/09 - 6/12/09 (see attached log)

Priority Levels	Qty	Rate	Amount	Code
Urgent	18	\$xxx	\$x,xxx	GST
Priority	25	\$xxx	\$x,xxx	GST
Intermediate	9	\$xxx	\$x,xxx	GST
Routine	0	\$xxx	\$x,xxx	GST

Subtotal \$xx,xxx
GST \$x,xxx
Total \$xx,xxx

EFT payments can be made to:
Premier Medical Imaging Pty Ltd
CBA
BSB: 064-128
Account #: 10188229
* Please fax your remittance to (07) 3358 1913
or email invoices@qscan.com.au

Sample of Report

**Premier Medical Imaging Pty Ltd
On-Call Log**

PO Box 222
RBH Post Office Qld 4029

Contact: Dr Eric Sclavos 0413 444 566
PH: 07 3357 0333
Fax: 07 3357 0300

Date	Day	ExamTime	Request Conditions	Patient			Exam	Fee
30-Nov-09	Monday	5:44 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain Pre + Post	\$xxx
30-Nov-09	Monday	5:53 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	6:06 PM	2 Intermediate	confidential	confidential	(Mster)	CT Pulm Angio	\$xxx
30-Nov-09	Monday	6:11 PM	0 Urgent	confidential	confidential	(Mster)	CT Brain + Facial Bones	\$xxx
30-Nov-09	Monday	6:50 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
30-Nov-09	Monday	7:10 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mster)	CT Brain CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	12:57 AM	2 Intermediate	confidential	confidential	(Mster)	CT Brain CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	8:53 PM	2 Intermediate	confidential	confidential	(Mster)	CT Spiral Angio	\$xxx
1-Dec-09	Tuesday	10:40 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
2-Dec-09	Wednesday	4:31 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	5:37 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	8:52 PM	2 Intermediate	confidential	confidential	(Mrs)	CT Abdo Pelvis Post Contrast	\$xxx
2-Dec-09	Wednesday	9:54 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	10:08 PM	2 Intermediate	confidential	confidential	(Mster)	CT Abdo Renal Colic	\$xxx
3-Dec-09	Thursday	9:00 PM	0 Urgent	confidential	confidential	(Mster)	CT Brain CT Cervical Spine	\$xxx
4-Dec-09	Friday	9:36 PM	2 Intermediate	confidential	confidential	(Mster)	CT Abdo Pelvis Post Contrast	\$xxx
4-Dec-09	Friday	9:48 PM	2 Intermediate	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	1 Priority	confidential	confidential	(Miss)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	0 Urgent	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	2:25 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	8:15 AM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	8:30 AM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	9:00 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:30 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:35 AM	2 Intermediate	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	10:00 AM	0 Urgent	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	10:15 AM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	10:35 AM	1 Priority	confidential	confidential	(Mster)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	10:36 AM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	10:36 AM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	10:45 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	12:03 PM	1 Priority	confidential	confidential	(Miss)	CT Abdo Pre + Post	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mster)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	3:04 PM	2 Intermediate	confidential	confidential	(Ms)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	3:04 PM	0 Urgent	confidential	confidential	(Ms)	CT Abdo Pelvis Post Contrast	\$xxx
5-Dec-09	Saturday	4:07 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	4:07 PM	0 Urgent	confidential	confidential	(Mster)	CT Extremities	\$xxx
5-Dec-09	Saturday	4:59 PM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	4:59 PM	1 Priority	confidential	confidential	(Miss)	CT Cervical Spine	\$xxx
5-Dec-09	Saturday	5:29 PM	1 Priority	confidential	confidential	(Mrs)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	8:06 PM	1 Priority	confidential	confidential	(Mster)	CT Brain CT Cervical Spine	\$xxx
5-Dec-09	Saturday	8:20 PM	1 Priority	confidential	confidential	(Mster)	CT Brain	\$xxx
5-Dec-09	Saturday	8:52 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	5:02 AM	0 Urgent	confidential	confidential	(Mster)	CT Brain	\$xxx
6-Dec-09	Sunday	8:59 AM	1 Priority	confidential	confidential	(Mster)	CT Abdo Renal Colic	\$xxx
6-Dec-09	Sunday	11:49 AM	0 Urgent	confidential	confidential	(Mster)	CT Brain	\$xxx
6-Dec-09	Sunday	11:50 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	12:26 PM	0 Urgent	confidential	confidential	(Mster)	CT Abdo Pelvis Post Contrast	\$xxx
6-Dec-09	Sunday	2:45 PM	1 Priority	confidential	confidential	(Mster)	CT Abdo Pelvis Post Contrast	\$xxx

	Fee/report	Total Fee	
0 Urgent	18 \$xxx	\$x,xxx	<u>\$xx,xxx</u>
1 Priority	25 \$xxx	\$x,xxx	
2 Intermediate	9 \$xxx	\$x,xxx	
3 Routine	0 \$xxx	\$x,xxx	
Total Reports	52	<u>\$xx,xxx</u>	

PART E – OFFER SUBMISSION

RESPONSE TO OFFER FORM

To: The Senior Director
 Health Services Purchasing and Logistics
 Level 4, 200 Adelaide Street
 Brisbane Qld 4000
 (GPO Box 48,
 Brisbane Qld 4001)

PL File Ref: PL509/1/1
Enquiries: Sharon Benson
Telephone: [07] 3006 2922
Issued: 4 November 2009

Herewith I submit my offer for:

OFFER NO PL509/1/1

PROVISION OF RADIOLOGY SERVICES FOR LOGAN - BEAUDESERT

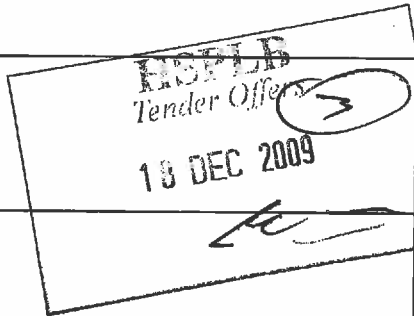
ON ACCOUNT OF Queensland Health

CLOSING AT 11.00AM ON 18 DECEMBER 2009

This Offer will not be opened publicly.

Information Required	Details	
Name of PERSONS/BUSINESS/CORPORATION offering: <ul style="list-style-type: none"> If Offerer is a company – specify full company name; If Offerer is a trust – specify the names of each trustee of the trust; If Offerer trades under a business name, specify the registered business name; If Offerer is an individual or partnership, specify the full name of each individual or partner. 		
ACN No (if applicable):		
ABN No:		41 110 308 962
OR if no ABN – have you submitted a ‘Statement by a supplier – Reason for not quoting an Australian (ABN) to an enterprise’ form?		<input type="checkbox"/> Yes <input type="checkbox"/> No
State or Territory where Business /Corporation is registered(*):	Queensland	
Name of Holding Company or Corporate Group(*):	Premier Medical Imaging (PMI) is owned by the eleven partners identified in the “Approved Radiologists” section. Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the “Approved Radiologists” section. The relationship between the companies is: <ul style="list-style-type: none"> PMI provides radiology reporting services to Hospitals in the Public Health sector; Qscan provides radiology reporting services to its own private practices; PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services. We have listed Qscan as a “contractor” to PMI.	

<p>Company Profile: (As part of the Offer process, each Offerer must include a copy of their Company's Profile.)</p> <p>Does your Offer include your Company's Profile?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Please note that Premier Medical Imaging (PMI) is part of the Qscan group of companies.</p> <p>The PMI/Qscan company profile and our value proposition is enclosed as Appendix A Section 1 and 2.</p> <p>The value proposition specifically outlines what "value" we have delivered to Logan Hospital and Queensland Health during our tenure, and what additional "value" we can offer should we be re-appointed.</p> <p>The PMI/Qscan Value Proposition fits very well with the Queensland Health objective of securing "Best Ultimate Value" and with the 2026 Vision of the Queensland Government in helping to deliver more efficient and timely health services, and making Queenslanders Australia's healthiest.</p>
<p>Is the Offerer registered for GST?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p>
<p>Postal Address:</p>	<p>PO Box 222 RBH Post Office Queensland 4029</p>
<p>Street Address:</p>	<p>Level 2 15 Malt Street Fortitude Valley Queensland 4006</p>
<p>Contact Name:</p>	<p>Dr Eric Sclavos</p>
<p>Contact Phone No:</p>	<p>07 3357 0902</p>
<p>Contact Fax No.:</p>	<p>07 3358 1913</p>
<p>Contact E-mail Address:</p>	<p>Eric.sclavos@qscan.com.au</p>
<p>Is it proposed to sub-contract any part of the Services?</p> <p>If "YES", specify full name and address of each sub-contractor and their relevant experience and expertise in relation to the offered Services.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • Qscan provides radiology reporting services to its own and "franchised" practices in the Private health sector; • PMI contracts with Qscan to provide



RECEIVED

radiologist and other clinical and non-clinical services.

Authorisation, Certification and Execution by an offerer (Company)(*)

The Director/Secretary named below certify that in submitting this Offer on behalf of the Offerer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of their Offer; and
- (c) They have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

Premier Medical Imaging Pty Limited
[insert Offerer's name]

[insert Offerer's ACN]

1 110 308 962

[insert Offerer's ABN]

in accordance with s.127 of the Corporations Act 2001(Cth)

this 17th day of December, 2009

by Dr Eric Sclavos

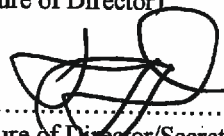
[insert full name of Director]

Dr David Leggett

[insert full name of Director/Secretary]

s.47(3)(b)

.....
(signature of Director)


.....
(signature of Director/Secretary)

Where an attorney executes this Deed on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health/

OR

Authorisation, Certification and Execution by an offerer (individual or partnership)

I, the Offerer named below certify that in submitting this Offer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of my Offer; and
- (c) I have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

.....
[insert Offerer's name]

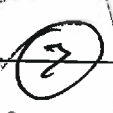
.....
[insert Offerer's ABN]

this day of 2.....
by


.....
[insert full name of Offerer]

in the presence of

.....
(signature of Offerer)

HSPLE
Tender Offer 

18 DEC 2009



..... [insert full name of witness]))) (signature of witness)
--	-------------	---------------------------------

Where an attorney executes this Offer on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health.

RTI Release

HSP/PL
Tender Office
18 DEC 2009
③ M R

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

All departures must be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A - Conditions of Offer		None.
Part B - Specification		None.
Part C - Conditions of Contract		None.
Part D - Additional Conditions		None.

RTI Release

RTI
Tender Office
18 DEC 2009
3 K A

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF AGREEMENT DETAILS

In this Request for Offer, Queensland Health has completed and/or identified those items which it requires for the purposes of a Contract. These items are easily identified as they are shaded in grey. The Offerer must therefore complete all other items which are NOT shaded below to enable completion of “Schedule 1 – Agreement Details” should the offerer be successful.

If the offerer wishes to amend any items (shaded in grey) as completed by Queensland Health these will constitute departures from this Request for Offer and the Offerer must identify those amendments in the “Schedule of Departures” form.

INFORMATION	DETAILS																																
<p>Contractor:</p> <p>[Insert full name of Contractor]:</p> <p>[Insert Contractor’s ABN]:</p> <p>[Insert Contractor’s Address]:</p> <p>[Insert the name of the person representing the Contractor, who will be responsible for the Contract]:</p> <p>[The Contractor’s name must be the same name as the Offerer’s name within the Offer. If different the Offer will be considered as non-conforming.]</p>	<p>Name: Premier Medical Imaging Pty Ltd</p> <p>ABN: 41 110 308 962</p> <p>Address: PO Box 222 RBH Post Office Qld 4029</p> <p>Contact Person: Dr Eric Sclavos</p> <p>Please note in this document the word “PMI” is used to denote PREMIER MEDICAL IMAGING PTY LTD.</p>																																
<p>Commencement Date:</p>	<p>To be advised.</p>																																
<p>Initial Period:</p>	<p>Two (2) years</p>																																
<p>District:</p>	<p>Metro South Health Service District</p>																																
<p>Hospital:</p>	<p>Logan Hospital Beaudesert Hospital</p>																																
<p>Approved Radiologists:</p>	<table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Phillip Law</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> <tr><td>Dr Joseph Wong</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner	Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Phillip Law	Associate	Dr Stanley Ngai	Associate	Dr Joseph Wong	Associate
Dr Eric Sclavos	Managing Partner																																
Dr Hal Rice	Partner																																
Dr Mark Hansen	Partner																																
Dr David Leggett	Partner																																
Dr Stephen Drew	Partner																																
Dr Adrian Khoo	Partner																																
Dr James FitzGerald	Partner																																
Dr Tim Hooper	Partner																																
Dr Mark Burgin	Partner																																
Dr Gary Shepherd	Partner																																
Dr David Simpson	Partner																																
Dr George Koulouris	Associate																																
Dr Laetitia de Villiers	Associate																																
Dr Phillip Law	Associate																																
Dr Stanley Ngai	Associate																																
Dr Joseph Wong	Associate																																

RTI R

Tender Offers

18 DEC 2009

③

INFORMATION	DETAILS
	<p>Dr Lora Medoro Associate</p> <p>Dr Todd Malone Associate</p> <p>Dr Kendal Redmond Associate</p> <p>Dr Tom Hess Associate</p> <p>Dr Ash Jhamb Associate</p> <p>Dr Tanya Wood Associate</p> <p>Dr Jennie Roberts Associate</p> <p>Dr Peter Jackson Associate</p> <p>Dr Phil Law Associate</p> <p>Dr Jane Crossin Associate</p>
<p>Loaned Medical Equipment:</p> <p>[Insert details of any (additional) medical imaging equipment Contractor proposes be made available]: OR [If Contract is to include loan of certain equipment then insert details and shade that aspect in grey]:</p>	<p>No loan equipment.</p>
<p>Notices - Queensland Health address for notices:</p> <p>[Insert address for notices]</p> <p>[Insert facsimile no.]</p> <p>[Insert recipient for notices]</p>	<p>Address:</p> <p>Facsimile No:</p> <p>Attention:</p> <div data-bbox="1045 952 1476 1243" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>HSCTB Tender Office 18 DEC 2009 ③ 4 2</p> </div>
<p>Notices - Contractor's address for notices:</p> <p>[Insert address for notices]</p> <p>[Insert facsimile no.]</p> <p>[Insert recipient for notices]</p>	<p>Address: PO Box 222 RBH Post Office Qld 4029</p> <p>Facsimile No: 07 3358 1913</p> <p>Attention: Dr Eric Sclavos</p>
<p>Contractor's Premises:</p> <p>[Insert address(es) from which the Contractor proposes to supply the services]</p>	<p>Address: Logan Hospital Cnr Armstrong and Meadowbrook Rds Meadowbrook Qld 4131</p> <p>Address: All Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley. Plus Qscan Radiologist can report remotely via wireless connections.</p> <p>Refer Appendix A section 4.0 for the addresses of all PMI/Qscan radiologist reporting locations.</p>

INFORMATION	DETAILS

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Release

HSOL
Tender Offers
18 DEC 2009
(7) A ✓

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

Premier Medical Imaging would like to provide Queensland Health and Logan-Beaudesert with four pricing options. PMI/Qscan will be fully bound by whichever option that Queensland Health choose. HOWEVER our preferred schedule of prices is that called "OPTION 4 COMBINED PREFERRED FOR LOGAN".

Our various pricing options and a brief explanation are as follows:

OPTION 1 is intended to fully comply with the % MBS logic contained within this tender. This is shown in this PART E Offer Submission document. It is not our preferred pricing option.

OPTION 2 appears in **APPENDIX P2 PP BILLING FOR LOGAN**. PMI/Qscan argue strongly for private billing for Logan-Beaudesert for the following reasons:

•

s.47(3)(b)

- Private practice billing in Logan is heavily based around the performance of externally referred MRI examinations, referred from private specialists. Currently 34% of the MRI private practice referrals are on QScan request forms. This is because the private specialists rely on the Qscan Radiologists to provide reporting for them, they trust the quality from Qscan, and therefore also trust our recommendation to make use of the Logan Hospital MRI. PMI/Qscan have a detailed marketing, administration and management program to assist Logan Hospital in realising the revenue objectives.
- We believe that linking the amount of private practice income received from the fees generated by the tender document allows the interests of both parties (PMI/Qscan and Logan hospital) to be linked as part of the tender partnership, where Logan health district and Qscan both stand to benefit from increased amounts of private practice revenue generated from external specialists. Qscan has no practices in the area to compete with this private practice service.

OPTION 3 appears in **APPENDIX P3 INTERVENTIONAL FOR LOGAN**. Interventional services are historically underpriced under the MBS item numbers. It would thus require multiples of the full MBS scheduled fee for the interventional services proposed by the Logan hospital to actually fund the man hours required as per the tender document. (fifteen hours).

OPTION 4 appears in **APPENDIX P4 COMBINED PREFERRED FOR LOGAN**.

This is the preferred schedule of prices which PMI/Qscan strongly recommend to Queensland Health for a number of reasons:

- Option 4 directly aligns the interests of PMI/Qscan and Logan Hospital to drive the achievement of the MRI initiative;
- Option 4 motivates the increase in interventional services available to the community who are relying upon Logan Hospital and Queensland Health to provide them with convenient access to high quality and highly professional clinical services;
- Option 4 also binds all of the other requirements and various initiatives which was the original intent of Queensland Health in the tender process. It does not detract, it adds considerable value instead.
- Option 4 also discounts the after hours, on-call rate at 47(3)(b) of Medicare;
- Option 4 was not placed within PART E as PMI/Qscan were afraid that it would be deemed non-compliant and we would be excluded from the tender, hence we developed a fully compliant version which is known as Option 1 and appears in the body of PART E.

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

OPTION 1 SCHEDULE OF PRICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				
Group 15 – Magnetic Resonance Imaging				

s.47(3)(b)

s.47(3)(b)

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

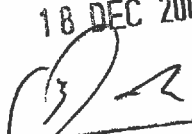
HISPLB
 Tender Offers
 18 DEC 2009
 (3) [Signature]

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound	s.47(3)(b)			
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal	s.47(3)(b)			
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

HSPFB
 Tender Offers
 18 DEC 2009


(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 - Ultrasound				
Subgroup 1 - General				
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological				
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography				
Plain Films				
Group 15 - Magnetic Resonance Imaging				

s.47(3)(b)

s.47(3)(b)

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST

ESTLB
 Tender Offers
 18 DEC 2009

SCHEDULE OF PRICES – PART 3 ONSITE IMAGING SERVICES**(A) SCHEDULED SESSION TIMES**

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

FISPLB
Tender Offers
18 DEC 2009

(B) ON-CALL PERIODS

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

MSPLB
Tender Offers
18 DEC 2009
(B) [Signature]

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

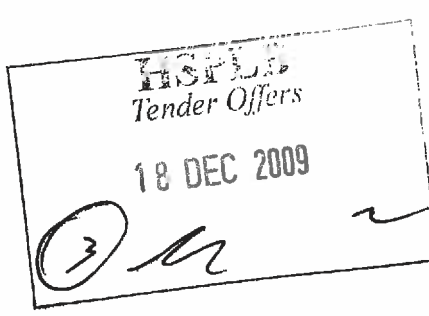
GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

HSTLB
Tender Offers
18 DEC 2009
(2) 

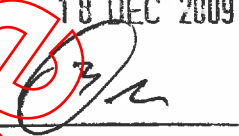
SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		<p>Hourly Rate doubled for after hours call in to Logan Hospital for interventional work</p> <p>Any genuine medical emergency call back will be billed at a minimum of 2 hours.</p>

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated	

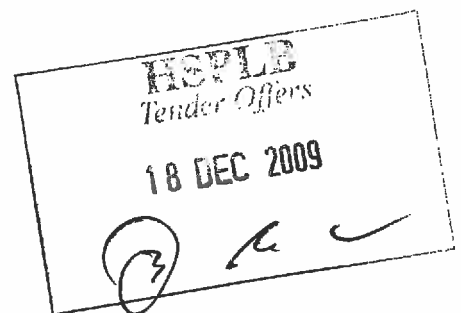
Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF PARTICULARS

Question	Response	
Are you offering for Reporting Services as specified in Part 1 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES	
Are you offering for Onsite Services as specified in Part 3 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES	<div style="border: 1px solid black; padding: 5px; text-align: center;"> HSPFLB <i>Tender Offers</i> 18 DEC 2009  </div>
Are you offering for Radiologist Services as specified in Part 4 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES	
If offering for more than one type of service above, are you prepared to enter into a contract with Queensland Health for only one type of service or is your offer conditional on being accepted for multiple types of services? Please give details.	<p>PMI have successfully provided the Logan Hospital Medical Imaging Department with Reporting, Onsite and Radiologist Services in the current reporting contract and seek to both continue to do so and to enhance our value proposition.</p> <p>Our offer IS CONDITIONAL ON ACCEPTANCE OF ALL THREE, namely Reporting, Onsite and Radiologist Services. It is our belief that PMI can best meet the Queensland Government 2020 objectives by seeking to renew our contract for all three services AND deliver "best ultimate value for Queensland Health".</p> <p>The specific reasons why we seek to provide all three services are as follows:</p> <ul style="list-style-type: none"> • PMI have held the tender for the past three years undertaking all services and have structured its Radiologists and supporting team, as well as proven processes in place to continue to support Logan Hospital. PMI have delivered considerable "value beyond price" which is outlined in detail in Appendix A Section 2.3. That said, we have also identified areas for further improvement and other initiatives. (Refer Appendix A Section 2.4). • PMI are engaged in several projects which are within the scope of the tender, and will have major impacts on Logan Hospital. These projects will impact all three services; likewise all three services will be enhanced by the outcome of the various projects. There is a high degree of co-operation and co-ordination of staff and resources involved between these projects which is readily available with PMI providing all three services. The key projects can be summarised as comprising: <ul style="list-style-type: none"> ○ The MRI private revenue project is critical to expansion of the Medical Imaging Department, enabling further improvements in the quality of care under the leadership of the Director. PMI are a key element in this initiative as over 34% of current MRI referrals at Logan Hospital are on Qscan referrals, and it is our intent to increase this substantially to achieve the revenue growth objectives of \$1million and more in revenue. More detail appears in Appendix A Section 2.4.1.1 onwards. ○ PMI are working with Logan Hospital to deliver substantial improvements in performance reporting within the Medical Imaging Department. This has involved working with the Medical Imaging Department in defining requirements, with Queensland 	

Health IT, negotiating with Kestral and will involve the building of reports specific to the Departments using our resources. More details appear in Appendix A Section 2.4.1.7

- PMI already have established high speed data lines with Logan Hospital which allow our Onsite Radiologist to be combined with off-site Radiologists as needed to handle spikes in volume. In this proposal we seek to extend that initiative to one of a common worklist with Qscan. **Both the current approach and that approach rely on all three services to be managed by PMI in order to leverage the benefits.** More details appear in Appendix A Section 2.4.3.
- We are **proposing to roster one or more of our six interventional radiologists to undertake procedures** at Logan Hospital. PMI are unique in being able to offer such a large number of radiologists with this high end interventional radiological expertise. Given the growth in patient volumes at Logan Hospital, we think this initiative fits well with the Queensland Health 2020 vision and would further enhance the provision of equitable and timely medical services for Queenslanders. More details in Appendix A Section 2.4.2.7 onwards.
- The tender specifically requests **Clinical Governance** and PMI intend to appoint a Radiological Clinical Director (or other such title as Logan Hospital deem suitable) to provide that expertise. The Director would oversee and co-ordinate all three functions in addition to playing a key role in other opportunistic service delivery enhancement and guidance on any imaging issues that may arise. The implementation of Imaging Guidelines and Protocols with the Emergency Department is but one example. More details in Appendix A Section 2.4.2.12.
- PMI have been highly effective **in ensuring Logan Hospital received accreditation for Radiology Registrar training.** We intend to continue with this initiative and further enhance the benefits for Logan Hospital across all three services. Appendix A Section 2.4.2.13 has further details.
- Qscan is well underway in the implementation of **Voice Recognition** within our practice, working closely with Spechmagic and also Kestral Karisma. This initiative is best leveraged across all three services. More detail can be found in Appendix A Section 2.4.3.2.
- **PMI offer twenty-six (26) Radiologists** with a broad range of sub-specialty reporting and interventional skills. By spreading this expertise across all three service areas we argue that Logan Hospital and Queensland Health realise a significantly enhanced clinical outcome. More detail of our Radiologists and the importance Sub Specialty Radiology can be found in Appendix A Section 3.



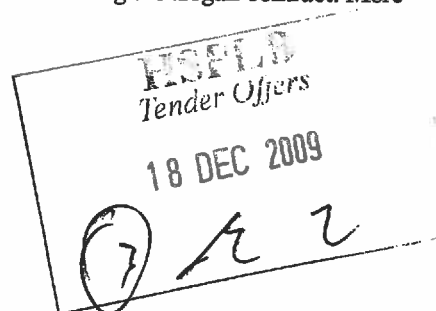
If your offer is accepted state the lead time required, from date of acceptance, to be in a position to meet service requirements.

PMI can **IMMEDIATELY** commence fulfilling the service requirements of the tender. This comprises:

- **REPORTING SERVICES** per Schedule 2 part 1 are currently provided by Qscan radiologists and can be immediately fulfilled.
- **ONSITE SERVICES** per Schedule 2 part 3 are currently provided by Qscan radiologists and can be immediately fulfilled.
- **RADIOLOGIST SERVICES** per Schedule 2 part 4 are currently provided by Qscan radiologists and can be immediately fulfilled.
- A number of initiatives are mentioned in this tender response, some are underway (for example MRI marketing and the Karisma BRS project), and those not commenced (for example common worklist) could easily be initiated on PMI/Qscan being awarded the PL509 tender.

In addition, PMI are offering a number of other initiatives to truly achieve the goal of providing "Best Ultimate Value for Queensland Health". These are outlined in detail in this offer but the timeframes for their delivery are as follows:

- **Execution of the 2010 enhanced MRI private revenue marketing plan.** In discussion with the Director of Radiology this is due for launch in February 2010. We are already undertaking the development of marketing literature and planning which refers to target in conjunction with Logan Hospital Medical Imaging team members. More details please refer Appendix A section 2.4.1.1 onwards.
- **Implementation of the Kestral Business Report Studio to provide improved performance reporting.** In co-operation with Logan Hospital and Queensland Health IT we are in the final phases of implementation in the December/January time frame. Much report development work will need to be undertaken by Qscan from January 11, and the reporting will exceed the requirements of this tender. More details please refer Appendix A section 2.4.1.7 onwards.
- **Full worklist integration providing a common worklist** will take some time to complete. Until the outcome of the tender is known Qscan have undertaken preliminary discussions with Kestral only. A three to four month period following the outcome of the tender is a reasonable estimate of delivery. More details please refer Appendix A section 2.4.2.6 onwards.
- **Rostering of interventional radiologists can occur immediately** in consultation with the Logan Hospital Medical Imaging Director. More details please refer Appendix A section 2.4.2.7 onwards.
- **Voice Recognition implementation** will need to await the outcome of the tender decision. Qscan has been working on this project for well over six months and has built considerable expertise in both implementation and effective utilisation. We would discuss a detailed implementation plan with the Director of Medical Imaging upon PMI being successful in renewing the Logan contract. More details please refer Appendix A section 2.4.3.2.



Provide details of the offerers skills and capacities to provide the specified services or that part of the specified services for which an offer is submitted.

PMI is confident that it is best placed to deliver the outcomes required by Queensland Health for the Logan/Beaudesert tender and the other (Redcliffe/Redlands/Townsville) tenders to which we are responding.

Our confidence on the ability to deliver these outcomes is based on knowing that we have the proven skills and capabilities to do so.

Very simply, we have worked with Logan Hospital Medical Imaging, with other Public Hospitals and in Private Practice to truly understand what it is that we must deliver to Queensland Health and the growing Logan community.

Whilst we are a private corporate entity, our doctors and other team members have all worked within the Queensland Health facilities, and are fundamentally aware of the public sector health needs and limitations, and are also abreast of the projected vision for Queensland Health into the future.

We understand this vision, and are ready to meet the challenges in reconciling improved health of Queenslanders with effective, professional and reliable service delivery.

Proven Skills

PMI has provided a high level of support to Logan Hospital Medical Imaging (and will continue to do so in the areas of clinical expertise, marketing, administration, IT and management). PMI do not view this tender, nor any of the other Queensland Health Radiology tenders, as purely a reporting contract. We have a very strong relationship at multiple levels within Logan Hospital and Queensland Health, and we want to continue to work alongside our partners and colleagues in delivering high quality patient outcomes.

PMI is willing, highly capable, and has proven its ability to deliver “value beyond the price and beyond reporting”.

Evidence of this can be found in the following:

- The Qscan and PMI Profile in Appendix A section 1.0 clearly demonstrates a Radiology practice whose remarkable growth since 2007 with over 126,000 patients visiting our practices last year has been achieved by delivering superior “value” to our public hospitals; referrers and patients. The implications for Queensland Health are:
 - A Queensland based group comprising twenty-six (26) cohesive Radiologists with experience in both the public and private health system, who understand needs of patients and referrers alike.
 - PMI has “shaped” its solution at Logan to enable access to all of our Radiologists, linked by high speed data communications lines, supported by the powerful Karisma RIS, and provided administrative and marketing supported in addition to the clinical initiatives.
 - PMI understands the requirements of Logan Medical Imaging very well, and also the exploding population in the surrounding area. We are well placed to continue to support Logan Hospital and have gone beyond the “contract” in proposing and delivering various initiatives.
 - The only distinction between PMI and Qscan is:
 - Qscan delivers the same “value” to our own private practices and franchisees;
 - PMI delivers the same “value” to the Public Health system;
 - PMI contracts Qscan to provide and deliver the “value”.
- Queensland Health aim to achieve “Best Ultimate Value” and PMI embrace that without reservation. Our practice has been based on the “delivery of the highest level of quality and therefore value. PMI believe that “value is more than just price” and we have highlighted twelve areas where we have added considerable value to Logan Hospital during the term of our current reporting contract. These comprise:

HSR 2013
Tender Offers

18 DEC 2009

- PMI has provided a comprehensive and professional diagnostic and Interventional Radiology reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
- PMI has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
- PMI has been able to efficiently cope with the vast increase in workload experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance onsite, reliably supplemented by additional remote FTE Radiologists via the established high speed data lines. Furthermore, the proposed increase in FTE Radiologists onsite will enable further improvements in meeting patient need and service demand at Logan.
- PMI has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at anytime of day or night. The Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- PMI has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing Onsite staff training.
- PMI has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
- PMI has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.
- PMI has paid all the Karisma licence fees for Radiologists reporting for Logan Hospital throughout the current reporting contracts.
- Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital (Queensland X-Ray) who have established a practice at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge. Over 34% of Logan MRI referrals are received on Qscan referral pads, and this is evidence of the effectiveness of the marketing actions we have taken to promote the Logan Hospital to specialist referrers well outside the Logan area.

- PMI provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.
- PMI was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores PMI's commitment to comprehensive and broad-based education and training for Radiology Registrars both within the Public and Private setting.

Initiatives to Enhance Value

In Appendix A section 2.4 Proposed Innovations we have highlighted additional "innovations" based on our skills and capabilities which would further enhance the requirements of the tender. These initiatives cover three areas:

- Marketing and Business Initiatives in Appendix A Section 2.4.1
- Clinical Initiatives in Appendix A 2.4.2
- Information Technology Initiatives in Appendix A 2.4.3

We summarise these as follows:

- **The MRI private revenue initiative is vital to the expansion plans of the Logan Medical Imaging Department.** PMI has played a critical role in the development of this initiative working closely with the Director and his team. PMI was invited to participate in a strategic meeting at Regional level in supporting Logan Hospital with the initiative. Appendix A Section 2.4.1.1 details this initiative as comprising:
 - s.47(3)(b)
 - A marketing plan has been developed in conjunction with Logan Hospital to increase the volume of referrals and this will commence in February.
 - Success will depend on leveraging the network of specialist referrer contacts enjoyed by Qscan.
 - Qscan do not have funded magnets and have both proven a willingness to promote referrals to Logan Hospital. Competitors with funded magnets may not choose to do so.
- As private revenue increases PMI propose to provide an administrative team member at Logan Medical Imaging to undertake a broad range of duties as well as providing ongoing training. More details please refer Appendix A section 2.4.1.6.
- Qscan enjoy significant benefits from a powerful report generation module that has been developed by Kestral for Karisma. **The Business Report Studio module allows the development of custom written reporting for performance measurement.** The Director of Medical Imaging has visited Qscan and many of our standard reports are suitable with some modification for Logan Hospital. In addition a number of reports will need to be developed from scratch to specifically suits the needs of the Department. **Appendix A Section 2.4.1.7** outlines precisely what is involved and the costs (which PMI is largely bearing).
- PMI already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. More details please refer Appendix A section 2.4.2.1 to 2.4.2.6. We propose to expand this through a common worklist which will deliver

even greater benefits to Logan comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
 - It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
 - It would improve report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
 - Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;
- The Qscan practice includes six **Interventional Radiologists** who have been formally trained internationally to perform high end interventional radiological procedures. More details please refer Appendix A section 2.4.2.7. These doctors comprising Hal Rice, David Leggett, James FitzGerald, Kendal Redmond, Laetitia De Villiers and Ashu Jhamb are all accredited to perform Tier A interventions.
- These doctors all hold positions in the major Queensland Health tertiary facilities with key positions at Princess Alexandra, Royal Brisbane and Women's and Gold Coast Hospitals. These roles will facilitate continuity of care and ongoing management of patients who require procedures beyond the scope of Logan Hospital's facilities.
 - In addition, many of our other partners and associates are also highly capable of performing image guided biopsies and drainage procedures, vascular access and imaging guided injections for pain management (Tier B interventions).
 - We propose rostering interventional radiologists in conjunction with Logan Medical Imaging to expand this service to the Logan community.
- In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Logan Hospital. It is anticipated, that this person will be the principal contact with the Hospital and Department with regard clinical issues related to service provision.
- **Resident and Registrar Training** will remain an ongoing focus with further improvements. PMI played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded Onsite requirements under the term of the tender would allow extension of these. In particular, PMI would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required.
- The additional Onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols** for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines.
- PMI undertakes to fully comply with Queensland Health standards regarding fatigued doctors. PMI will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.

Sub-Specialty Radiology Skills

The importance of Sub-Specialty Radiology is a core aspect of what PMI offers to Logan Hospital and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the “essence in delivering quality outcomes”.**

Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Logan Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative Qscan network. More details please refer Appendix A section 3.0.

- “More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level”. Alderson, PO. A Balanced Subspecialization Strategy for Radiology in the New Millennium *AJR* 2000; 175:7-8
- “Further sub-specialisation of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the non-radiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist”. Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology March 2009 *Radiology*, 250, 612-617.
- “Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians maximal benefit to patients under their care and reduction of diagnostic and treatment errors”. Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. *J Am Coll Radiol*. 2007;4(11:752-3). This is particularly relevant at Logan Hospital with the rapid and ever increasing numbers of specialist referring clinicians.
- “Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology”, all of which are characteristics of Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser, Subspecialization in Radiology and Radiation Oncology. *J Am Coll Radiol* 2009;6:147-159. 2009

RTI

How can Qscan claim to provide the best Subspecialty Radiology services in Queensland?

- Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.

Annerley Neuroradiologist on urgent Logan Neuro case

Lock Status	Request Conditions	Services	Performed Service Step Dates	Report Work
Locked by Dr. G. Lopez(Rad) on QSMACWS111 at Mater	1.1. Expedient	Injection of SPIR contrast - head	14/09/2009 15:57 - 14/09/2009 15:57	Mater Cal
Locked by James Fitzgerald(Rad) on QSMACWS160 at Annerley	1.1. Expedient 1.1. Inpatient	1VRJKA MRI Brain	29/10/2009 17:33 - 23/10/2009 17:33 13:36 - 13:36	Mater Cal Logan
Locked by Dr. Gary Shepherd on QHLOGHSHWSP001 at Logan Hospital	1.4. Emergency	Xray Knee Right	14:05 - 14:06	Logan
Locked by Stephen Dimes(Rad) on QSCCLWS111 at Cleveland	1.4. Emergency	Xray Foot Right	14:25 - 14:28	Logan
Locked by Tim Hooper(Rad) on QSCWS110 at Windsor	2. Priority Take/Fax 2. Priority Take/Fax	MR Knee Left MR Knee Right	29/10/2009 20:20 - 29/10/2009 21:00 29/10/2009 21:00 - 29/10/2009 22:00	Windsor Windsor

Cleveland Doctor on urgent Logan case

Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	3.1. Outpatient	US Abdominal	14:11 - 14:11	Logan
Locked by Dr. Gary Shepherd on QHLOGHSHWSP001 at Logan Hospital	3.1. Inpatient	US Abdominal	14:30 - 14:30	Logan
Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	5. Take/Fax	CT Calcium Scoring	29/10/2009 11:43 - 29/10/2009 11:53	Mater
Locked by James Fitzgerald(Rad) on QSMACWS160 at Annerley	5. Take/Fax	MRI Brain and C. Spine Intra...	29/10/2009 18:30 - 29/10/2009 17:30	Annerley
Locked by David Simpson(Rad) on QSCWS113 at Windsor	5. Take/Fax	MR Knee Right	29/10/2009 18:00 - 29/10/2009 18:30	Annerley
	5. Take/Fax	MR Knee Right	29/10/2009 18:00 - 29/10/2009 18:30	Windsor
Locked by David Lopez(Rad) on QSMACWS111 at Mater	5. Take/Fax	MR Knee Left	29/10/2009 18:50 - 29/10/2009 19:30	Annerley
	5. Take/Fax	MRI Spine L Spine Cord Stenosis	29/10/2009 19:00 - 29/10/2009 19:50	Annerley
Locked by James Fitzgerald(Rad) on QSMACWS160 at Annerley	5. Take/Fax	MR Knee Right	29/10/2009 19:00 - 29/10/2009 19:30	Windsor
	5. Take/Fax	MR Hip Left	29/10/2009 19:30 - 29/10/2009 20:00	Annerley
	5. Take/Fax	MR Foot Right	29/10/2009 19:30 - 29/10/2009 20:30	Windsor
Locked by James Fitzgerald(Rad) on QSMACWS160 at Annerley	5. Take/Fax	MRI Spine L Spine Cord Stenosis	29/10/2009 20:00 - 29/10/2009 20:30	Windsor
Locked by David Simpson(Rad) on QSCWS113 at Windsor	5. Take/Fax	MR Knee Right	29/10/2009 20:30 - 29/10/2009 21:30	Annerley
	5. Take/Fax	MR Knee Right	29/10/2009 20:30 - 29/10/2009 21:30	Annerley
	5. Take/Fax	MR Knee Left	29/10/2009 21:00 - 29/10/2009 21:30	Annerley
	5. Take/Fax	MR Hip Left	29/10/2009 21:50 - 29/10/2009 22:00	Annerley
	5. Take/Fax	MR Ankle Right	14:27 - 14:27	Logan
	6. Deliver	CT Coronary Angiogram	29/10/2009 08:50 - 29/10/2009 08:55	Mater
	6. Deliver	CT Coronary Angiogram	29/10/2009 10:55 - 29/10/2009 10:55	Mater
	6. Deliver	CT Calcium Scoring	29/10/2009 12:03 - 29/10/2009 12:32	Mater

- This is a representation of a combined worklist showing Logan Hospital integrated with the Qscan worklist. It shows an urgent Logan Neuro case being immediately reported by a Qscan Neuro-radiologist located at our Annerley practice. And another Logan case being reported from a radiologist based at Cleveland.
- Our demonstrated excellence in subspecialty reporting services has allowed Qscan to install and run to capacity two non rebated clinical magnets in Brisbane. Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital, Mater Public Hospital, Mater Private Hospital, Princess Alexandra Hospital and Greenslopes Private Hospital.
- Within one year of operating, Qscan has managed to build a world class neuro-interventional service at the Mater Private hospital, one of only 2 such services offered in Private in Brisbane. Our expert interventional radiologists also provide services at the RBWH and PAH.
- This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.

	<p>What does this mean for Logan Hospital and Queensland Health?</p> <ul style="list-style-type: none"> ○ Around the clock access to leading subspecialist reporting services. ○ More accurate clinical reporting and greater opportunities for service expansion, particularly in the fields of interventional imaging, vascular access procedures, Musculoskeletal and Neuro MRI, Paediatric Imaging and Cardiac CT. ○ Opportunities for growth in Medical Imaging Private practice billing utilising Qscan’s network of Specialist referrers and medical liaison officers. ○ Opportunities for more Clinical case conference meetings attended by sub-speciality radiologists and Hospital specialists to improve patient outcomes and service delivery. ○ More efficient and streamlined reporting and typing during peak workload periods by providing greater availability of subspecialty reporting radiologists and typists effectively expanding the local hospital radiologist and typing pool to include the resources of the entire Qscan network <p>In terms of capacity we have provided a more detailed response in the question entitled “Provide clear details on your capacity to provide the services requested in this offer, including extra capacity if you are offering for multiple offers.” However, we will summarise that section here:</p> <ul style="list-style-type: none"> ○ Qscan has twenty-six (26) of Radiologists within our practice who can provide a broad range of sub-speciality skills. ○ Our high speed data lines allow Logan Hospital and Queensland Health immediate access to twenty-six (26) Radiologists with a broad range of sub-specialisations. ○ The number of Radiologists being attracted by the Qscan “values” is growing and thus we provide an increasing level of capacity.
<p>Provide details of the offerers’ experience in providing the specified services or that part of the specified services for which an offer is submitted.</p>	<p>The experience of Qscan and PMI comprises the following:</p> <ul style="list-style-type: none"> • The history of our practice, a foundation of delivering high quality patient outcomes, and the support we continue to enjoy from patients and referrers alike; • The specific projects which we have undertaken, which we have outlined elsewhere; • The specific value we have delivered to Logan Hospital during the period of the current contract; • The experience of our Radiologists; • The experience of our Business Management Team; <p><u>Qscan and PMI History and Profile</u></p> <p>Qscan through Premier Medical Imaging commenced business in 2007 when we won the current Logan Hospital Medical Imaging contract. That was our start in business life and thus we have a very strong relationship and desire to continue to support the Logan Hospital and Queensland Health.</p> <p>The success of how we conduct our practice and the value that we offer can best be demonstrated by the increasing volume of patients who support us. If our model was not absolutely right in this highly competitive marketplace then our volumes would not be growing. We are truly humbled by the ongoing support from patients and referrers alike, particularly in the current economic climate where in some situations they are choosing to use the service of an imaging company despite not being able to provide full bulk billing for all procedures.</p>

s.47(3)(b)

Qscan is a Brisbane based, fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Musculoskeletal and Pain Management Interventional Medical Imaging practice.

Our philosophy is to provide the highest quality comprehensive radiology service available. All the partner radiologists and associates at Qscan are local medical graduates with local medical training. All have undergone advanced postgraduate fellowship training and this allows us to provide the highest quality subspecialist service to all our patients and referrers.

The Qscan business model is successful and in Appendix A Section 1.0 our profile demonstrates our experience in detail.

The following summarises the depth and breadth of Qscan and PMI experience:

- The Public Health sector has been serviced by Qscan through PMI and we have worked successfully in a number of projects comprising: Logan Hospital, Townsville Hospital, Princess Alexandra Hospital, Royal Brisbane and Women's Hospital.
- Qscan are successful in providing Radiology services to the Mater Adult Hospital,
- Qscan now operate eleven Radiology practices within the Brisbane and Gold Coast area.
- Qscan will open a practice in Redcliffe opposite the hospital in July 2010. This will feature all modalities include Nuclear Medicine and MRI which are not currently available on the Peninsula.
- Qscan were invited, and have accepted space, in the new Redcliffe Hospital Foundation facility within the hospital grounds.
- Qscan plan to establish a Southport practice in the second half of 2010 with all modalities.

This experience is based on the establishment of a "value proposition" that guides every action we make within our practices. Appendix A section 2.0 outlines this in detail, but a summary version appears below:

The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complementary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each

patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring clinicians;

- The provision of Qpacs a secure web based PACS image viewing system at referring practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;
- A customer service team providing support to our clinical team, patients and referrers.

We think Qscan is in a unique position in being able to truly partner with Queensland Health in delivering "Best Ultimate Value" for the people of Logan and in other parts of Queensland.

PMI and Qscan Reference Sites

In Part E Reference Sites of this response we outline in detail six reference sites we think are relevant to this Hospital Radiology tender. The following table demonstrates the relevance of our experience:

Reference Site	Relevant Experience
Logan and Beaudesert Hospitals	<p>Premier Medical Imaging has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI replaced a fragmented service which required three separate providers. PMI has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI has provided an exceptionally high reporting level, amongst the highest in Queensland Health, in a timely fashion. PMI has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI has provided an Onsite FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year.</p> <p>Details of "value delivered to Logan and Beaudesert Hospital can be found in Appendix A Section 2.3.</p>
Royal Brisbane and Women's Hospital (RBWH)	<p>Qscan Radiology Clinics was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.</p>
Mater Adult Hospital (MAH)	<p>PMI provided teleradiology MRI reporting after hours for the</p>

	Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sclavos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.
The Townsville Hospital (TTH)	Since June 2009 PMI has provided teleradiology reporting for The Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain radiographs and ultrasound scans is provided.
Princess Alexandra Hospital	For a brief period in 2008, PMI was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at Princess Alexandra Hospital. The services were provided by Qscan radiologists after hours and Onsite using the existing PACS and RIS.
Mater Adult Hospital	Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.

PMI and Logan Hospital

Since winning the current reporting contract at Logan and Beaudesert Hospital we have delivered significant "value beyond price". Our experience comprises:

- PMI has provided a comprehensive and professional Diagnostic Radiology Reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
- PMI has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
- PMI has been able to efficiently cope with the vast increase in workload both within and afterhours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on site, the high speed data lines have allowed additional remote FTE's, and the proposed increase in FTE Onsite will enable further improvements at Logan.
- PMI has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at anytime of day or night. The Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- PMI has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing Onsite staff training.

- PMI has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
- PMI has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- PMI has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.
- PMI has paid all the Karisma licence fees for its reporting Radiologists.
- Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital (Queensland X-Ray) who have established a practice at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge
- PMI has provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.
- PMI was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores Qscan's commitment to education and training both within the Public and Private setting.

In terms of utilising our experience with Logan we have formulated a number of innovations which will add further value. These are outlined in detail in Appendix A Section 2.4.

The Qscan Radiologists

Qscan was born out of the experience that the founding doctors built during their largely overseas fellowships, their public hospital clinical caseload (which many continue with today and will do so), and their time in founding and building the Qscan practice.

Whilst Qscan was first formed in 2007 to undertake the Logan Hospital Radiology Reporting contract, the eleven (11) partners and fifteen (15) associates have over two hundred (200) years of clinical experience.

In addition, our practice offers a broad range of sub-specialty reporting and as importantly we have six interventional radiologists ready to add further value to the Logan Medical Imaging Department. **Appendix A section 3 provides complete details of our experience in terms of Sub Specialist Reporting and our Doctors' Value.**

The Curriculum Vitae of our Radiologists are provided in detail in Appendix B. you will not find a more highly skilled and experienced, cohesive group of Radiologists based in Brisbane.

In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the Qscan Radiologists:

Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions	Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing partner Qscan
Dr Hal Rice Subspecialty Radiology Training Fellowship Positions	Partner Neuroradiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee Member of RANZCR QUDI Advisory Board Member of RANZCR e-Radiology Reference Group
Dr Mark Hansen Subspecialty Radiology Training Fellowship Positions	Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Toronto General Hospital, Peter Munk Cardiac Centre, Canada Director of Cardiac Imaging Research TPCH Chair Cardiovascular Special interest Group RANZCR Executive Conjoint committee for Recognition of Training in CT Coronary Angiography
Dr David Leggett Subspecialty Radiology Training Fellowship Positions	Partner Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Northwestern Memorial Hospital, Chicago, USA Staff interventional radiologist Princess Alexandra Hospital Director of interventional neuroradiology services PAH Interventional radiologist Mater Private Hospital Radiologist Qscan Radiology Clinics
Dr Stephen Drew Subspecialty Radiology Training Fellowship Positions	Partner Abdominal and Pelvic Imaging Royal Brisbane and Women's Hospital New York University Medical Center, New York, USA Visiting Medical Officer Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Adrian Khoo Subspecialty Radiology Training Fellowship Positions	Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics

Dr James FitzGerald Subspecialty	Partner Neuroradiologist Interventional Radiologist Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Positions	Royal Brisbane and Women's Hospital University of Rochester New York USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Tim Hooper Subspecialty	Partner Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Royal Brisbane and Women's Hospital Hospital for Special Surgery, New York, USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Mark Burgin Subspecialty	Partner Neuroradiology Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Princess Alexandra Hospital The Alfred Hospital, Melbourne Radiologist Qscan Radiology Clinics
Dr Gary Shepherd Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Princess Alexandra Hospital Qscan Radiology Clinics Radiologist Qscan Radiology Clinics
Dr David Simpson Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Royal Brisbane and Women's Hospital Mount Sinai, Toronto Western and Princess Margaret Hospitals Toronto, Canada Radiologist Qscan Radiology Clinics
Dr George Koulouris Subspecialty	Associate Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Positions	The Alfred Hospital Melbourne The Alfred Hospital Melbourne Thomas Jefferson University Hospital Philadelphia, Pennsylvania Founder Melbourne Radiology Clinics Subspecialist teleradiology consultant Qscan Radiology Clinics
Dr Laetitia deVilliers Subspecialty	Associate Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training	Princess Alexandra Hospital

Fellowship	Princess Alexandra Hospital Mt Sinai Hospital, New York USA
Positions	Staff Specialist Radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Phillip Law Subspecialty	Associate MRI
Radiology Training	Nuclear Medicine Napean Hospital Royal Prince Alfred Hospital Princess Alexandra Hospital
Fellowship	Princess Alexandra Hospital
Positions	Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist Qscan Radiology Clinics
Dr Stanley Ngai Subspecialty	Associate Nuclear Medicine
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital
Positions	Staff Specialist Radiologist, Princess Alexandra Hospital Radiologist and Nuclear Medicine Specialist Qscan
Dr Joseph Wong Subspecialty	Associate Nuclear Medicine and Bone Densitometry
Physician Training	Christchurch, New Zealand
Fellowship	The Prince of Wales Hospital, Sydney Guy's and St Thomas' Hospitals, London
Positions	Consultant Nuclear Medicine Physician Qscan Radiology Clinics Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine
Dr Lora Medoro Subspecialty	Associate MRI
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital Mater Private and Greenslopes Hospitals
Positions	Consultant Radiologist Qscan Radiology Clinics
Dr Todd Malone Subspecialty	Associate MRI
Radiology Training	Women's Imaging Royal Brisbane and Women's Hospital
Fellowship	Mater Private and Greenslopes Hospital
Positions	Consultant radiologist Queensland XRay, Townsville Consultant radiologist Qscan Radiology Clinics, Jan 2010
Dr Kendal Redmond Subspecialty	Associate Interventional Radiologist Interventional Neuroradiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital Brown University, Providence, Rhode Island, USA
Positions	Staff interventional radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Tom Hess Subspecialty	Associate Paediatric Radiologist
Radiology Training	Princess Alexandra Hospital
Fellowship	British Columbia Children's Hospital, Vancouver, Canada
Positions	Paediatric Radiologist, Royal Children's and Mater Children's Hospitals

Currently our volumes across our practices and our commitments at Logan Hospital, Townsville, the Mater Private and other engagements only require nine (9) FTE.

We have the capacity to DOUBLE IN SIZE to undertaking over 600,000 examinations per annum with the current number of partners and associates.

Our intent with Logan Hospital is to provide two (2) FTE's Onsite AND utilise our high speed data communications links to provide access to other Radiologists as needed. The implementation of the **common worklist** initiative will enhance our capacity significantly. Refer to Appendix A Section 2.7 for details of this.

Speed of response

Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's **high speed reporting lines have achieved 99.99% uptime**. This is above the contracted Telstra 99.95% performance. For more details please refer to Appendix C Section 1.0.

Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that a remarkable 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health**. This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

In addition with the high speed links and a common worklist we can provide **access to Typing Resources outside Logan** if required. Appendix A section 3.5.5 provides more detail.

We note the time frames for report turnaround as follows.

- Urgent (within 30 minutes)
- Priority (within 4 hours)
- Intermediate (within 24 hours)
- Routine (within 3 business days)

PMI commit to these report turnaround time frames provided the volumes and mix of reporting services is in line with those specified in Part B section 6 of the tender.

Management of Report Turnaround will be conducted as follows:

- Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our Onsite and off-site Radiologists we can manage the worklist very precisely using all FTE's;
- Within the Qscan practice 99.1% of reports are complete the same day;
- Logan is implementing the Business Report Studio and one of the report groups that PMI/Qscan will provide is a report turnaround module. This allows the analysis of report speed through all phases of the process. It also allows us to identify "bottlenecks" in the process and apply additional resources as needed;
- Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution.
- The infrastructure to manage this is already in place comprising of Synapse PACS and Karisma RIS.

Reliability of the service

The primary reporting is conducted Onsite at Logan Hospital with a rotational rostering system. Should a rostered Radiologist not be available then we have processes in place for their replacement AND also to utilise our off-site and overflow reporting.

	<p>For off-site and overflow reporting PMI rely on the high speed data communications line between Logan and Queensland Health, and then to our Telstra co-location. For more details please refer to Appendix C section 1.0.</p> <p>Based on the last three years we can report a high level of system availability as follows:</p> <ul style="list-style-type: none"> ○ Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem. ○ Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan’s services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such Qscan’s high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance. ○ Qscan’s team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health. This could be improved to 99.99% as per Qscan’s other High speed connections if a direct connection with Queensland Health was obtained. <p>We also propose to provide capacity beyond that required by the Logan tender in making available Onsite our interventional radiology capabilities. Appendix A section 2.4.2.7 outlines this in detail. This would add significant health outcomes for the Logan and surrounding community, leveraging the unique capability of the Qscan practice to utilise some of our six interventional radiologists.</p>																														
<p>Provide evidence that the staff proposed to provide the offered services are registered or eligible for Registration by the Queensland Medical Board.</p>	<p>The evidence we are providing appears in Appendix B and comprises the following:</p> <ul style="list-style-type: none"> • Queensland Medical Board confirmation of registration for all partners and associates; 																														
<p>Please indicate which staff are Fellows of RANZCR.</p>	<p>The following partners and associates are Fellows of RANZCR:</p> <table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner			Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Stanley Ngai	Associate
Dr Eric Sclavos	Managing Partner																														
Dr Hal Rice	Partner																														
Dr Mark Hansen	Partner																														
Dr David Leggett	Partner																														
Dr Stephen Drew	Partner																														
Dr Adrian Khoo	Partner																														
Dr James FitzGerald	Partner																														
Dr Tim Hooper	Partner																														
Dr Mark Burgin	Partner																														
Dr Gary Shepherd	Partner																														
Dr David Simpson	Partner																														
Dr George Koulouris	Associate																														
Dr Laetitia de Villiers	Associate																														
Dr Stanley Ngai	Associate																														

	<p>Dr Lora Medoro Associate Dr Todd Malone Associate Dr Kendal Redmond Associate Dr Tom Hess Associate Dr Ash Jhamb Associate Dr Tanya Wood Associate Dr Jennie Roberts Associate Dr Jane Crossin Associate</p> <p>The following associate is a Fellow of the Royal Australasian College of Physicians :</p> <p>Dr Joseph Wong Associate</p>												
<p>Provide details of all staff accreditation, including date obtained and level. A copy of the certificate must be attached.</p>	<p>The evidence we are providing appears in Appendix B and comprises the following:</p> <ul style="list-style-type: none"> Queensland Medical Board confirmation of registration for all partners and associates, this provides confirmation of MBBS qualification (and year obtained) and RANZCR Fellowship; 												
<p>Provide details of the experience of the staff that will be providing the specified services or that part of the specified services for which an offer is submitted.</p>	<p>PMI is simply the "corporate entity" that provides Qscan services to the Public Health sector. PMI contracts Qscan to do so.</p> <p>Qscan was born out of the experience that the founding doctors built during their largely overseas fellowships, their public hospital clinical caseload (which many continue with today and will do so), and their time in founding and building the Qscan practice. Qscan is the fastest growing, most successful, Brisbane based radiology reporting practice in Australia and New Zealand.</p> <p>Our experienced team comprise two key areas:</p> <ul style="list-style-type: none"> Our Radiologists providing depth of Clinical Experience Our Management team providing depth of Business Experience 												
	<p>Clinical Experience</p> <p>Whilst Qscan was first formed in 2007 to undertake the Logan Hospital Radiology Reporting contract, the eleven (11) partners and fifteen (15) associates have over two hundred (200) years of clinical experience.</p> <p>In addition, our practice offers a broad range of sub-specialty reporting and as importantly we have six interventional radiologists ready to add further value to the Logan Medical Imaging Department. Appendix A Section 3 provides complete details of our experience in terms of Sub Specialist Reporting and our Doctors' Value.</p> <p>The Curriculum Vitae of our Radiologists are provided in detail in Appendix B. you will not find a more highly skilled and experienced, cohesive group of Radiologists based in Brisbane.</p> <p>In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the Qscan Radiologists:</p> <table border="0"> <tr> <td>Dr Eric Sclavos</td> <td>Managing Partner</td> </tr> <tr> <td>Subspecialty</td> <td>Nuclear Medicine</td> </tr> <tr> <td>Radiology Training</td> <td>Princess Alexandra Hospital</td> </tr> <tr> <td>Fellowship</td> <td>The Prince Charles Hospital</td> </tr> <tr> <td></td> <td>The Wesley Hospital</td> </tr> <tr> <td>Positions</td> <td>Supervisor of training radiology registrar training program</td> </tr> </table>	Dr Eric Sclavos	Managing Partner	Subspecialty	Nuclear Medicine	Radiology Training	Princess Alexandra Hospital	Fellowship	The Prince Charles Hospital		The Wesley Hospital	Positions	Supervisor of training radiology registrar training program
Dr Eric Sclavos	Managing Partner												
Subspecialty	Nuclear Medicine												
Radiology Training	Princess Alexandra Hospital												
Fellowship	The Prince Charles Hospital												
	The Wesley Hospital												
Positions	Supervisor of training radiology registrar training program												

Staff radiologist and nuclear medicine specialist PAH
Managing partner Qscan

Dr Hal Rice
Subspecialty

Partner

Neuroradiologist
Interventional Neuroradiologist

Radiology Training
Fellowship
Positions

Royal Brisbane and Women's Hospital
Mt Sinai Hospital, New York USA
Deputy Director of Medical Imaging at Gold Coast Hospital Southport
Director and Councilor RANZCR College Council
Treasurer of RANZCR
Chair of RANZCR Workforce Advisory Board
Chair of RANZCR Independent Radiologists Group
Member of RANZCR CPD committee
Member of RANZCR QUDI Advisory Board
Member of RANZCR e-Radiology Reference Group

Dr Mark Hansen
Subspecialty
Radiology Training
Fellowship

Partner

Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Toronto General Hospital, Peter Munk Cardiac Centre, Canada
Director of Cardiac Imaging Research TPCH
Chair Cardiovascular Special interest Group RANZCR
Executive Conjoint committee for Recognition of Training
in CT Coronary Angiography

Positions

Dr David Leggett
Subspecialty

Partner

Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Northwestern Memorial Hospital, Chicago, USA
Staff interventional radiologist Princess Alexandra Hospital
Director of interventional neuroradiology services PAH
Interventional radiologist Mater Private Hospital
Radiologist Qscan Radiology Clinics

Radiology Training
Fellowship

Positions

Dr Stephen Drew
Subspecialty
Radiology Training
Fellowship
Positions

Partner

Abdominal and Pelvic Imaging
Royal Brisbane and Women's Hospital
New York University Medical Center, New York, USA
Visiting Medical Officer Princess Alexandra Hospital
Radiologist Qscan Radiology Clinics

Dr Adrian Khoo Partner
Subspecialty
Radiology Training
Fellowship
Positions

Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles Hospital
Radiologist Qscan Radiology Clinics

Dr James FitzGerald
Subspecialty

Partner

Neuroradiologist
Interventional Radiologist
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention

Radiology Training
Fellowship
Positions

Royal Brisbane and Women's Hospital
University of Rochester New York USA
Visiting Medical Officer Royal Brisbane and Women's Hospital

	Radiologist Qscan Radiology Clinics
Dr Tim Hooper Subspecialty	Partner Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Royal Brisbane and Women's Hospital Hospital for Special Surgery, New York, USA Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Mark Burgin Subspecialty	Partner Neuroradiology Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Princess Alexandra Hospital The Alfred Hospital, Melbourne Radiologist Qscan Radiology Clinics
Dr Gary Shepherd Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Princess Alexandra Hospital Qscan Radiology Clinics Radiologist Qscan Radiology Clinics
Dr David Simpson Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Royal Brisbane and Women's Hospital Mount Sinai, Toronto Western and Princess Margaret Hospitals Toronto, Canada Radiologist Qscan Radiology Clinics
Dr George Koulouris Subspecialty	Associate Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Positions	The Alfred Hospital Melbourne The Alfred Hospital Melbourne Thomas Jefferson University Hospital Philadelphia, Pennsylvania Founder Melbourne Radiology Clinics Subspecialist teleradiology consultant Qscan Radiology Clinics
Dr Laetitia deVilliers Subspecialty	Associate Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training Fellowship Positions	Princess Alexandra Hospital Princess Alexandra Hospital Mt Sinai Hospital, New York USA Staff Specialist Radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Phillip Law Subspecialty	Associate MRI Nuclear Medicine
Radiology Training	Napean Hospital

Fellowship Positions	Royal Prince Alfred Hospital Princess Alexandra Hospital Princess Alexandra Hospital Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist Qscan Radiology Clinics
Dr Stanley Ngai Subspecialty Radiology Training Fellowship Positions	Associate Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital Staff Specialist Radiologist, Princess Alexandra Hospital Radiologist and Nuclear Medicine Specialist Qscan
Dr Joseph Wong Subspecialty Physician Training Fellowship Positions	Associate Nuclear Medicine and Bone Densitometry Christchurch, New Zealand The Prince of Wales Hospital, Sydney Guy's and St Thomas' Hospitals, London Consultant Nuclear Medicine Physician Qscan Radiology Clinics Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine
Dr Lora Medoro Subspecialty Radiology Training Fellowship Positions	Associate MRI Princess Alexandra Hospital The Prince Charles Hospital Mater Private and Greenslopes Hospitals Consultant Radiologist Qscan Radiology Clinics
Dr Todd Malone Subspecialty Radiology Training Fellowship Positions	Associate MRI Women's Imaging Royal Brisbane and Women's Hospital Mater Private and Greenslopes Hospital Consultant radiologist Queensland XRay, Townsville Consultant radiologist Qscan Radiology Clinics, Jan 2010
Dr Kendal Redmond Subspecialty Radiology Training Fellowship Positions	Associate Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Brown University, Providence, Rhode Island, USA Staff interventional radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Tom Hess Subspecialty Radiology Training Fellowship Positions	Associate Paediatric Radiologist Princess Alexandra Hospital British Columbia Children's Hospital, Vancouver, Canada Paediatric Radiologist, Royal Children's and Mater Children's Hospitals Radiologist Qscan Radiology Clinics
Dr Ash Jhamb Subspecialty Radiology Training Fellowship	Associate Neuroradiologist Interventional Radiologist The Alfred Hospital Melbourne The Alfred Hospital Melbourne Vancouver General Hospital, Canada Apollo Hospital, New Delhi, India

Positions	Staff Specialist Radiologist Royal Brisbane and Women's Hospital Consultant Radiologist Queensland Diagnostic Imaging
Dr Tanya Wood	Associate
Subspecialty	Cardiothoracic Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics
Dr Jennie Roberts	Associate
Subspecialty	Neuroradiologist Paediatric Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist Royal Brisbane and Women's Hospital Director of Radiology Training Royal Brisbane and Women's Hospital

Business Experience

In addition to our team of Radiologists we also rely on the expertise of our non-clinical team to deliver the marketing, administration and management initiatives which also add value to Logan Hospital. The key people in this team comprise:

Mark Grahame	Business Manager
Qualifications	B. Commerce (UQ) Master of Business Administration
Experience	Over 30 years experience in management, marketing, IT, finance, business strategy and business process.
Relevance to Tender	Work directly with the Director of Medical Imaging to determine service requirements and then co-ordinate the various clinical and non-clinical resources to continue to deliver "value" on time and within budget.

Karen Bird	Accountant
Qualifications	B. Business (Computing) Southern Cross University B. Business (Accounting) QUT Certified Practising Accountant
Experience	Six years experience in a company accountant role
Relevance to Tender	Work directly with Redcliffe Hospital finance team to ensure billing and financial matters are delivered as per the requirements.

Maree Landon	Administration Manager
Qualifications	Various administration and management courses
Experience	Eighteen years radiology administration roles
Relevance to Tender	Maree and her team have played a major role in supporting Logan Hospital with Karisma and with business processes. This has had significant outcomes in terms of recovery of unbilled invoices, improved processes and controls. A key aspect is also the provision of training and ongoing support. We intend to replicate this at Redcliffe Hospital.

Paul Watt	IT Manager
Qualifications	B App Science (MedRadTech) B App Science (MedUltrasound) Master Information Technology
Experience	Twelve years experience in radiology in both the public and private sectors as a radiographer, sonographer and as an IT professional.
Relevance to Tender	IT is a vital aspect of Radiology Reporting and Paul has driven various initiatives to deliver a highly reliable and effective IT solution that is integrated seamlessly with the Queensland Health network.

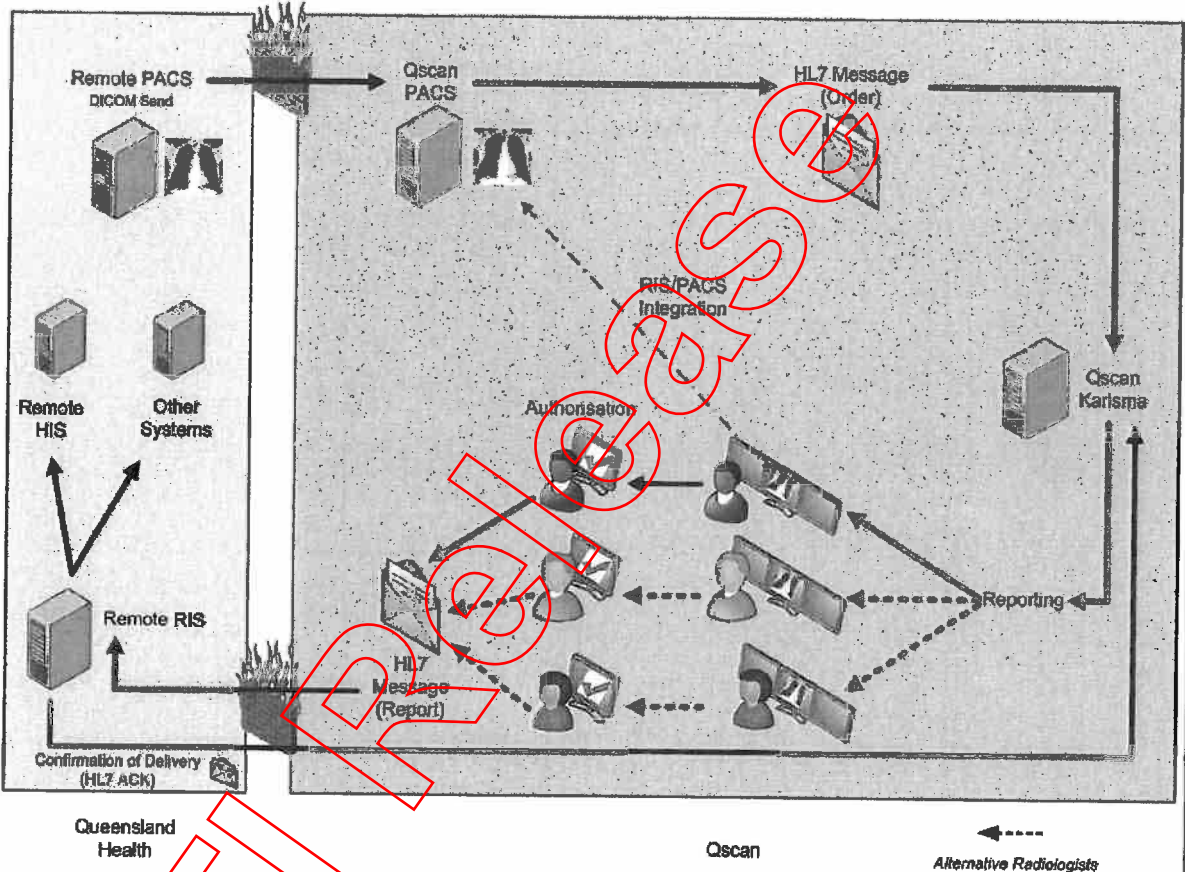
Candice Tyrrell	Business Development Manager
Qualifications	Various administration, sales and marketing courses

Experience Four years' experience in private practice radiology.
Relevance to Tender Candice drives the effective promotion and marketing of Qscan and also the services offered by Logan Hospital to over 7,000 potential referrers in SE Queensland. The success of the referral to Logan for MRI and Ultrasound is a direct result of those various actions. The success of the MRI project is directly linked to the professional and effective execution of the marketing plan commencing in February.

Where use of electronic reporting is envisaged provide details of the offered proposal on how such might most appropriately be managed.

PMI comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

Onsite reporting as per current workflow



The proposed workflow consists of:

- Logan Hospital Transmits the DICOM images for reporting to Qscan (Including a scanned image of the request form)
- Qscan's PACS system generates a HL7 order from the DICOM header information mapping to the correct HL7 segments. Critical patient data is maintained (UR Number, Name, Accession number etc)
- The order is sent to Qscan's Karisma RIS. The order is processed and the case available on Qscan's shared reporting work list.
- The most appropriate sub specialty Radiologist is able to pick up the case off the common worklist and Dictate the case for typing or use Voice Recognition software.
- The typed report is checked by the reporting Radiologist and is electronically authorised on Qscan's Karisma RIS.
- Qscan's Karisma RIS automatically generates a HL7 report message using the required patient details

for Logan Hospital (Name, UR Number, Accession number etc).

- The HL7 report message is securely transmitted to Logan Hospitals HL7 gateway interface where it is integrated back into Logan's Karisma RIS. Logan's Karisma RIS generates a HL7 Acknowledgement message that is returned to Qscan's Karisma RIS to confirm correct receipt.
- Logan's Karisma RIS will automatically distribute the report as per its internal rules to other Health Information Systems within Queensland Health as appropriate.

For more details please refer to Appendix C section 1.0 and 2.0

Improved Work Practices – Voice Recognition

Voice Recognition is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.

Qscan use the healthcare version which includes a full range of medical terminology. Speechmagic is a "predictive" speech recognition program; it anticipates the next word based on prior dictations.

An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>

The benefits we are realising at this early stage comprise:

- Reduction in transcription errors.
- Increased throughput where templates are used.
- Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
- Ability to immediately authorise a report once dictation is complete.

For further details refer to Appendix A Section 2.4.3.2.

Improved Work Practices – Common Worklist

Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver even greater benefits to Logan comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised and accurate reporting, with consultative contributions beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
- It would improve report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

For further details refer to Appendix A Section 2.4.2.6.

	<p><u>Improved Work Practices – Report Turnaround</u></p> <p>We note the time frames for report turnaround as follows:</p> <ul style="list-style-type: none"> ▪ Urgent (within 30 minutes) ▪ Priority (within 4 hours) ▪ Intermediate (within 24 hours) ▪ Routine (within 3 business days) <p>PMI can commit to these report turnaround time frames provided the volumes and mix of reporting services is in line with those specified in Part B section 6 of the tender.</p> <p>Management of Report Turnaround will be conducted as follows:</p> <ul style="list-style-type: none"> ▪ Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our Onsite and off-site Radiologists we can manage the worklist very precisely using all FTE's; ▪ Logan is implementing the Business Report Studio and one of the report groups that Qscan will provide is a report turnaround module. This allows the analysis of report speed through all phases of the process. It also allows us to identify "bottlenecks" in the process and apply additional resources as needed; ▪ Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution. ▪ The infrastructure to manage this is already in place comprising Synapse PACS and Karisma RIS (using HL7 interfaces as part of the Karisma).
<p>Please provide an example of invoices detailing the number of reports, priority levels and investigation types.</p>	<p>PMI currently invoice the Logan Hospital on a weekly basis (typically the Tuesday of the next week) the charge for the Onsite Radiologist and all of the on-call for that week. Refer Appendix D for a sample of the invoice and the on call log.</p> <p>The invoice and on call log is emailed directly to Logan Hospital.</p> <p>On a monthly basis the Revenue Manager at Logan Hospital is emailed the Ledger (Refer Appendix D) which shows the patient fees received for the month. This is done two days following the end of each month.</p> <p>The Logan Hospital then raises an invoice to PMI for the patient fees plus GST (Refer Appendix D for a sample document).</p>
<p>Please provide details on how it is envisaged that requests will be received from Queensland Health?</p>	<p>Requests can be received from Queensland Health in a physical format, as a DICOM image or by HL7 message. The preferred method is via a DICOM image. The proposed workflow is for Qscan to receive images for reporting into Qscan's own PACS system which then generates a HL7 order message using information contained in the DICOM header of the images. Site specific information (Location, UR Number and Accession Number etc) will be retained in the message so that the report message generated on Validation of the report can be easily integrated back into the originating location's health information systems. This order is automatically entered into Qscan's Karisma RIS system where it is then integrated into Qscan's workflow that allows any Radiologist working at Qscan to report the images, including Qscan's Sub-specialty trained Radiologists.</p>

<p>Please provide details on how it is envisaged that images will be received from Queensland Health?</p>	<p>Images will be received over a network connection either sent into Qscan’s PACS or by direct use of Logan Synapse. The preferred method is for the images to be sent to Qscan’s PACS. The DICOM header of the images will then be used to create a HL7 order message that is then integrated into Qscan’s RIS for reporting. This allows the work to be integrated into Qscan’s existing workflow that matches the best sub-specialty Radiologist to the examination across any of Qscan’s reporting sites. See diagram on Page 42.</p>
<p>Are you able to provide each report on a diagnostic image in the form required by Queensland Health?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>All HL7 report messages generated by Qscan will be in accordance with the relevant HL7 standard. All HL7 data mapping of required information will be performed in accordance with the requirements of Queensland Health.</p>
<p>If no, please give details.</p>	
<p>Please provide details on how it is envisaged that reports will be received by Queensland Health?</p>	<p>Reports will be either directly typed into Logan Karisma or via HL7 report message transfer. The preferred method for returning reports to Queensland Health is an automated HL7 transfer. Reports received by Queensland Health will be in a HL7 standard report format. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.8 for more details.</p>

<p>Please provide details on how it is envisaged that reports received by Queensland Health will be verified?</p>	<p>Reports will be verified either directly on Logan Karisma or on Qscan's RIS prior to HL7 report message transfer. Qscan's proposed workflow would have the Radiologist authorising (validating) the report in Qscan's Karisma RIS. The process of validating the report would then trigger the automatic creation and transmission of the appropriate HL7 report message to be integrated into the originating RIS or HIS. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.9 for more details.</p>
<p>Please provide details on how it is envisaged that validated reports will be integrated into the RIS?</p>	<p>Validated reports will seamlessly integrate into Logan Karisma via HL7 transfer of the validated report and then matching by Karisma of the report to the correct study based on fields within the HL7 message. The generated HL7 report message will maintain all required patient data from the originating location. It is anticipated that this data will include the original Name, UR Number and accession number. These data fields will be mapped to the appropriate fields of the HL7 report message. Refer Appendix C section 4.10 for more details.</p>
<p>Please provide details of the mechanism that will be used to mitigate against and address technology communication failures?</p>	<p>In Appendix C section 5.0 we have a section entitled System Performance and Redundancy.</p> <p>Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.</p> <ul style="list-style-type: none"> ○ For off-site and overflow reporting Qscan rely on the high speed data communications line between Logan and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows: <ul style="list-style-type: none"> ○ Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem. ○ Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such Qscan's high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance. ○ Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that 99.89% up/time has been achieved on the IPSec tunnel connection to Queensland Health. This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained. ○ Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data. ○ The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure Qscan has the ability to quickly deploy wireless technology to regain basic functionality. ○ Qscan currently use Watchguard firewalls, and are evaluating Checkpoint as an alternative moving forward to give improved compatibility with Queensland Health. Qscan uses Sophos for endpoint, internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3.

	<ul style="list-style-type: none"> ○ An option which we strongly recommend is direct connectivity to further increase speed, security and system reliability. The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan’s PACS a direct connection should be commissioned – this would enable fast connection speeds, greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception). ○ Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises: <ul style="list-style-type: none"> ○ Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support; ○ Qscan have a network of contacts within the various Queensland Health IT teams to assist with support if required. The relationships have been built over the past three years, have proven invaluable and we are entirely confident in our ability to continue to do so in the event we are successful with this tender.
<p>Please provide details of any infrastructure upgrades that may be required to facilitate report validation in the Queensland Health RIS?</p>	<p>No upgrades are required to facilitate report validation in the Queensland Health RIS. Logan already have in place the ability to send images and HL7 messages if required through Karisma and Synapse PACS. The network links and firewall rules are already in place giving Qscan secure access to the required resources. Upgrades can however be considered to give better reliability and greater speed of communication to allow better collaboration between Qscan and Queensland Health. To achieve this it is proposed that a direct high speed link into Queensland Health would provide greater security, reliability and speed of service.</p>
<p>Please provide details of any infrastructure upgrades that may be required to facilitate image transfer from Queensland Health facilities to the offerer’s image management system?</p>	<p>To enable image transfer to Qscan a DICOM send destination is required in Logan’s Synapse PACS. This is a simple configuration change in Synapse’s settings and requires no physical changes. No other infrastructure or configuration changes are required because Qscan has already established secure and reliable connectivity into Queensland Health. Refer Appendix C section 4.12 for more details.</p>
<p>Please provide details of any infrastructure upgrades that may be required to facilitate image transfer from the offerer’s image management system to the digital image</p>	<p>To facilitate image transfer to Synapse, Logan Synapse will require setup of the DICOM origin from Qscan’s PACS. Firewall rules for the transmission of images are already in place between Queensland Health and Qscan. Refer Appendix C section 4.13 for more details.</p>

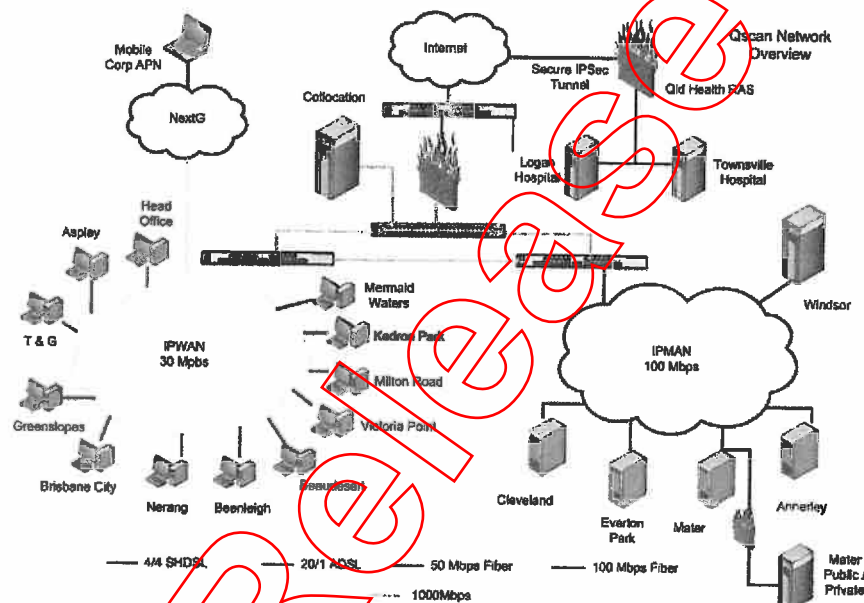
management system at the Hospital?

Please provide details of how the interfaces with Queensland Health information systems, networks and communications systems and IT support will be managed?

PMI/Qscan has a history of success in working with Queensland Health and its Information Technology team.

Current IT Infrastructure with Queensland Health and Logan

- **The current system uses a secure IPSec tunnel connection to Queensland Health Remote Access Services.** Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Currently Qscan connects to Townsville and Logan Hospital resources. The IPSec tunnel is already in place, configured and reliable - to add additional Queensland Health network destinations only requires adjustment of firewall rules at each end.

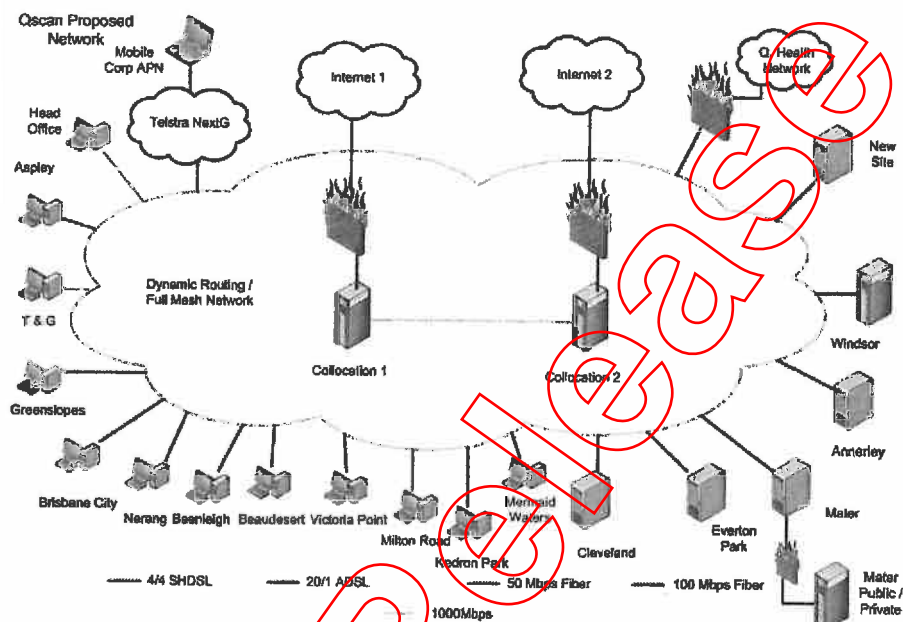


- **Qscan uses Watchguard firewalls** and both Qscan and Queensland Health firewalls are configured to allow access only to the resources that are required. The connection uses advanced encryption and security settings for maximum security for the transmission of clinical information.
- **Qscan is evaluating Checkpoint enterprise firewalls as potential candidates to upgrade Qscan's current network edge security.** Qscan currently use *Watchguard* firewalls and *Sophos* for endpoint/email/internet security. The project's goal is to redesign Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the functionality of remote access to provide simple but secure reliable connection methods for Qscan's remote access staff. Qscan acknowledges the excellent security architecture that Queensland Health maintains and Qscan intends to be absolutely compatible with Queensland Health by aligning security architectures. Qscan will proceed with this implementation irrespective of the outcome of the tender.
- Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

- Qscan maintains best practice in the areas of **patient privacy and confidentiality**. The management of personal information held by Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld).
- The current IPsec tunnel uses the recommended **Queensland Health encryption levels** which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

Qscan also have recommended a number of IT initiatives which will result in changes to our infrastructure.

Future IT Infrastructure with Queensland Health and Logan



Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.

The proposed new network design consolidates Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where Qscan and Kestral were invited to participate given our proven willingness

to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

- Describes the ORU inbound report data that is to be exchanged between other systems and QRIS
- Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- Provides a high level overview of the communication and integration options available to facilitate this exchange of data

Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support.

- Qscan is a Kestral Karisma development site, and thus has provided Logan with **level 1 application support and administrative support** in terms of training and business process. Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services.

-

s.47(3)(b)

- Implemented new workflow to ensure all examinations are captured and invoiced.
- Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
- Updated the work cover rates in Karisma to reflect the last schedule increase.
- Currently reviewing the service types within the system and checking that all items are correct.
- Providing Karisma training and workflow documentation.
- Qscan currently manages its side of the connection **in conjunction with Queensland Health Remote Access Services**. Queensland Health is supplied with contact details for Qscan IT staff. Qscan monitor connections to Queensland Health for breaks in service.
- Qscan has **formalised the process of who to contact at Logan** in regards to downtime associated with network, RIS and PACS through Haeley Reeves at Logan.
- **Qscan's IT team collectively have multiple tertiary and industry qualifications** and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

The Kestral Karisma RIS

Qscan use the Kestral Karisma RIS in our practice, and are recognised as a development site, so our application knowledge is extremely strong. Qscan enjoy a very strong strategic alliance with Kestral which has resulted in outstanding levels of support and changes to best suit modern Radiology practice. The interface between Logan Hospital, Kestral and Qscan can be described as follows:

- Logan Hospital and Queensland Health host the Karisma RIS.
- Qscan have provided, and intend to continue to do so, **the first level of support to Logan** for the Karisma RIS. Logan have utilised our experience with this excellent product in terms of workflow

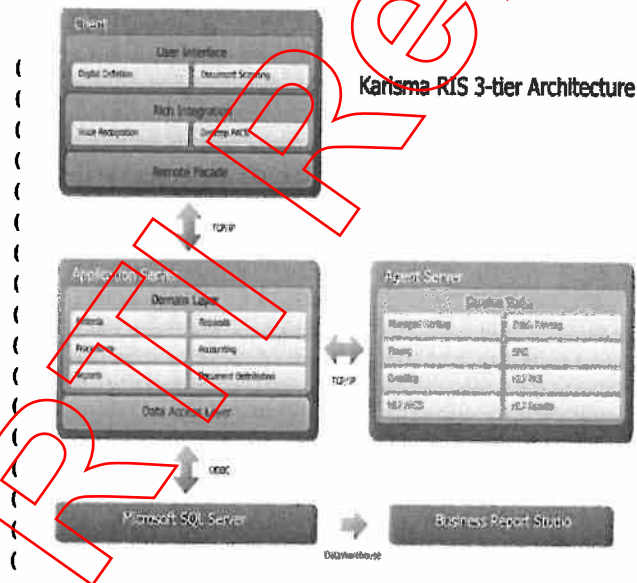
documentation, training and administrative support.

- Kestral are the manufacturer and provide the second level of support.

Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand to look after our customers across the Tasman.
- Kestral has been in business since 1990 and in that time has supplied RIS systems to customers in WA, SA, Victoria, NSW, QLD and NZ.
- In broad terms, Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

Overview of the Karisma RIS.



Functionality of the Karisma RIS.

The Karisma RIS comprises the following key features:

- An intuitive diary and booking system
- Customised exam rules and protocols
- Customised worklists for both clerical and clinical
- Full document scanning
- Technologist's examination module

- Reporting module
- Typist management screen
- Customised report distribution tools
- Rebate billing library
- Medicare online
- Management and ad hoc reporting
- Full text indexing
- Industry leadership in integration of HL7 / PACS / VR / CDA and more

- Diary and Booking System enables the following features:
 - Customised exam rules and protocols
 - Preparation notes
 - Roster input
 - Auto search for next available
 - Colour coding
 - Ability to cut and paste
 - Configuration of Diary by room, modality, Doctor, etc
 - Appointment slots per type of exam
 - Easy to block out times

- Technologist Review enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes
 - Prior reports
 - Status of patient
 - Type of exams
 - Patient billing
 - Exam verification
 - Private notes to radiologists
 - Editing of billing details
 - Scanning of extra worksheets
 - Adding consumables
 - Sign-off

- Reporting Module enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes
 - Prior reports
 - Status of patient
 - Type of exams
 - Interim report
 - Patient billing

- Digital Dictation enables the following features:
 - Worklist customisation
 - Referring practitioner details
 - Batch mode reporting
 - Prior reports (cut and paste)
 - Structured reports
 - Template reports
 - Automatic launch of PACS images via speech mike

- Integrated Speech mike configured to minimise Mouse clicks
- Park and restore
- Automatic shut down of PACS images after dictation

- Voice Recognition enables the following features:
 - Fully integrated interface to voice recognition
 - Dragon Dictate
 - Speech Magic
 - Power Scribe
 - Voice commands

- Report Authorisation enables the following features:
 - Worklist customised
 - Batch authorisation
 - Delay dispatch function
 - Viewing of Interim reports
 - Amended report functionality
 - Access to Referring Practitioner's details

- Transcription Module enables the following features:
 - Worklist customised
 - Referring practitioner
 - Referring request
 - Structured reports
 - Template reports
 - Integrated Dictation (not Microsoft Word)
 - Integrated foot pedals for voice file management
 - Dictionary
 - Private notes

- Reporting Module

- Management Reporting key features comprise:
 - Data storage managed by Microsoft SQL 2008 database on a dedicated server
 - Production data is extracted into an intermediate data warehouse
 - Data extraction into the Business Report Studio
 - Business Report Studio comprises:
 - 500 relationship tables
 - Full integrated
 - Customised management report creation
 - Automated email distribution of reports

Processes for ongoing co-ordination

Our processes to ensure the close co-operation and strong performance of our respective IT systems comprise the following:

- Continue to build upon the network of relationships established between our respective IT teams with the purpose of maintaining the outstanding level of system performance (99.99% availability).
- Qscan will complete the review of its firewall software and replace with a product entirely compatible with Queensland Health.
- Continue to work closely with Queensland Health on the QRIS project and ensure our inclusion in

	<p>future initiatives.</p> <ul style="list-style-type: none"> We could further improve responsiveness by arranging periodic meetings between key Logan Hospital IT, Queensland Health IT and Qscan team members to review system performance, table initiatives and issues. Currently these are dealt with on a case by case basis, and it seems to be functioning effectively given the high level of system performance. This would formalise the network of contacts and professional relationships built up over the past three years.
<p>Please provide details of processes that will be used to work with Queensland Health to achieve Queensland Health's long term goal for radiology services in regards to information technology facilitated radiology reporting workflows?</p>	<p>PMI/Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Our response is as follows:</p> <ol style="list-style-type: none"> 1.0 PMI/Qscan have a strong working relationship at multiple levels within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network; 2.0 Queensland Health has invited PMI/Qscan to participate in a number of radiology IT projects, the latest of which is the QRIS Project. PMI/Qscan, Kestral and Queensland Health have been working together on the QRIS project. This is a key Queensland Health initiative where PMI/Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following: <ol style="list-style-type: none"> 2.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS 2.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS 2.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data 3.0 PMI/Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health which comprise: <ol style="list-style-type: none"> 3.1 Upgrading the line speed between PMI/Qscan and Logan Hospital (refer Appendix A section 3.4 and 3.10); 3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 3.3); 3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 3.5); 3.4 The proposal in this tender response to include Logan in the current Voice Recognition project which Qscan are currently implementing (refer Appendix A section 3.11 for details). 4.0 PMI/Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value. We would be entirely supportive of a periodic meeting between various elements of Queensland Health and PMI/Qscan to formalise the generation, communication and ongoing support for IT and other initiatives.

<p>Are you prepared to provide a report for the billable patients at the same fee as for public patients?</p> <p>Definition: Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (Queensland HealthAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p>
--	--

RTI Release

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

REFERENCE SITES

In this Response Schedule, Offerers must provide details of at least three clients for whom similar services have been previously provided. Offerers must ensure persons nominated below are agreeable to being contacted with regards to this Offer

Reference #1:

Company Name:	Queensland Health Royal Brisbane and Women's Hospital (RBWH)
Contact Name:	A/Prof Peter Scally
Position Title:	Director of Medical Imaging Royal Brisbane and Women's Hospital
Contact Address:	Department of Medical Imaging Royal Brisbane and Women's Hospital Butterfield Street Herston 4029
Contact Phone:	Switch 3636 8111 Direct 3636 4312 Mobile s.47(3)(b)
Contact Email:	peter_scally@health.qld.gov.au
Detailed description of services previously provided for this client:	Performance of MRI scans and reporting – 369 public patients from the RBWH waiting list were scanned and reported at Qscan Windsor. Performance of CT scans and reporting – 589 RBWH patients were scanned and reported at Qscan Windsor
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Qscan Radiology Clinics was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.

Reference #2:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3163 8630 Direct 3163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	Premier Medical Imaging provided teleradiology MRI reporting after hours for the Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sclavos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Considerable hurdles existed to the establishment of an offsite teleradiology MRI service with the existing infrastructure at the Mater Adults Hospital. Qscan worked patiently and effectively with the Mater to provide a successful IT solution. With this background, Qscan now utilises the Mater Adults 3T MRI for scanning with the images transferred to Qscan's PACS via a direct secure high speed link.

Reference #3:	
Company Name:	Queensland Health Logan and Beaudesert Hospitals
Contact Name:	Mr Mark Horder
Position Title:	Director of Medical Imaging Logan and Redlands Hospitals
Contact Address:	Armstrong Rd (cnr Loganlea Rd) Meadowbrook QLD 4131
Contact Phone:	Direct 3299 8594 Mobile s.47(3)(b)
Contact Email:	mark_horder@health.qld.gov.au
Detailed description of services previously provided for this client:	<p>Premier Medical Imaging, has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI/Qscan replaced a fragmented service which required three separate providers. PMI/Qscan has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI/Qscan was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI/Qscan has provided an exceptionally high reporting level, amongst the highest in Queensland Health, in a timely fashion. PMI/Qscan has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI/Qscan has provided an Onsite FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI/Qscan has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI/Qscan was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year.</p>
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	PMI/Qscan sees many opportunities for improvement at the Logan Hospital Medical imaging department and plans to follow these through should we be successful in renewing the tender. Opportunities for teaching and clinical meetings have been limited to date by the rapidly growing service requirement in medical imaging which has been met by just one FTE. With

two on site FTE radiologists, as specified in the tender, there is potential for vast improvement in teaching and clinical consultation throughout the hospital. Clinical governance will be strengthened by the appointment of a "Radiologist in Charge" who can work on clinical issues, especially the appropriate use of medical imaging within the hospital. There is scope for increasing the private practice revenue for the department using Qscan's referrer base and marketing expertise. This revenue for Queensland Health can be channelled into improving the radiographer and administrative staffing levels within the department and thus aid with staff morale and staff retention levels. There is a growing need for interventional radiology at Logan as the hospital expands. Qscan has the strongest interventional radiology focus of any private practice in Queensland. There is no group better placed than PMI/Qscan to oversee and implement any changes needed in interventional radiology.

Reference #4:	
Company Name:	Queensland Health The Townsville Hospital (TTH)
Contact Name:	Dr. Anthony Lamont
Position Title:	Director of Medical Imaging The Townsville Hospital
Contact Address:	100 Angus Smith Drv Douglas QLD 4814
Contact Phone:	Switch (07) 4796 1500 Direct (07) 4796 1508 Mobile s.47(3)(b)
Contact Email:	anthony_lamont@health.qld.gov.au
Detailed description of services previously provided for this client:	Since June 2009 PMI/Qscan has provided teleradiology reporting for The Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain radiographs and ultrasound scans is provided.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The service volume provided for TTH by Qscan can be scaled as required, once a steady volume of work can be established to allow for appropriate rostering of Qscan radiologists. Qscan intends to improve its service to Townsville so as to better cope with variations in service requirements.

Reference #5:	
Company Name:	Queensland Health Princess Alexandra Hospital (PAH)
Contact Name:	A/Prof Stephen Stuckey
Position Title:	Director of Medical Imaging (at the time of the contract) Princess Alexandra Hospital
Contact Address:	Ipswich Rd Woolloongabba QLD 4102
Contact Phone:	Direct line 03 9594 2276
Contact Email:	
Detailed description of services previously provided for this client:	For a brief period in 2008, PMI/Qscan was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at PAH. The services were provided by Qscan radiologists after hours and Onsite using the existing PACS and RIS.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The volume of work was cleared rapidly by Qscan's team of hard working radiologists.

Reference #6:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3 163 8630 Direct 3 163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	PMI/Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	s.47(3)(b)
Additional comments:	Approximately 0.4 FTE radiologists are provided, depending on requirements and availability.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17th December 2009

RTI

DECLARATION OF INTEREST AND POSSIBLE INFLUENCES

In submitting an offer in response to the Request for Offer, the Offerer warrants that to the best of its knowledge and belief and subject to any disclosures detailed below.

- (a) no family, business or pecuniary relationships exist between the Parties to this Offer Process that would adversely impact on this Request for Offer or any Contract arising as a result of this Offer Process,
- (b) neither the Offerer nor its officers or employees have:
 - (i) engaged in any unethical behaviour or sought and/or obtained an unfair advantage, or
 - (ii) received or will receive any pecuniary or in-kind advantage from any other Offerer, in relation to this Offer Process,
- (c) no officer, employee, contractor or family member associated with the Offerer is or has been engaged by Queensland Health in a position or role that in any way relates back to this Offer,
- (d) no officer, employee, contractor or family member associated with Queensland Health has been offered any benefit or inducement associated with this Offer, including any offer relating to employment, and
- (e) other than specified below, neither the Offerer nor any of its officer or employees have or are likely to have any Conflict of Interest.

The Offerer further undertakes to notify Queensland Health via the Contact Officer in writing immediately if any warranty contained in this Response Form becomes incorrect.

The following information is disclosed for the purposes of this Response Form. Offerers must supply details of any possible conflict of interest that exists or may arise in relation to the making and/or acceptance of their Offer.

If there is nothing to declare, Offerers must insert "None"

NONE

HSPL
Tender Offers
18 DEC 2009
[Signature]

Offerer's Name:

Premier Medical Imaging Pty Limited

Date:

17th December 2009

STATEMENT OF COMPETITIVE NEUTRALITY

Government owned entities seeking to supply to the Queensland Government are required to indicate whether their Offer for the provision of Services complies with the competitive neutrality principles of the Offerer's jurisdiction.

If Statement of Competitive Neutrality Is not applicable in some of all areas please the appropriate "Not Applicable" box and sign this Statement.

To be completed by Government owned entities external to Queensland

For government owned entities outside Queensland, including local government and other State and Federal government Customers, the Offer has been priced to comply with the competitive neutrality principles of the government of the Offerer's jurisdiction.

Compliant or Not Applicable

To be completed by Queensland Government owned entities

For Queensland government owned entities, the Offer has been priced to comply with the Queensland Government's policy statement for the application of competitive neutrality to government business activities, "Competitive neutrality, and Queensland Government Business Activities" located at www.treasury.qld.gov.au.

Compliant or Not Applicable

To be completed by Queensland Local Government owned entities

The Offer has been priced to comply with the competitive neutrality policy arrangements established by the Queensland Government.

Compliant or Not Applicable

Offerer's Name:

Premier Medical Imaging Pty Limited

Date:

17th December 2009

CHECK LIST

The Check List is provided to assist Offerers submitting a conforming Offer. The list is not exhaustive and should not be relied upon as the sole quality check. Prior to submitting an offer, Offerers should use the following check list to ensure that all key information has been complied:

Check List Questions	Have you met this requirement:
1. Have you read and understood the Conditions of Offer, in Part A of this Request for Offer:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you read and understood the Conditions of Contract, in Part C and the Additional Conditions in Part D of this Request for Offer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you submitting your Offer in accordance with Part A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you specified any departures from the Specification and/or Conditions of Contract in relation to your Offer, in the Response Form?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you signed your Offer on the "Offer Authorisation and Certification" page of the Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you answered all questions and responded to all requirements specified in the Response Forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you entered the name of your organisation making this Offer in the footer of each Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you checked all other lodgement requirements of the Request for Offer to ensure your Offer is prepared and addressed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If your answer to any of the above questions is "NO" your offer may be considered non-conforming.

COPY

APPENDIX A:
Corporate Profile
Initiatives

Sub-Specialty Reporting

APPENDIX C:
Information Technology

APPENDIX D:
Billing

APPENDIX P:
Pricing Options

APPENDIX Q:
Insurance Certificates

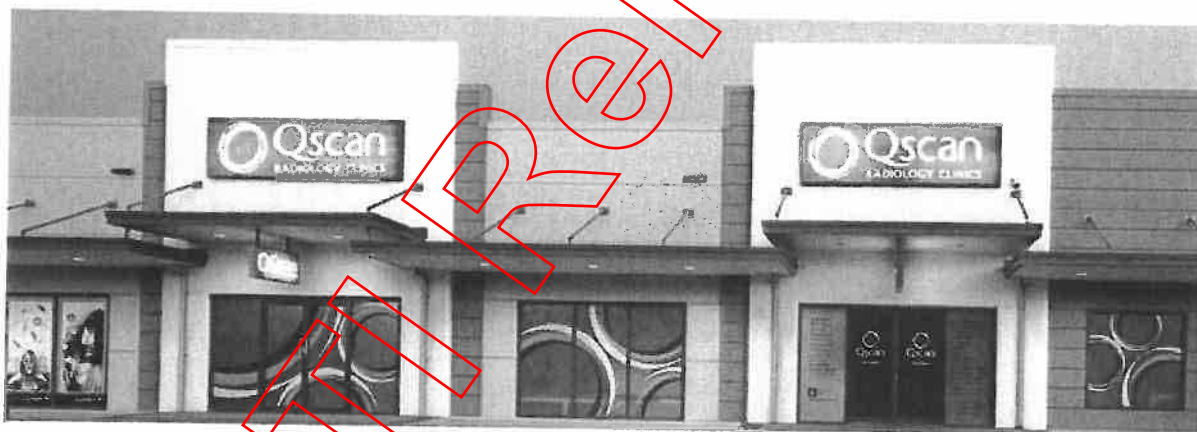
APPENDIX A:
Corporate Profile
Initiatives
Sub-Specialty Reporting

RTI Release

Appendix A: Corporate Profile, Initiatives and Sub-Specialty Reporting

1. Qscan Radiology Clinics Company Profile

- 1.0** Qscan is a Queensland based; fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Medical Imaging practice, also offering Musculoskeletal and Pain Management Interventional procedures. The Qscan business model is successful and this section will demonstrate the company profile in terms of being a Specialist driven comprehensive Medical Imaging provider focused on the delivery of world-class healthcare outcomes for both patients and referrers.
- 1.1** The Qscan business (through its subsidiary Premier Medical Imaging) commenced in July 2006 with a tendered appointment to provide onsite Diagnostic and Interventional Radiology and remote 24 hour on call reporting services for Queensland Health at the **Logan Hospital Medical Imaging Department** and District Health Service on Brisbane's Southside.
- 1.2** In July 2007 an 800m² practice at **Windsor** in the inner Northside of Brisbane (shown below) was established providing a hospital grade comprehensive range of Diagnostic and Image Guided Medical Imaging services, also offering Musculoskeletal and Pain Management Interventional procedures. The practice provides Digital X-Ray, Dental imaging, Bone Mineral Densitometry, Ultrasound, Computed Tomography, Fluoroscopy, Nuclear Medicine and 1.5 Tesla MRI. This was an unprecedented initiative, with a comprehensive multimodality Medical Imaging practice opening in a non-hospital location within a major suburban precinct. The result has been outstanding patient comfort and easy access with the combination of excellent parking in modern, attractive and comfortable facilities combined with the very latest in Medical Imaging and computer technology complimenting the Consultant Radiologists and Clinical team members.



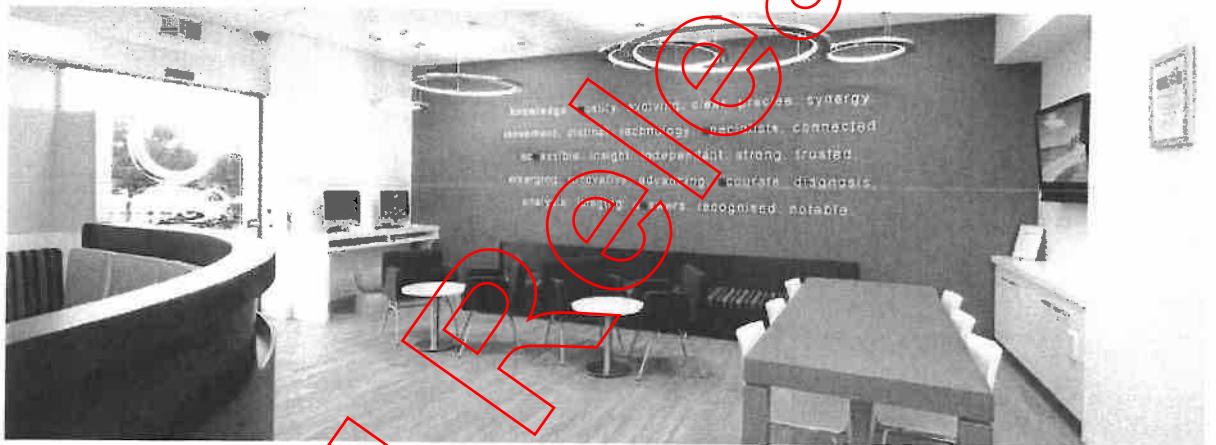
- 1.3** Shortly thereafter sites opened in **Everton Park** (shown below), **Kedron, Cleveland, Victoria Point and Toowong**.



- 1.4 In November 2007, Qscan opened a practice within the **Mater Private Clinic** (shown below) featuring the first (and only) private Siemens Dual Source 64 slice helical CT scanner in Queensland. The site also provides Digital X-Ray, Ultrasound and Nuclear Medicine services. The Mater Private Qscan practice specializes in Cardiovascular imaging particularly Cardiac CT Angiography, and provides the only private Neuro interventional radiology service in Queensland. All advanced hospital based vascular and non-vascular interventional radiology procedures are catered for.



- 1.5 In September 2008 a 600m2 practice at **Annerley** in the inner Southside of Brisbane was opened. The comprehensive full service practice providing the same extensive range of imaging modalities and world-class facilities as at Windsor.



- 1.6 All of the Qscan practices are linked by high speed (100megabit) fibre optic data links allowing real-time sub-speciality reporting with whichever Consultant Radiologist is best suited to report on a particular examination from anywhere within the Qscan network at any time. The screen shot below shows our "common work list" which provides Qscan with the ability to leverage our Doctors' sub-specialisation and enables faster report turnaround. For example, should five category 1 patients appear on the work list it allows any of the eleven doctors to immediately report these cases.

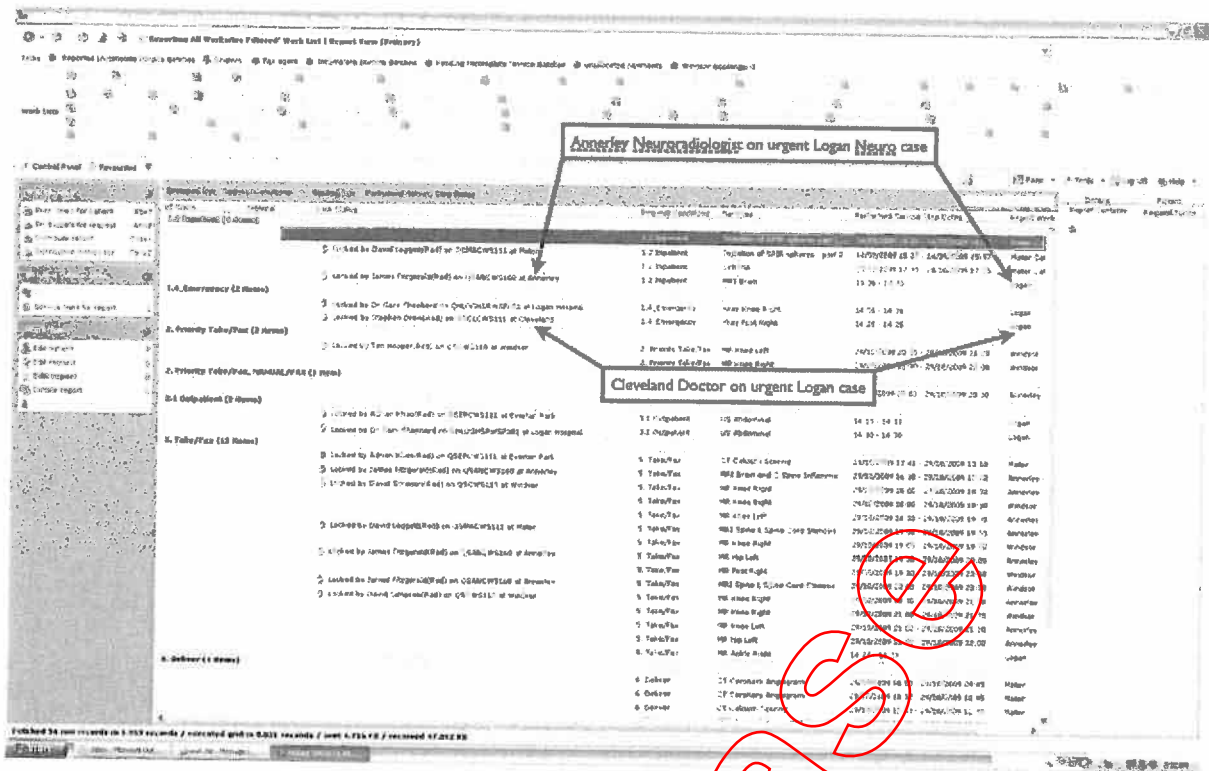


Figure 1 This is a representation of a combined worklist showing Logan Hospital (or Redcliffe or Bayside) integrated with the Qscan worklist. This would facilitate faster priority based report turnaround AND subspecialty reporting. Refer Appendix A section 2.4.2.6.

- 1.7 From February 2009 five additional practices were integrated into the Qscan network with sites located at **Brisbane City, Greenslopes, Beenleigh, Beaudesert and Nerang**.
- 1.8 In March 2009 another Qscan practice opened at **Aspley**. In April a specialist Dental imaging practice opened within the **T&G building in the Brisbane CBD**. We installed the first Zenith cone beam in Australia.
- 1.9 **Qscan at Mermaid Waters** on the Gold Coast opened in August 2009 offering initially X-Ray and subsequently the addition of Ultrasound services.
- 1.10 In September 2009 Qscan purchased a 4000m² property at 6 Silvyn Street, **Redcliffe** and will build a full service centre on the site comprising all imaging modalities. The Redcliffe Hospital Foundation also offered 280m² of space in their new facility adjacent to Redcliffe Hospital, which we have also accepted. This practice will have both MRI and Nuclear Medicine which will be available to the community on the Redcliffe peninsula for the first time. Our commitment to healthcare and the establishment of a Diagnostic and Interventional Radiology service in Redcliffe involves a multi-million dollar investment. We are anticipating a July 1, 2010 practice opening.

1.11

s.47(3)(b)

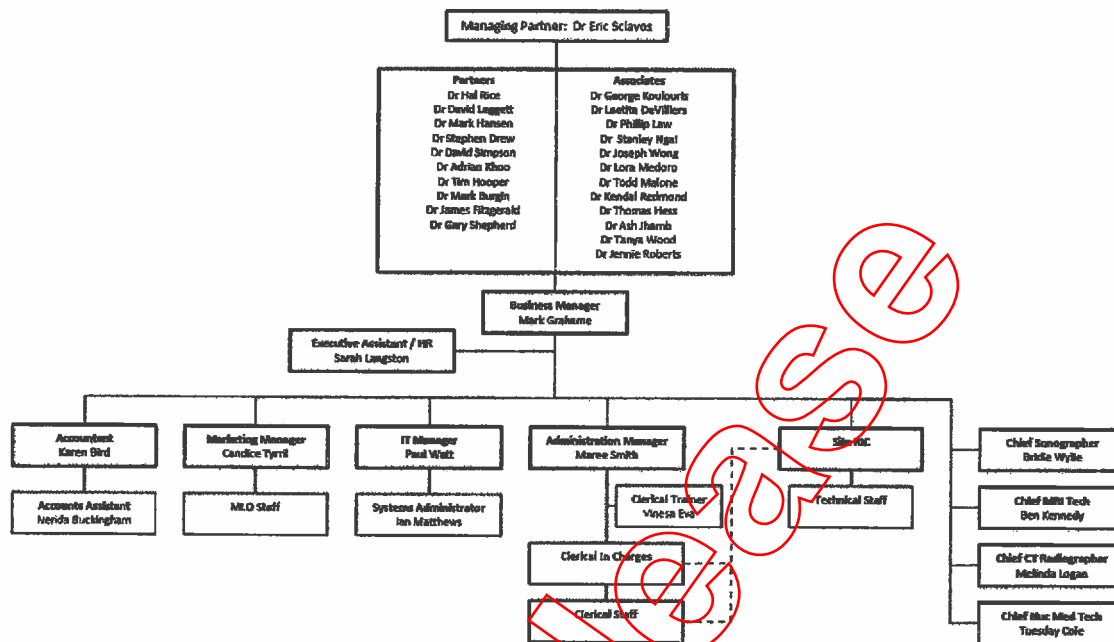
s.47(3)(b)

1.12

s.47(3)(b)

s.47(3)(b)

1.13 Qscan employs well over one hundred Queenslanders. The training, calibre and skill set of its Consultant Radiologists is outlined comprehensively in section 3.4. Supporting the Radiologists is an equally skilled team of Technicians, Imaging Modality Heads, Radiographers, Nurses and non-clinical Management team.



RTI RELEASED

2. Value Proposition

2.1 Qscan firmly believes in delivering high quality "value" to our referrers and patients alike. This section outlines the "value" which we have delivered to Logan "beyond the price", and also those innovations we are either currently working upon or will initiate should Qscan be successful in winning an extension of the current reporting contract.

2.2 The Qscan business is built upon a very precise "value proposition" which guides the actions within the business. The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complimentary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring clinicians;
- The provision of Qpacs a secure web based PACS image viewing system at referring practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;
- A customer service team providing support to our clinical team, patients and referrers.



- 2.3** What "Value" has Qscan delivered to Logan Hospital and district health service "beyond the price"?
- 2.3.1 Qscan has provided a comprehensive and professional Diagnostic Radiology Reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
- 2.3.2 Qscan has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
- 2.3.3 Qscan has been able to efficiently cope with the vast increase in workload both within and afterhours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on-site, the high speed data lines have allowed additional remote FTE's, and the proposed increase in FTE on-site will enable further improvements at Logan.
- 2.3.4 Qscan has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at anytime of day or night. The Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- 2.3.5 Qscan has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing onsite staff training.
- 2.3.6 Qscan has provided comprehensive audit support which resulted in the identification and recovery of roughly \$42,000 in unbilled private MBS billable examinations.
- 2.3.7 Qscan has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. Qscan have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- 2.3.8 Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.
- 2.3.9 Qscan has paid all the Karisma licence fees for Radiologists reporting for Logan Hospital throughout the current reporting contracts.
- 2.3.10 Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital

(Queensland X-Ray) who have established a **practice** at Meadowbrook, less than 500 metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge

2.3.11 Qscan provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.

2.3.12 Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores Qscan's commitment to education and training both within the Public and Private setting.

2.4 PROPOSED INNOVATIONS

This section outlines innovations either commenced but not complete OR proposed should Qscan be successful in winning renewal of the reporting tender.

2.4.1 Marketing and Business Initiatives

2.4.1.1 Implementation and execution of the **MRI growth initiative**, which will require a co-ordinated effort between the Logan Hospital Medical Imaging Department and the Qscan marketing team to effectively promote the MRI services to Specialist referrers. **The revenue for this initiative is critical to the expansion of the number of FTE's in the Logan Hospital Medical Imaging Department.** Qscan have already undertaken a MAPINFO analysis surrounding Logan Hospital with several important implications for proposed growth and competitor analysis requiring a professional and targeted marketing campaign.



Figure 3 Shows location of potential referrer and major competitive threat to Logan Hospital Medical Imaging.

2.4.1.2 There are not enough Specialists within 5km of Logan Hospital to fully support the MRI initiative.

Success will depend on the strong Qscan network of Specialist contacts in driving MRI referrals to the Logan Hospital Medical imaging Department.

2.4.1.3 There is a competitor to Logan Hospital (Queensland X-Ray) who have established a **practice** at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge.

2.4.1.4 A **marketing plan** has been developed in conjunction with key people within Logan Medical Imaging which will be launched in early February. Brochures are being created to support a campaign specifically targeting key referrers; all of whom have an existing relationship with Qscan.

2.4.1.5 It should be noted that roughly 34% of all MRI bookings at Logan are made from referrals bearing the Qscan logo. This confirms our commitments to Logan Hospital:

- i) Qscan do not have "funded magnets" at our sites at Annerley nor Windsor, thus we have not redirected referrals to our own sites. Our "funded" competitors may not prove as willing;
- ii) The Qscan marketing initiatives with including Logan Hospital are having a positive impact on generating private revenue;
- iii) That we will continue to support Logan Hospital in this initiative and recognise the significance in funding further improvements;

2.4.1.6 **We also propose providing a Qscan funded team member** to work at the Logan site. We have provided Karisma administrative support (refer section 2.2.5 of Appendix A) and would like to continue to do so, providing assistance with private patient bookings, ensuring the appropriate billing of private work and co-ordinating with the Radiologists to ensure the timely reporting and appropriate film and report delivery. They would also generate and distribute the KPI reports to both the Logan director and to the Qscan partners.

2.4.1.7 To support the provision of **Reporting** specified in Part D Schedule 4 Key Performance Indicator Reporting there are costs that would need to be borne by the Logan Hospital Medical Imaging Department. **To provide these reports the Logan Hospital Medical Imaging Department would need to add the Business Report Studio (BRS) module to the current Karisma RIS.** The costs of doing so comprise:

- A server to be purchased and installed in the QH network, which we have been advised will cost the department \$10,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS licence fees are costed at an initial \$20,000 payment, and then ongoing maintenance of \$2,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS would require the employment of a software analyst/developer to determine the reporting needs; develop and test the reports for the Director of Medical Imaging. Qscan will bear this cost. The report templates will remain the intellectual property of Qscan however.
- Queensland Health IT also advise an additional IP address costing \$300 would be required and Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital. This would allow Qscan to provide ongoing support to Logan in terms of report development.
- A Microsoft Server licence costing \$2000.
- A full list of the BRS reporting templates developed for Logan by Qscan (these remain the intellectual property of Qscan) comprise:
 - Period Views by Modality by Time Period
 - Patient Fee Analysis
 - Referrer Fee Analysis
 - Performance Report by Group, Sub-Group by Item
 - Daily Typing Statistics

- Daily Item Count
- Outstanding Debtors
- Plus other as defined by the Director of Imaging Services Logan

• Qscan will continue to pay for the Karisma licence fees for Doctors.

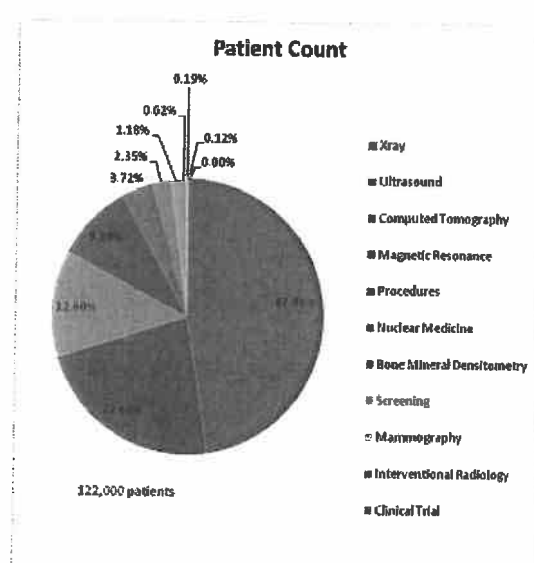
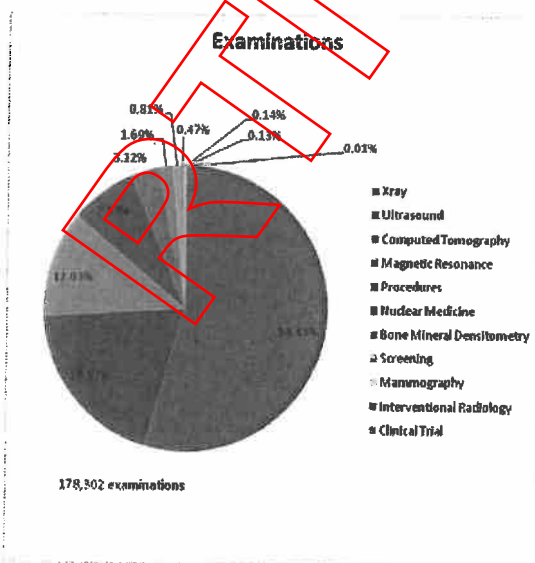
FUNCTIONALITY REQUIRED	COST
Server (may not be required if existing database server can be upgraded with RAM)	\$10,000 (from QHealth)
Business Report Studio Licence Fees	\$20,000 initial cost \$2,000 per annum maintenance
IP address	\$300
Microsoft Server Licence	\$2,000
Karisma Licence Fees for Reporting Workstations	
Analyst/Programmer to develop BRS reports	\$150 per hour
TOTAL COSTS	

2.4.2 Clinical Initiatives

2.4.2.1 Qscan propose to **increase the availability of Sub-Specialty Reporting to Logan via the new high speed information link.**

2.4.2.2 As outlined in Appendix B, Qscan's partners and associates offer a **comprehensive spectrum of radiology subspecialty expertise, with a proven track record of working together as a group and with our referrers to help optimize clinical outcomes for patients.** We have twenty-six (26) Radiologists available within the Qscan network. We have achieved this by use of our high speed data connections and combined worklists, allowing the radiologist with the greatest expertise in a particular area of imaging to either report and/or advise on cases within their field, as if onsite.

2.4.2.3 **The recognition of our unique "value proposition" by public and private medical institutions is evidenced by our remarkable growth in revenue, in examinations and the number of patients visiting our various practices.** Last year we conducted 178,302 examinations and saw 122,000 patients through our private practices.



2.4.2.4 We have recently achieved **improved high speed access to Queensland Health** and have already used this to facilitate in hours reporting of studies at Logan Hospital which have been specifically referred to Radiologists within our group, for example, MRI examinations of the rectum for tumour staging referred to Dr Steven Drew and MRI CNS cases referred to Dr Hal Rice and Dr James Fitzgerald. To our knowledge, no other group in Queensland can currently match our data network or harness the clinical benefits this yields.

2.4.2.5 **The benefits of this approach** can be summarised as follows:

- Makes available to Logan Medical Imaging all members of the Qscan team for specialised, sub-speciality reporting;
- Allows off-site FTE's to be brought to bear in coping with reporting volumes as needed by Logan;
- Allows report production by off-site typists, if required.
- Increased the number of Radiologists who can pick up and report on urgent cases. For example, should there be an urgent CT, two Plain Films and an Ultrasound which all need to be immediately reported upon, there are eleven Radiologists throughout the Qscan network who can do so.

2.4.2.6 Through **Worklist Integration** the potential exists to significantly improve our service to the doctors and patients of Logan Hospital by integration of the Logan Hospital work list with the QScan work list. Qscan would like to make use of the depth of sub-specialties available within its ranks of Radiologists. Qscan do undertake remote reporting work for Logan within our network of practices, this is achieved by simultaneously having open both Karisma for Qscan and Logan, and then both the GE PACS and Synapse. This workflow is cumbersome and not ideal. Our common worklist proposal with a single PACS/RIS solution would improve workflow significantly.

The following diagram is a representation of how the Karisma RIS would look with a common worklist. Note the following:

- An urgent Logan case is depicted, and a Qscan Radiologist located at our Cleveland practice is reporting this case. We would introduce report prioritisation into the Logan workflow which would ensure immediate reporting from within the Logan/PMI/Qscan network.
- Notice all Logan inpatient and emergency scans are being reported on this common worklist.
- There is a Logan MRI brain case on the common worklist and one of Qscan Neuroradiologists is shown as undertaking the reporting from our Annerley practice.

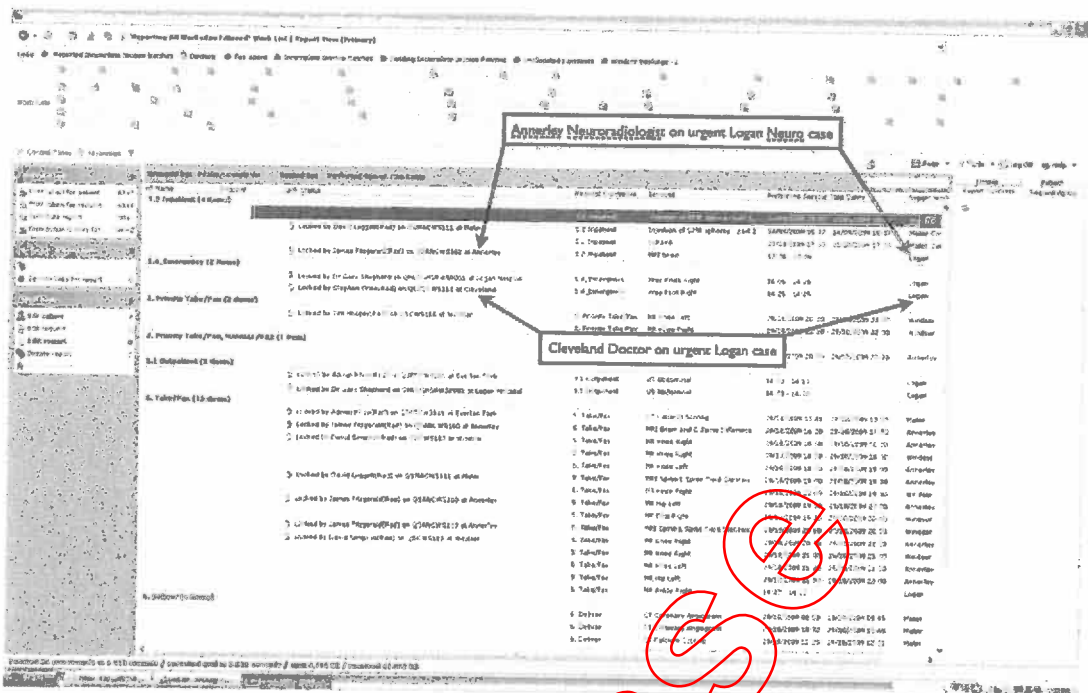


Figure 4 A common worklist comprising Logan/Redcliffe/Bayside and Qscan offers significant benefits in terms of faster, priority based report turnaround AND also access to subspecialty reporting from the 26 Qscan doctors.

- For this to occur it is optimal that images be sent into Qscan's PACS system – this gives the advantage of leveraging Qscan's high speed network to allow any radiologist at any of Qscan's practices access to report the images. Due to this Qscan is able to match the best radiologist for the type of examination performed and easily add resources to assist in reporting at times of high reporting load. The authorised report would then be returned from Qscan's Karisma RIS via HL7 message transfer to Logan's Karisma RIS.
- Qscan uses a single RIS worklist viewable to all Radiologists. This gives Qscan radiologists the advantage of full visibility of the workload across all sites. Qscan Radiologists can pick examinations that suite their own particular subspecialty skill set. The workload is distributed to all reporting sites so that no one site is ever back logged with waiting reports.
- The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds (10Mbps+), greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- The Image Sent workflow would be on reception of DICOM images into Qscans PACS a HL7 ORM message would be formed using the DICOM header. This HL7 message is sent to Qscan's Karisma RIS. This prompts appearance of the case on the Qscan reporting work list. Images are reported using Qscan's Karisma RIS by the most appropriate radiologist at whatever location they are reporting from on the day. On authorisation of the case a HL7 R01 message is sent back to Logan's Karisma RIS where it is integrated back into Logan's information systems via Karisma.
- This would effectively place all Qscan's reporting and typing resources at the hospital's disposal. Instead of 2 onsite radiologists working through the

overnight Emergency Department films each morning, as many as 10 will be accessing this list, with many of these cases typed offsite, speeding report turnaround time and ensuring that someone is always available to report urgent cases, even if the onsite Radiologists are occupied in clinical or administrative meetings or procedures.

- This would also allow immediate reporting of Category 1 radiographs on Saturdays, as we have radiologists (and typists) on site at both our Windsor and Annerley rooms between 8am and 4pm who would be able to immediately access these cases.
- The impact of a common worklist at Qscan results in 99% of daily reports are complete on the same day in our practices, and that we use the BRS (refer section 3.3) to monitor and manage this. We are confident in replicating this at Logan Hospital using the same principles.
- The high speed data lines and the fact we are using the same Radiology Information System make this possible.
- The benefits to Logan Hospital comprise:
 - Faster report turnaround.
 - Ability to link the report to the Qscan Radiologist most expert in attending to a specific sub-specialty.
 - Ability to manage spikes in reporting volumes with easily accessed resources.
 - Able to obtain a second radiologist opinion quickly.
 - Qscan could replicate this approach at Redlands to deliver the same benefits across both hospitals. Likewise with Redcliffe.

IMPORTANT NOTE: Whilst Qscan strongly believe that Workflow Integration offers major benefits to Logan Hospital, its clinicians and patients, our tender is not dependent upon acceptance of this proposed initiative.

- 2.4.2.7 The Qscan practice includes six **Interventional Radiologists** who have been formally trained internationally to perform high end interventional radiological procedures. These doctors comprising Hal Rice, David Leggett, James FitzGerald, Kendal Redmond, Laetitia De Villiers and Ash Jhamb are all accredited to perform **Tier B interventions (Tier B or advanced interventional radiology procedures are defined by the Interventional Radiological Society of Australasia on the RANZCR website).**
- 2.4.2.8 These doctors all hold positions in the major Queensland Health tertiary facilities with key positions at Princess Alexandra, Royal Brisbane and Women's and Gold Coast Hospitals. **Dr Leggett and Dr Rice were instrumental in the establishment of Interventional Neuroradiology services ("neurocoiling") at the Princess Alexandra and Gold Coast Hospitals respectively.** These major teaching hospital roles will facilitate continuity of care and ongoing management of patients who require procedures beyond the scope of Logan Hospital's facilities.
- 2.4.2.9 In addition, many of our other partners and associates are also highly capable of performing image guided biopsies and drainage procedures, vascular access and imaging guided injections for pain management (**Tier A interventions**).
- 2.4.2.10 We propose **the rostering of interventional radiologists in conjunction with the Logan Medical Imaging Department** to expand the interventional radiology service to the Logan community.

- 2.4.2.11 No other private practice in Queensland can match Qscan's expertise in Interventional Radiology.

Guidelines for Credentialling for Interventional Radiology

TIER A

Basic diagnostic angiography and interventional techniques - angiography, nephrostomy, abscess drainage and biopsy. This is in keeping with the training requirements of the RANZCR and any individual with RANZCR or equivalent qualifications may perform these procedures.

TIER B

1. All neuro-interventional procedures intracranial and extracranial
 2. All vascular interventional procedures other than basic diagnostic angiography, i.e. stents, angioplasty, thrombolysis, thrombectomy, atherectomy, embolisation, retrieval of foreign bodies and laser and mechanical angioplasty
 3. Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography, i.e. thrombolysis, angioplasty, stents, atherectomy, pulmonary embolectomy/thrombolysis and caval filter insertion
 4. Biliary intervention including T.I.P.S.
 5. Thoracic intervention, i.e. embolisation of AVMs, bronchial stents, occlusion of broncho-pleural fistulae and bronchial artery embolisation
 6. Gastro-intestinal intervention, i.e. oesophageal and duodenal stents, percutaneous gastrostomy, gastrointestinal vascular procedures other than diagnostic angiography, i.e. embolisation, chemo-embolisation and transplant intervention.
 7. Urological intervention, i.e. renal artery embolisation, angioplasty or stenting, percutaneous nephrolithotomy
 8. Gynaecological - fallopian tube recanalisation, embolisation of fibroids, temporary aortic occlusion
 9. Orthopaedic - percutaneous vertebroplasty, percutaneous discectomy In view of the small number of formal training sites so far established, accreditation for these procedures should be based on proof of a certain number of procedures performed as follows:
- 2.4.2.12 In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Logan Hospital. It is anticipated, that this person will be the principal contact with the Hospital and Department with regard clinical issues related to service provision.
- 2.4.2.13 **Resident and Registrar Training** will remain an ongoing focus with further improvements. Qscan played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded onsite requirements under the term of the tender would allow extension of these. In particular, Qscan would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required.
- 2.4.2.14 The additional onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols**

for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines.

- 2.4.2.15 Qscan undertakes to fully comply with Queensland Health standards regarding fatigued doctors. Qscan will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.

2.4.3 **Information Technology Initiatives**

The use of IT allows Qscan to leverage its clinical strengths in supporting the Logan Hospital.

- 2.4.3.1 The current IT interface with Queensland Health is a secure network access point via IPsec connectivity. Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Full details of our Information Technology may be found in **Appendix C: Information Technology**. Qscan propose to leverage the IT interface to provide:

- a) **Karisma and BRS Support** (refer section 3.3).
- b) **increased availability of Sub-Specialist Reporting** (refer section 3.4);
- c) a **Common Work List** (refer section 3.5);

- 2.4.3.2 **Voice Recognition** is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

- Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.
- Qscan use the healthcare version which includes a full range of medical terminology.
- Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.
- An interesting Case Study showing the Impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>
- The benefits we are realising at this early stage comprise:
 - Reduction in transcription errors.
 - Increased throughput where templates are used.
 - Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
 - Ability to immediately authorise a report once dictation is complete.

- 2.4.3.3 The **Karisma RIS from Kestral** is identical to that Qscan use in its own practices and also in a large number of public hospital sites in Australia and New Zealand. Kestral's flagship product, Karisma, is an intuitive, best of breed Radiology Information System (RIS) harnessing the high-end power of Microsoft SQL Server while offering a simple to use interface. All clinical data collected by Karisma is stored in an SQL database; giving you quick and reliable access to all your information needs. Karisma comes equipped with integrated accounting, reporting, voice recognition, digital dictation, document scanning, desktop-level

Picture Archiving and Communication System HL7 Connect (PACS) integration and a host of other beneficial standard features. Innovations Qscan can deliver to Logan Hospital as a result of our appointment as a Karisma development site comprise:

- We have provided, and will continue to do so, a **high level of Karisma support** to the Logan Medical Imaging team;
- Qscan are a development testing site, and we have driven the implementation of new features in both Karisma and the BRS reporting product. We have highlighted the importance of BRS to Logan in section 3.3. By continuing to work closely with Logan **we can ensure that Karisma is capable of meeting our ongoing requirements;**
- Should we succeed with the Redlands tender we could provide a **common RIS/PACS solution** across both hospital sites with significant integration benefits.

RTI Release

3. The Importance of Sub Specialty Radiology

3.1 The importance of Sub-Speciality Radiology is a core aspect of what Qscan offers to Logan Hospital and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the "essence in delivering quality outcomes"**. Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Logan Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative Qscan network.

"More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level". Alderson, PO. A Balanced Sub-specialisation Strategy for Radiology in the New Millennium AJR 2000; 175:7-8

"Further sub-specialization of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the nonradiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist". Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology 1 March 2009 Radiology, 250, 612-617.

"Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians, maximal benefit to patients under their care and reduction of diagnostic and treatment errors". Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. J Am Coll Radiol. 2007;4(11:752-3). At Logan this is particularly relevant give the rapid and ever-increasing number of specialist referring clinicians.

"Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology", all of which are characteristics of Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser. Sub-specialisation in Radiology and Radiation Oncology. J Am Coll Radiol 2009;6:147-159. 2009

3.2 How can Qscan claim to provide the best Subspecialty Radiology services in Queensland?

3.2.1 Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.

3.2.2 This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.

3.2.3 Our demonstrated excellence in subspecialty reporting services has allowed Qscan to install and run to capacity two non rebated clinical MRI units in Brisbane. Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital,

Mater Public Hospital, Mater Private Hospital, Princess Alexandra Hospital and Greenslopes Private Hospital.

3.24 Qscan offers Queensland's only private Interventional Neuroradiology service through Qscan's practice at the Mater Private Clinic and the Cardiovascular Unit at the Mater Private Hospital. Our expert interventional neuroradiologists Dr Leggett and Dr Rice were instrumental in setting up the interventional neuroradiology services at the Princess Alexandra and Gold Coast Hospital's respectively and continue to run and teach within the QHealth facilities.

3.3 What does this mean for Logan Hospital?

- 3.3.1 Around the clock access to leading subspecialist reporting services.
- 3.3.2 More accurate clinical reporting and greater opportunities for service expansion, particularly in the fields of interventional imaging, vascular access procedures, Musculoskeletal and Neuro MRI, Paediatric Imaging and Cardiac CT.
- 3.3.3 Opportunities for growth in Medical Imaging Private practice billing utilising Qscans network of Specialist referrers and medical liaison officers.
- 3.3.4 Opportunities for more Clinical case conference meetings attended by subspecialty radiologists and Hospital specialists to improve patient outcomes and service delivery.
- 3.3.5 Smoothing of reporting and typing workload peaks by providing greater availability of subspecialty reporting radiologists and typists effectively expanding the local hospital radiologist and typing pool to include the resources of the entire Qscan network

3.4 Our Doctors and their Subspecialty comprise the following:

In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the Qscan Radiologists:

Dr Eric Sclavos	Managing Partner
Subspecialty	Nuclear Medicine
	Positron Emission Tomography (P.E.T.)
	Oncology Imaging
Radiology Training	Princess Alexandra Hospital
Fellowship	The Prince Charles Hospital
	The Wesley Hospital (PET)
Positions	Managing Partner Qscan
	Director of Radiology Training Brisbane
	South (26 Registrars)
	Staff Radiologist and Nuclear Medicine specialist
	PAH
	Chair of RANZCR Queensland Radiology Registrar
	Recruitment
	Member of RANZCR Curriculum
	Member Radiology Informatics Program Qld Health



Dr Hal Rice
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Neuroradiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
Mt Sinai Hospital, New York USA
Deputy Director of Medical Imaging at Gold Coast
Hospital Southport
Director and Councilor RANZCR College Council
Treasurer of RANZCR
Chair of RANZCR Workforce Advisory Board
Chair of RANZCR Independent Radiologists Group
Member of RANZCR CPD committee
Member of RANZCR QUDI Advisory Board
Member of RANZCR e-Radiology Reference Group
Radiologist Qscan Radiology Clinics



Dr David Leggett
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Northwestern Memorial Hospital, Chicago, USA
Staff interventional radiologist Princess
Alexandra Hospital
Director of interventional neuroradiology services
PAH
Interventional radiologist Mater Private Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Hansen
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Toronto General Hospital; Peter Munk
Cardiac Centre, Canada
Director of Cardiac Imaging Research TPCH
Chair Cardiovascular Special Interest
Group RANZCR
Executive Conjoint committee for Recognition
of Training in CT Coronary Angiography
Radiologist Qscan Radiology Clinics



Dr Stephen Drew
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Abdominal and Pelvic Imaging
Royal Brisbane and Women's Hospital
New York University Medical Center, New York, USA
Visiting Medical Officer Princess Alexandra Hospital
Radiologist Qscan Radiology Clinics



Dr David Simpson
Subspecialty

Radiology Training
Fellowship

Position

Partner
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Adrian Khoo
Subspecialty
Radiology Training
Fellowship
Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Tim Hooper
Subspecialty

Radiology Training
Fellowship
Position

Partner
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Hospital for Special Surgery, New York, USA
Visiting Medical Officer Royal Brisbane and Women's
Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Burgin
Subspecialty

Radiology Training
Fellowship
Position

Partner
Neuroradiology
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Princess Alexandra Hospital
The Alfred Hospital, Melbourne
Radiologist Qscan Radiology Clinics



Dr James FitzGerald Partner
Subspecialty

Radiology Training
Fellowship
Positions

Neuroradiologist
Interventional Radiologist
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
University of Rochester New York USA
Visiting Medical Officer Royal Brisbane and Women's
Hospital
Radiologist Qscan Radiology Clinics



Dr Gary Shepherd Partner
Subspecialty

Radiology Training
Fellowship
Position

Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Princess Alexandra Hospital
Qscan Radiology Clinics
Radiologist Qscan Radiology Clinics



Dr Tom Hess Associate
Subspecialty
Radiology Training
Fellowship

Positions

Paediatric Radiologist
Princess Alexandra Hospital
British Columbia Children's Hospital, Vancouver
Canada
Paediatric Radiologist Royal Children's and
Mater Children's Hospitals
Radiologist Qscan Radiology Clinics



Dr Laetitia deVilliers Associate
Subspecialty

Radiology Training
Fellowship

Positions

Neuroradiologist
Interventional Neuroradiologist
Interventional Radiologist
Princess Alexandra Hospital
Princess Alexandra Hospital
Mt Sinai Hospital, New York USA
Staff Specialist Radiologist Princess Alexandra
Hospital
Radiologist Qscan Radiology Clinics



Dr Joseph Wong
Subspecialty
Physician Training
Fellowship

Positions

Associate
Nuclear Medicine and Bone Densitometry
Christchurch, New Zealand
The Prince of Wales Hospital, Sydney
Guy's and St Thomas' Hospitals, London
Consultant Nuclear Medicine Physician, Qscan
Radiology Clinics
Consultant Nuclear Medicine Physician,
Northcoast Nuclear Medicine



Dr Kendal Redmond
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Brown University, Providence, Rhode Island, USA
Staff interventional radiologist Princess Alexandra
Hospital
Radiologist Qscan Radiology Clinics



Dr Anthony Litzow
Subspecialty

Radiology Training
Fellowship
Position

Associate
MRI
Princess Alexandra Hospital
Princess Alexandra Hospital
Radiologist, Qscan Radiology Clinics



Dr Stanley Ngai
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
The Prince Charles Hospital
Royal Brisbane and Women's Hospital
Princess Alexandra Hospital
Staff Specialist Radiologist, Princess Alexandra
Hospital
Radiologist and Nuclear Medicine Specialist,
Qscan



Dr Lora Medoro
Subspecialty
Radiology Training
Fellowship

Positions

Associate
MRI
Princess Alexandra Hospital
The Prince Charles Hospital
Mater Private and Greenslopes Hospitals
Consultant Radiologist Qscan Radiology Clinics



Dr Jane Crossin
Subspecialty
Radiology Training
Fellowship

Position

Associate
Cardiothoracic Radiologist
Edinburgh, Scotland, United Kingdom
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Tanya Wood
Subspecialty
Radiology Training
Fellowship
Positions

Associate
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Phillip Law
Subspecialty

Radiology Training

Fellowship
Positions

Associate
MRI
Nuclear Medicine
Nepean Hospital
Royal Prince Alfred Hospital
Princess Alexandra Hospital
Princess Alexandra Hospital
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Consultant Radiologist Qscan Radiology Clinics



Dr Peter Jackson
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
Princess Alexandra Hospital
Guy's and St Thomas's Hospital London, UK
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Radiologist, Qscan Radiology Clinics



Dr George Koulouris
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Musculoskeletal MRI and Ultrasound
Sports medicine
Musculoskeletal intervention
The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Thomas Jefferson University Hospital,
Philadelphia, Pennsylvania
Founder Melbourne Radiology Clinics
Subspecialist tele-radiology consultant Qscan
Radiology Clinics



Dr Ash Jhamb
Subspecialty

Radiology Training
Fellowship

Positions

**Associate
Neuroradiologist
Interventional Radiologist**
The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Vancouver General Hospital, Canada
Apollo Hospital , New Delhi, India
Staff Specialist Radiologist Royal Brisbane and
Women's Hospital
Consultant Radiologist Queensland Diagnostic Imaging

Dr Todd Malone
Subspecialty

Radiology Training
Fellowship
Positions

**Associate
MRI
Women's Imaging**
Royal Brisbane and Women's Hospital
Mater Private and Greenslopes Hospital
Consultant radiologist Queensland XRay, Townsville
Consultant radiologist Qscan Radiology Clinics, Jan 2010

Dr Jennie Roberts
Subspecialty

Radiology Training
Fellowship
Positions

**Associate
Neuroradiologist
Paediatric Radiologist**
Royal Brisbane and Women's Hospital
Great Ormond Street, London, UK
Staff Specialist Radiologist Royal Brisbane and
Women's Hospital
Supervisor of Radiology Registrar Training
Royal Brisbane and Women's Hospital

RTI REQUEST

4. Qscan Reporting Sites and Contact Details

WINDSOR

Homezone, 142 Newmarket Road,
Windsor 4030
Ph: 07 3357 0333
Fax: 07 3357 0300

ANNERLEY

Shop 7/310 Ipswich Road,
Annerley 4103
Ph: 07 3357 0388
Fax: 073357 0380

MATER PRIVATE CLINIC

Suite 6/ Level 6, 550 Stanley Street
South Brisbane 4101
Ph: 07 3357 0361
Fax: 07 3010 5791

EVERTON PARK

456 South Pine Road,
Everton Park 4053
Ph: 07 3355 4422
Fax: 073355 4943

CLEVELAND

177 Bloomfield Street,
Cleveland 4163
Ph: 07 3821 1766
Fax: 07 3821 1100

RTI Release

APPENDIX C: Information Technology

RTI Release

Appendix C: Information Technology

The use of IT is a vital element in delivering "value" to Queensland Health, to referrers and to patients. Qscan invests considerable resources in terms of dollars, time and people to ensure the utilisation of world's best technology and protocols.

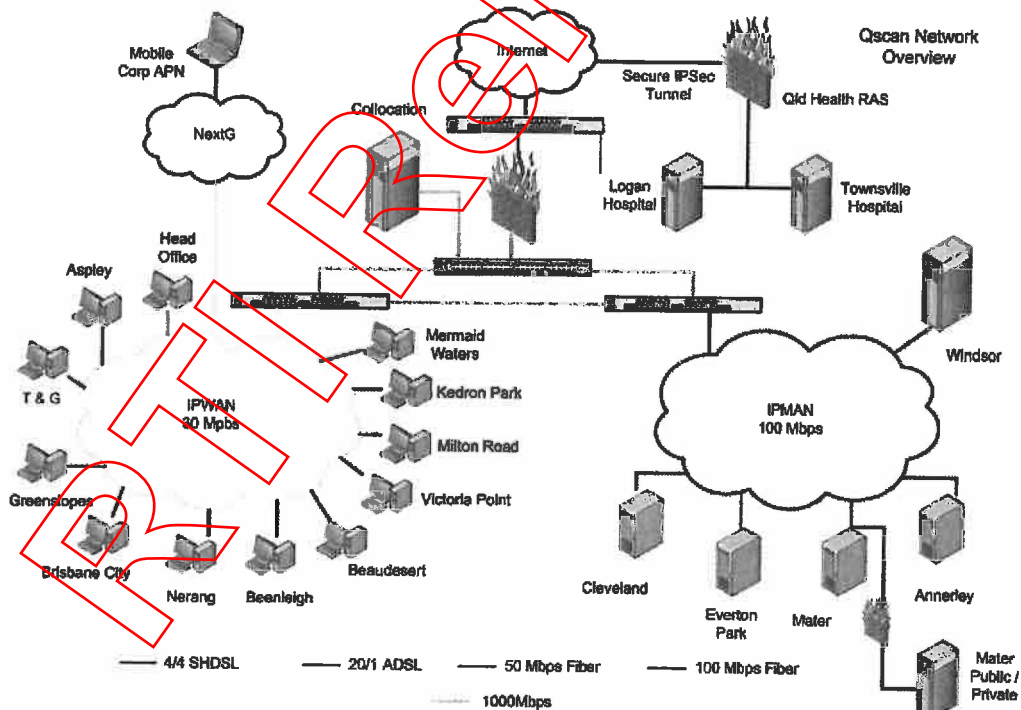
The purpose of this section is to provide a high level of detail to Queensland Health in answering the various specific questions in Schedule E related to IT.

More specifically it is intended to clearly demonstrate that:

- Qscan meets the needs of the current tender specifications;
- Qscan has been historically proactive in working with Queensland Health in facilitating and improving IT based radiology reporting services;
- Qscan has strong relationships with the IT team at Queensland Health.

1. Current IT Infrastructure with Queensland Health and Logan

- 1.1 The current system uses a secure IPsec tunnel connection to Queensland Health Remote Access Services.** Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Currently Qscan connects to Townsville and Logan Hospital resources. The IPsec tunnel is already in place, configured and reliable - to add additional Queensland Health network destinations only requires adjustment of firewall rules at each end.



- 1.2 Qscan uses Watchguard firewalls** and both Qscan and Queensland Health firewalls are configured to allow access only to the resources that are required. The connection uses advanced encryption and security settings for maximum security for the transmission of clinical information.

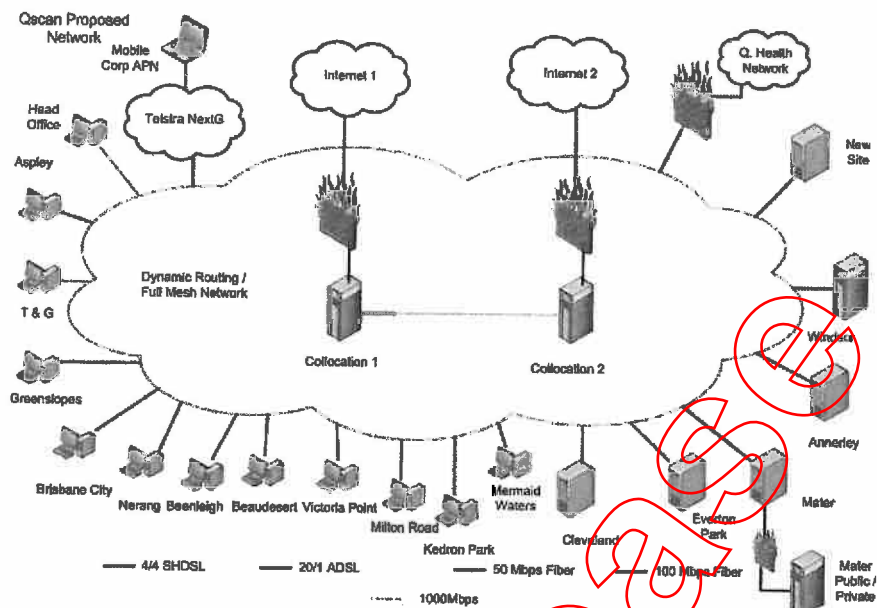
- 1.3 **Qscan is evaluating Checkpoint enterprise firewalls as potential candidates to upgrade Qscan's current network edge security.** Qscan currently use *Watchguard* firewalls and *Sophos* for endpoint/email/internet security. The project's goal is to redesign Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the security and functionality of remote access to provide simple but secure reliable connection methods for Qscan's remote access staff. Qscan acknowledges the excellent security architecture that Queensland Health maintains and Qscan intends to be absolutely compatible with Queensland Health by aligning security architectures. Qscan will proceed with this implementation irrespective of the outcome of the tender.
- 1.4 Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur with active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- 1.5 Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that a remarkable 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health** despite the connection traversing the internet. This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- 1.6 Qscan maintains best practice in the areas of **patient privacy and confidentiality.** The management of personal information held by Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld).The current IPsec tunnel **uses the recommended Queensland Health encryption levels** which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

2. Future IT Infrastructure with Queensland Health and Logan

2.1 Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Schedule E page 72 paragraph 2 specifically asks Qscan what processes will be employed to work with Queensland Health. Our response is as follows:

- 2.1.1 Qscan have a **strong working relationship at multiple levels** within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network;
- 2.1.2 **Queensland Health has invited Qscan to participate in a number of radiology IT projects**, the latest of which is the QRIS Project (refer Appendix C section 2.4 for details). Qscan will continue to support Queensland Health where asked to do so;
- 2.1.3 **Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health** which comprise:
 - 2.1.3.1 Upgrading the line speed between Qscan and Logan Hospital (refer Appendix A section 2.4.3.1);
 - 2.1.3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 2.4.1.7);
 - 2.1.3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 2.4.2.6);
 - 2.1.3.4 The proposal in this tender response to include Logan in the current Voice Recognition project which Qscan are currently implementing (refer Appendix A section 2.4.3.2 for details).
- 2.1.4 **Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value.** We would be entirely supportive of a periodic meeting between various elements of Queensland Health and Qscan to formalise the generation, communication and ongoing support for IT and other initiatives.

2.2 Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.



The proposed new network design consolidates Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with little or no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

2.3 Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

- 2.3.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS
- 2.3.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- 2.3.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data.

3. Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support per Schedule E page 72 paragraph 1.

3.1 Qscan is a Kestral Karisma development site, and thus has provided Logan with **level 1 application support and administrative support** in terms of training and business process. Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services.

3.2 Administrative support at Logan has comprised:

- 3.2.1 Identification and recovery of old examinations that had not been invoiced. This resulted in the recovery of \$42,162 in revenue for Logan.
- 3.2.2 Implemented new workflow to ensure all examinations are captured and invoiced.
- 3.2.3 Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
- 3.2.4 Updated the workcover rates in Karisma to reflect the last schedule increase.
- 3.2.5 Currently reviewing the service types within the system and checking that all items are correct.
- 3.2.6 Providing Karisma training and workflow documentation.

3.3 Qscan currently manages its side of the connection **in conjunction with Queensland Health Remote Access Services**. QH is supplied with contact details for Qscan IT staff. Qscan monitor connections to QH for breaks in service.

3.4 Qscan has **formalised the process of who to contact at Logan** in regards to downtime associated with network, RIS and PACS through Hailey Reeves at Logan.

3.5 Qscan's IT team collectively have multiple tertiary and industry qualifications and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

4. Electronic Reporting and Workflow

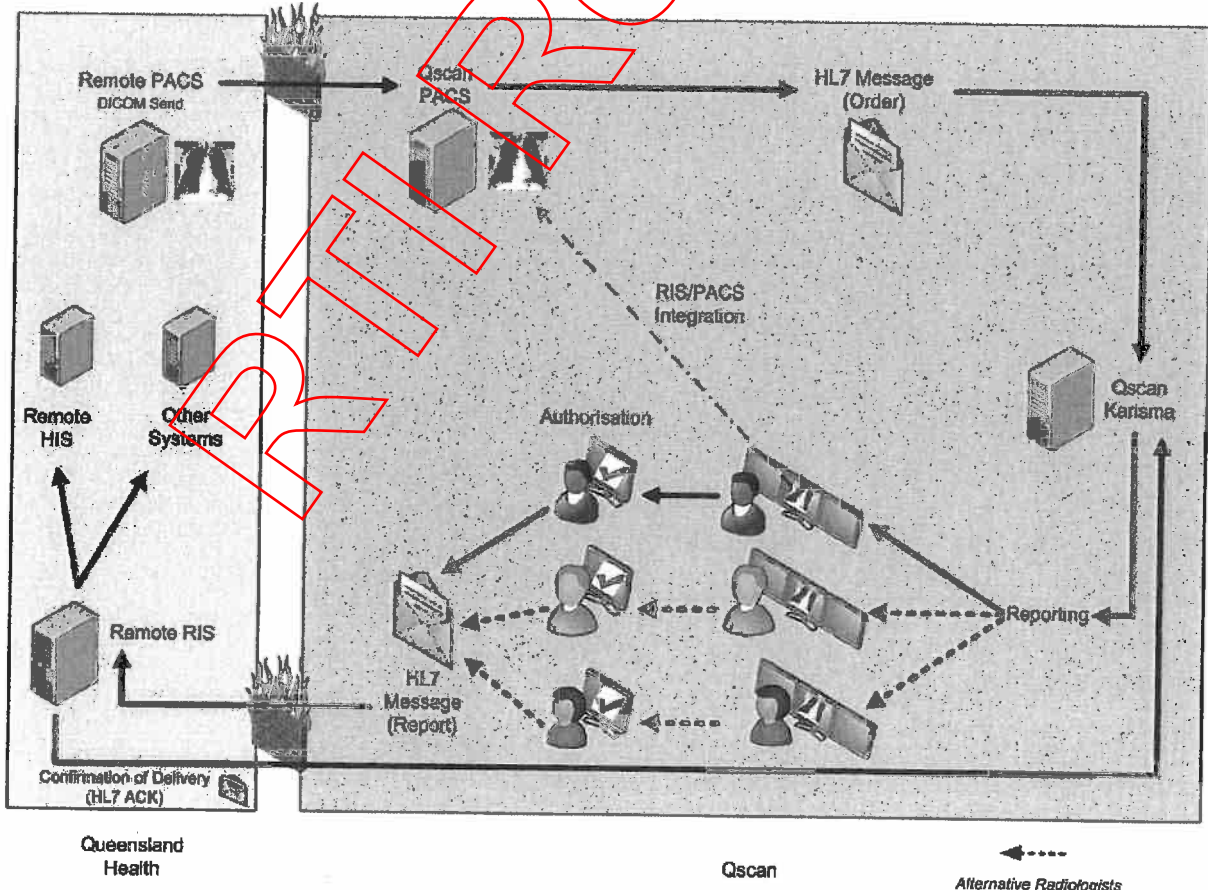
4.1 Qscan have reviewed the Environment and Workflow in Part B section 5 of the Specification and can confirm that we currently meet and will continue to do so the requirements listed.

4.2 **Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link.** We propose to expand this through a common worklist which will deliver even greater benefits to Logan comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

4.3 Management Qscan comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

4.3.1 On-site reporting as per current workflow



The additional proposed workflow consists of:

- Logan Hospital Transmits the DICOM images for reporting to Qscan (Including a scanned image of the request form)
- Qscan's PACS system generates a HL7 order from the DICOM header information mapping to the correct HL7 segments. Critical patient data is maintained (UR Number, Name, Accession number etc)
- The order is sent to Qscan's Karisma RIS. The order is processed and the case available to on Qscan's shared reporting work list.
- The most appropriate **sub specialty Radiologist** is able to pick up the case off the **common worklist** and Dictate the case for typing or use **Voice Recognition** software.
- The typed report is checked by the reporting Radiologist and is electronically authorised on Qscan's Karisma RIS.
- Qscan's Karisma RIS automatically generates a HL7 report message using the required patient details for Logan Hospital (Name, UR Number, Accession number etc).
- The HL7 report message is securely transmitted to Logan Hospitals HL7 gateway interface where it is integrated back into Logan's Karisma RIS. Logan's Karisma RIS generates a HL7 Acknowledgement message that is returned to Qscan's Karisma RIS to confirm correct receipt.
- Logan's Karisma RIS will automatically distribute the report as per its internal rules to other Health Information Systems within Queensland Health as appropriate.

For more details please refer to Appendix C section 1.0 and 2.0

4.3.2 Improved Work Practices – Voice Recognition

Voice Recognition is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.

Qscan use the healthcare version which includes a full range of medical terminology.

Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.

An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>

The benefits we are realising at this early stage comprise:

- o Reduction in transcription errors.
- o Increased throughput where templates are used.
- o Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
- o Ability to immediately authorise a report once dictation is complete.

For further details refer to Appendix A Section 2.4.3.2.

4.3.3 Improved Work Practices – Common Worklist

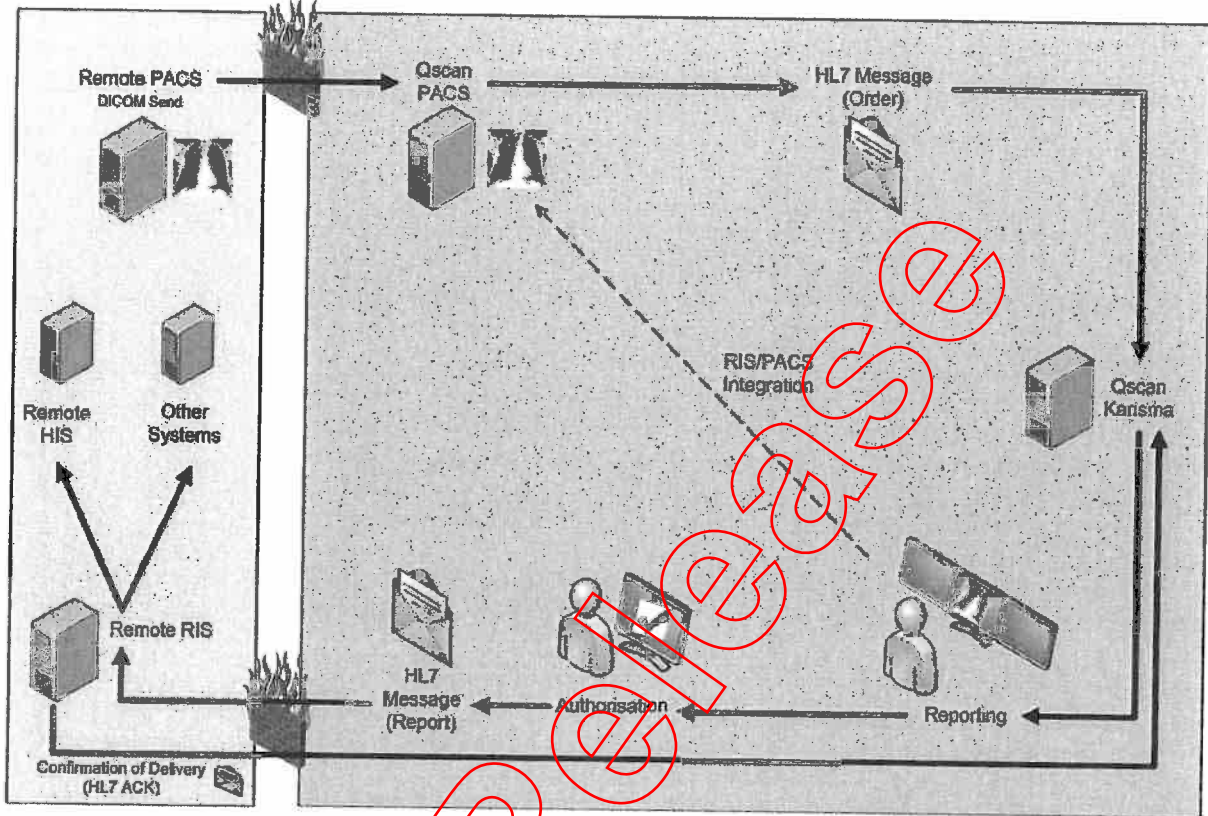
Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver even greater benefits to Logan comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

For further details refer to Appendix A Section 2.4.2.6.

- 4.4** Requests can be received from QH in a physical format, as a DICOM image or by HL7 message. The preferred method is via a DICOM image. The proposed workflow is for Qscan to receive images for reporting into Qscan's own PACS system which then generates a HL7 order message using information contained in the DICOM header of the images. Site specific information (Location, UR Number and Accession Number etc) will be retained in the message so that the report message generated on Validation of the report can be easily integrated back into the originating location's health information systems. This order is automatically entered into Qscan's Karisma RIS system where it is then integrated into Qscan's workflow that allows any Radiologist working at Qscan to report the images, including Qscan's Sub-specialty trained Radiologists. Resolves Section E page 71 paragraph 3.
- 4.5** Images will be received over a network connection either sent into Qscan's PACS or by direct use of Logan Synapse. The preferred method is for the images (+ any priors) to be sent to Qscan's PACS. The DICOM header of the images will then be used to create a HL7 order message that is then integrated into Qscan's RIS for reporting. This allows the work to be integrated into Qscan's existing workflow that matches the best sub-specialty Radiologist to the examination across any of Qscan's reporting sites. Resolves Section E page 71 paragraph 4.
- 4.6** All HL7 report messages generated by Qscan will be in accordance with the relevant HL7 standard. All HL7 data mapping of required information will be performed in accordance with the requirements of Queensland Health. Resolves Section E page 71 paragraph 5.

- 4.7** Reports will be either directly typed into Logan Karisma or via HL7 report message transfer. The preferred method for returning reports to QH is an automated HL7 transfer. Reports received by QH will be in a HL7 standard report format. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Section E page 71 paragraph 7.



- 4.8** Reports will be verified either directly on Logan Karisma or on Qscan's RIS prior to HL7 report message transfer. Qscan's proposed workflow would have the Radiologist authorising (validating) the report in Qscan's Karisma RIS. The process of validating the report would then trigger the automatic creation and transmission of the appropriate HL7 report message to be integrated into the originating RIS or HIS. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Resolves Section E page 71 paragraph 8.
- 4.9** Validated reports will seamlessly integrate into Logan Karisma via HL7 transfer of the validated report and then matching by Karisma of the report to the correct study based on fields within the HL7 message. The generated HL7 report message will maintain all required patient data from the originating location. This data will include the original Name, UR Number and accession number. These data fields will be mapped to the appropriate fields of the HL7 report message. Resolves Schedule E page 71 paragraph 9
- 4.10** No upgrades are required to facilitate report validation in the Queensland Health RIS. Logan already have in place the ability to send images and HL7 messages if required through Karisma and Synapse PACS. The network links and firewall rules are also in place giving Qscan secure access to the required resources. Upgrades can however be considered to give better reliability and greater speed of communication to allow better collaboration between Qscan and Queensland Health. To achieve this it is proposed that a direct high speed link into Queensland Health be commissioned which would provide greater security, reliability and speed of service. Resolves Section E page 71 paragraph 11.

- 4.11** To enable image transfer to Qscan, a DICOM send destination is required in Logan's Synapse PACS. This is a simple configuration change in Synapse's settings and requires no physical changes. No other infrastructure or configuration changes are required because Qscan has already established secure and reliable connectivity into Queensland Health. Resolves Section E page 71 paragraph 12.
- 4.12** To facilitate image transfer from Logan Synapse to Qscan will require the setting up of a Qscan PACS send destination. Firewall rules for the transmission of images are already in place between Queensland Health and Qscan. There are multiple settings which can be applied to push images to Qscan. The exact workflow would need to be arranged with the staff at Logan. Where possible an automated transfer would be considered. All images transfers will be DICOM 3.0 compliant. Resolves Section E page 71 paragraph 12.
- 4.13** To facilitate image transfer to Logan Synapse, Synapse will require setup of the DICOM origin from Qscan's PACS. Firewall rules for the transmission of images are already in place between Queensland Health and Qscan. Qscan would also setup a DICOM send destination in its PACS. Studies performed at Qscan locations would be pushed by staff to the relevant destination. All transfers would be DICOM 3.0 compliant. Resolves Section E page 71 paragraph 13.

RTI Releases

5. System Performance and Redundancy

In responding to Section E page 71 paragraph 10, Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.

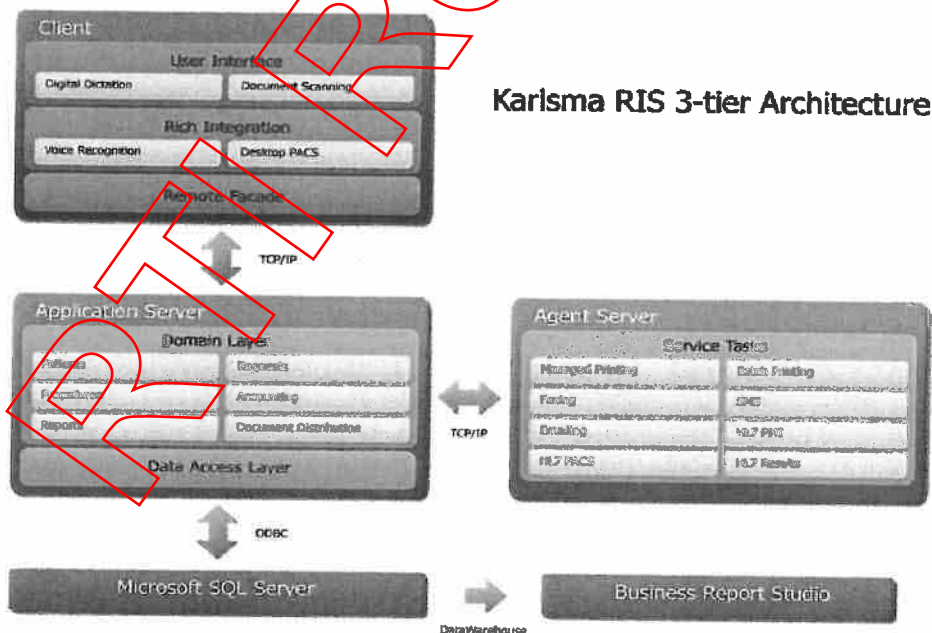
- For off-site and overflow reporting Qscan rely on the high speed data communications line between Logan and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows:
- Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem.
- Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. **As such Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that a remarkable 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data.
- The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure Qscan has the ability to quickly deploy wireless technology to regain basic functionality.
- Qscan currently use Watchguard firewalls, and are evaluating Checkpoint enterprise devices to align more closely with Queensland Health's security architecture. Qscan uses Sophos for endpoint, internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3.
- **An option which we strongly recommend is direct connectivity to further increase speed, security and system reliability.** The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds, greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises:
- Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support;
- Qscan have a network of contacts within the various Queensland Health IT teams to assist with support if required. The relationships have been built over the past three years, have proven invaluable and we are entirely confident in our ability to continue to do so in the event we are successful with this tender.

6. Karisma RIS

6.1 Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand to look after our customers across the Tasman.
- Kestral has been in business since 1990 and In that time has supplied RIS systems to customers in WA, SA, Victoria , NSW , QLD and NZ.
- In broad terms , Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

6.2 Overview of the Karisma RIS



6.3 Functionality of the Karisma RIS. The Karisma RIS comprises the following key features:

- An intuitive diary and booking system
- Customised exam rules and protocols
- Customised worklists for both clerical and clinical
- Full document scanning
- Technologist's examination module
- Reporting module
- Typist management screen
- Customised report distribution tools
- Rebate billing library
- Medicare online
- Management and ad hoc reporting
- Full text indexing
- Industry leadership in integration of HL7 / PACS / VR /CDA and more

6.3.1 Diary and Booking System enables the following features:

- Customised exam rules and protocols
- Preparation notes
- Roster input
- Auto search for next available
- Colour coding
- Ability to cut and paste
- Configuration of Diary by room, modality, Doctor, etc
- Appointment slots per type of exam
- Easy to block out times

6.3.2 Technologist Review enables the following features:

- Patient referral
- Technologist's worksheets
- Private notes
- Prior reports
- Status of patient
- Type of exams
- Patient billing
- Exam verification
- Private notes to radiologists
- Editing of billing details
- Scanning of extra worksheets
- Adding consumables
- Sign-off

6.3.3 Reporting Module enables the following features:

- Patient referral
- Technologist's worksheets
- Private notes
- Prior reports
- Status of patient
- Type of exams
- Interim report
- Patient billing

6.3.4 Digital Dictation enables the following features:

- Worklist customised
- Referring practitioner details
- Batch mode reporting
- Prior reports (cut and paste)
- Structured reports

- Template reports
- Automatic launch of PACS images via speech mike
- Integrated Speech mike configured to minimise Mouse clicks
- Park and restore
- Automatic shut down of PACS images after dictation

6.35 Voice Recognition enables the following features:

- Fully integrated interface to voice recognition
 - Dragon Dictate
 - Speech Magic
 - Power Scribe
- Voice commands

6.36 Report Authorisation enables the following features:

- Worklist customised
- Batch authorisation
- Delay dispatch function
- Viewing of Interim reports
- Amended report functionality
- Access to Referring Practitioner's details

6.37 Transcription Module enables the following features:

- Worklist customised
- Referring practitioner
- Referring request
- Structured reports
- Template reports
- Integrated Dictation (not Microsoft Word)
- Integrated foot-pedals for voice file management
- Dictionary
- Private notes

6.38 Reporting Module

6.39 Management Reporting key features comprise:

- Data storage managed by Microsoft SQL 2008 database on a dedicated server
- Production data is extracted into an intermediate data warehouse
- Data extraction into the Business Report Studio
- Business Report Studio comprises:
 - 500 relationship tables
 - Full integrated
 - Customised management report creation
 - Automated email distribution of reports

6.4 Hospital Reference Sites for Karisma comprise the following:

KESTRAL COMPUTING PTY LTD Radiology Clients - Hospitals - November 2009		
Client		Site Address
Central Melbourne Medical Imaging	RIS	St Vincents Hospital 55 Victoria Parade FITZROY VIC 3065
Daw Park Repatriation General Hospital	RIS	Daws Road DAW PARK S.A. 5041
Eastern Health	RIS	Box Hill Hospital 16 Arnold Street BOX HILL VIC 3128
		Additional Sites: Angliss Hospital, Ferntree Gully, VIC Maroondah Hospital, Ringwood, VIC Healesville Hospital, Healesville, VIC
Flinders Medical Centre	RIS	Worksite extended to - Flinders Private Hospital Flinders Drive BEDFORD PARK S.A. 5042
Geraldton Radiology	KARISMA	St John of God Hospital Cathedral Avenue GERALDTON W.A. 6530
Goulburn Valley Imaging Group	KARISMA	Echuca Hospital ECHUCA VIC
Healthscope	KARISMA	Prince of Wales Hospital Barker Street RANDWICK NSW 2031
Logan Public Hospital	KARISMA	Armstrong Road (cnr Loganlea Road) MEADOWBROOK QLD 4131
Mater Misericordiae Public Hospital	RIS - Undergoing KARISMA upgrade	Raymond Terrace SOUTH BRISBANE QLD 4101
Midlands	KARISMA	Waikato District Health Board Hamilton Hospital HAMILTON NZ Bay of Plenty District Health Board Tauranga Hospital TAURANGA NZ

Murray Bridge Soldiers Memorial Hospital	RIS	Swanport Road MURRAY BRIDGE S.A. 5243
Northland District Health Board, New Zealand	KARISMA	Whangarei Hospital WHANGAREI NEW ZEALAND - and 3 smaller hospitals
Northern Sydney and Central Coast Area Health Service	RIS	Royal North Shore Hospital Reserve Road ST LEONARDS NSW 2065 Ryde Hospital RYDE NSW
North Western Adelaide Health Service	RIS	The Queen Elizabeth Hospital 28 Woodville Road WOODVILLE S.A. 5011 <u>Additional Site:</u> The Lyell McEwin Health Service, Elizabeth S.A.
Peninsula Health Care Network	RIS	Frankston Hospital Hastings Road FRANKSTON VIC 3199
Peter MacCallum Cancer Centre	KARISMA	1 A'Beckett Street MELBOURNE VIC 3000
Riverland Regional Health Service Inc	RIS	Maddern Street BERRI S.A. 5343
Royal Adelaide Hospital	RIS	North Terrace ADELAIDE S.A. 5000
Royal Children's Hospital	RIS	Flemington Road PARKVILLE VIC 3052
Royal Melbourne Hospital	KARISMA	Flemington Road PARKVILLE VIC 3052
South East Radiology	KARISMA	Nowra District Hospital Standish Medical Centre 33 Berry Street NOWRA NSW 2541 Bowral District Hospital BOWRAL NSW Bega Hospital BEGA NSW Shell Harbour Hospital SHELL HARBOUR NSW

St Vincent's Hospital Melbourne	RIS	41 Victoria Parade FITZROY VIC 3065
St Vincent's Hospital Sydney	KARISMA	Victoria Street DARLINGHURST NSW 2010
The Bendigo Hospital	RIS	Arnold Street BENDIGO VIC 3550
Western Health	RIS	Western Hospital 148 Gordon Street FOOTSCRAY VIC 3011 Additional Site Bell Radiology - Sunshine Hospital, SUNSHINE VIC
Women's and Children's Hospital - South Australia	RIS	72 King William Road NORTH ADELAIDE S.A. 5006
X-Ray Specialist Services - Albury	KARISMA	Albury Base Hospital Medical Imaging Department Borella Road ALBURY NSW 2640

RTI Release

**APPENDIX D:
Billing**

RTI Release

APPENDIX D: SAMPLES OF INVOICES AND REPORTS

These are a sample of current reports. Please note that PMI/Qscan can generate reports to meet specific requirements using the Business Report Studio module within the Kestral Karisma RIS.

Sample of Invoice

Premier Medical Imaging Pty Ltd

PO Box 222 RBH Post Office Qld 4029
Ph: 07 3357 0333, Fax: 07 3357 0300
ABN: 41 110 308 962

Logan Hospital
Director of Medical Imaging Services
PO Box 4096
Loganholme Qld 4129

Tax Invoice

Invoice #: 00000200
Date: 6/12/2009

On-Call Teleradiology for the period 30/11/09 - 6/12/09 (see attached log)

Priority Levels	Qty	Rate	Amount	Code
Urgent	18	\$xxx	\$x,xxx	GST
Priority	25	\$xxx	\$x,xxx	GST
Intermediate	9	\$xxx	\$x,xxx	GST
Routine	0	\$xxx	\$x,xxx	GST

Subtotal \$xx,xxx
GST \$x,xxx
Total \$xx,xxx

EFT payments can be made to:
Premier Medical Imaging Pty Ltd
CBA
BSB: 064-128
Account #: 10188229

** Please fax your remittance to (07) 3358 1913
or email invoices@qscan.com.au*

Sample of Report

**Premier Medical Imaging Pty Ltd
On-Call Log**

PO Box 222
RBH Post Office Qld 4029

Contact: Dr Eric Sclavos 0413 444 566
PH: 07 3357 0333
Fax: 07 3357 0300

Date	Day	ExamTime	Request Conditions	Patient			Exam	Fee
30-Nov-09	Monday	5:44 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain Pre + Post	\$xxx
30-Nov-09	Monday	5:53 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	6:06 PM	2 Intermediate	confidential	confidential	(Mister)	CT Pulm Angio	\$xxx
30-Nov-09	Monday	6:11 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain + Facial Bones	\$xxx
30-Nov-09	Monday	6:50 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
30-Nov-09	Monday	7:10 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain, CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	12:57 AM	2 Intermediate	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	8:53 PM	2 Intermediate	confidential	confidential	(Mister)	CT Spiral Angio	\$xxx
1-Dec-09	Tuesday	10:40 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
2-Dec-09	Wednesday	4:31 AM	0 Urgent	confidential	confidential	(Miss)	CT Brain	\$xxx
2-Dec-09	Wednesday	5:37 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	8:52 PM	2 Intermediate	confidential	confidential	(Mrs)	CT Abdo Pelvis Post Contrast	\$xxx
2-Dec-09	Wednesday	9:54 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	10:08 PM	2 Intermediate	confidential	confidential	(Mister)	CT Abdo Renal Colic	\$xxx
3-Dec-09	Thursday	9:00 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
4-Dec-09	Friday	9:36 PM	2 Intermediate	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx
4-Dec-09	Friday	9:48 PM	2 Intermediate	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	1 Priority	confidential	confidential	(Miss)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	2:25 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	8:15 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	8:30 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	9:00 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:30 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:35 AM	2 Intermediate	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	10:00 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:16 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:35 AM	1 Priority	confidential	confidential	(Mister)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	10:36 AM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	10:36 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:45 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	12:03 PM	1 Priority	confidential	confidential	(Miss)	CT Abdo Pre + Post	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mister)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	3:04 PM	2 Intermediate	confidential	confidential	(Ms)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	3:04 PM	0 Urgent	confidential	confidential	(Ms)	CT Abdo Pelvis Post Contrast	\$xxx
5-Dec-09	Saturday	4:07 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	4:07 PM	0 Urgent	confidential	confidential	(Mister)	CT Extremities	\$xxx
5-Dec-09	Saturday	4:59 PM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	4:59 PM	1 Priority	confidential	confidential	(Miss)	CT Cervical Spine	\$xxx
5-Dec-09	Saturday	5:29 PM	1 Priority	confidential	confidential	(Mrs)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	8:06 PM	1 Priority	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
5-Dec-09	Saturday	8:20 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	8:52 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	5:02 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
6-Dec-09	Sunday	8:59 AM	1 Priority	confidential	confidential	(Mister)	CT Abdo Renal Colic	\$xxx
6-Dec-09	Sunday	11:49 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
6-Dec-09	Sunday	11:50 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	12:26 PM	0 Urgent	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx
6-Dec-09	Sunday	2:45 PM	1 Priority	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx

	Fee/report	Total Fee	
0 Urgent	18 \$xxx	\$xxx	<u>\$xx,xxx</u>
1 Priority	25 \$xxx	\$xxx	
2 Intermediate	9 \$xxx	\$xxx	
3 Routine	0 \$xxx	\$xxx	
Total Reports	52	<u>\$xx,xxx</u>	

APPENDIX P: Pricing Options

RTI Release

APPENDIX P2:
Private Practice Billing

RTI Release

Appendix P2: Private Practice Billing for PL509 Logan-Beaudesert

JUSTIFICATION FOR THIS PRICING OPTION

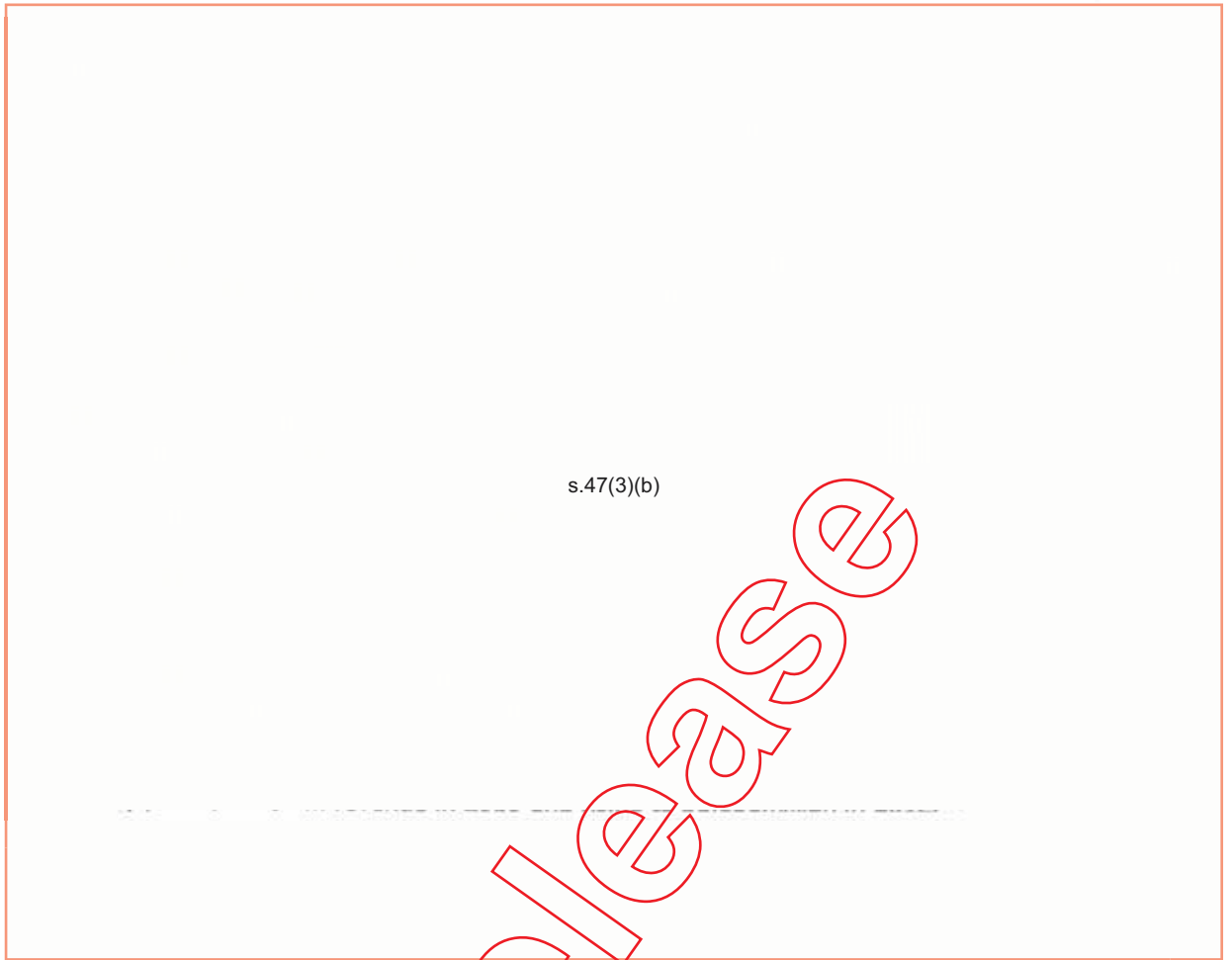
PMI/Qscan strongly recommend that Queensland Health consider the private practice billing option for Logan-Beaudesert.

Our reasons are as follows:

- The Logan Medical Imaging department is undertaking a major initiative to fund its expansion and this is entirely dependent on the generation of \$680,000 to \$1million plus in revenue commencing from February of 2010. PMI/Qscan are heavily involved in providing assistance to the department. This revenue for Queensland Health can be channelled into improving the radiographer and administrative staffing levels within the department and thus aid with staff morale and staff retention levels. PMI/Qscan share the vision with Mark Horder and Dr Michael Cleary and are entirely supportive of the initiative and its objective in further improving the delivery of high quality health outcomes to the community using the services at Logan Hospital.
- Private practice billing in Logan is heavily based around the performance of externally referred MRI examinations, specifically referred from private specialists. Currently 34% of the MRI private practice referrals are on QScan request forms. This is because the private specialists rely on the Qscan Radiologists to provide reporting for them, they trust the quality from Qscan, and therefore also trust our recommendation to make use of the Logan Hospital MRI. PMI/Qscan have a detailed marketing, administration and management program to assist Logan Hospital in realising the revenue objectives. That initiative commences in February 2010 in conjunction with Logan Hospital.
- We believe that linking the amount of private practice income received from the fees generated by the tender document allows the interests of both parties (PMI/Qscan and Logan hospital) to be linked as part of the tender partnership, where Logan health district and Qscan both stand to benefit from increased amounts of private practice revenue generated from external specialists. Qscan has no practices in the area to compete with this private practice service.

In addition,

- PMI/Qscan will continue to provide administrative support to Logan in terms of:
 - Karisma workflow process and training;
 - Ongoing training of the reception staff at Logan;
 - Implementation of workflow to ensure that all examinations are captured that need to be invoiced;
 - Implementation and monitoring of the end of day processes, to ensure Medicare batching is performed each day. This results in fast payment turnaround from Medicare;
 - Currently reviewing all service types to ensure their accuracy, for example ; Monitoring of billings in the past 12 months this has resulted in identification and recovery of \$22k in billings;
 - Updating of work cover rates in Karisma to reflect the last schedule increase and continue to monitor;
 - Ongoing review of service types within the Karisma and ensuring they are correct;
 - As the private practice case load increases PMI/Qscan propose to provide a dedicated administrative person Onsite at Logan to manage all elements of this. That would provide on-site, immediate support as required and ensure effective delivery of the Logan Hospital private revenue proposition.
- Qscan will promote Logan Hospital for MRI. Our marketing comprises:
 - Identification and visitation of specialist referrers throughout Brisbane and surrounding areas for which Logan Hospital offers an alternative for their patients;



- PMI/Qscan also bear the following costs in supporting Logan Hospital beyond private practice reporting:
 - Full costs of Business Report Studio licences and maintenance of reporting;
 - Karisma licences for reporting radiologists;

RTI Release

CHANGES TO CONDITIONS IN PL509

Should Queensland Health accept Option 2 then the only change to PL509 Part E is our response to the billable services question. We note that **billable services** are defined by the tender document as:

"Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (Queensland HealthAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare."

Are you prepared to provide a report for the billable patients at the same fee as for public patients?

s.47(3)(b)

Definition:

Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (Queensland HealthAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.

RTI Release

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital

Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General	s.47(3)(b)			
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

RTI Release

SCHEDULE OF PRICES – PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name: Premier Medical Imaging		
Date: 18th December 2009		

(B) ON-CALL PERIODS

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		Hourly Rate doubled for after hours call in to Logan Hospital for interventional work Any genuine medical emergency call back will be billed at a minimum of 2 hours.

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated.	

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

APPENDIX P3: Interventional

RTI Release

Appendix P3 Interventional for PL509 Logan-Beaudesert

JUSTIFICATION FOR THIS PRICING OPTION

Interventional services are historically underpriced under the MBS item numbers. It would thus require multiples of the full MBS scheduled fee for the interventional services proposed by the Logan hospital to actually fund the man hours required as per the tender document. (fifteen hours).

We instead propose to offer the services of an Interventional Radiologist at a fixed hour rate of $\$47(3)(b)$ hour for the proposed fifteen hours a week. (Current QH contract VMO rate) Should this be accepted this would allow the Logan Hospital to benefit as a result of the MBS fees for the interventional procedure being reduced to $\$47(3)(b)$ and allow the onsite CT rates to be reduced to $\$47(3)(b)$ of the MBS schedule. It would also allow the general in hours reporting fees for CR, Ultrasound and MRI to be reduced to $\$47(3)(b)$ of the MBS scheduled fee.

It allows PMI to benefit from the certainty of knowing the period that an interventionalist would be required, thus removing the uncertainty should a discrepancy arise from actual interventional procedures numbers rather than predicted numbers from the tender document.

Choosing this pricing option would allow the Logan hospital to benefit from the certainty of knowing that it will be receiving the benefit of PMI's interventional radiology credentials, which we are confident no other practice in the Queensland private or public sector can match. Our interventional service, with six Tier A trained Interventional Radiologists, can cope with all interventional radiology services currently required by Logan Hospital as well as any for which a requirement may arise during the term of the contract.

As stated above, as well as the reduction in the % of the MBS scheduled fee as completed within the current schedule of prices, we propose to charge an hourly rate of \$250/hour for fifteen hours per week to fulfil the onsite services (interventional services) attendance requirement.

CHANGES TO CONDITIONS IN PL509

No changes to any other conditions contained in PL509 Part E.

RTI REQUEST

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital

Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital

Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General	s.47(3)(b)			
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

SCHEDULE OF PRICES – PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging	
Date:	18th December 2009	

(B) ON-CALL PERIODS

GROUP 13 - DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 - Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
Offerer's Name: Premier Medical Imaging		
Date: 18th December 2009		

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 – Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 – Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 – Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 – Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging	
Date:	18th December 2009	

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		Hourly Rate doubled for after hours call in to Logan Hospital for interventional work Any call in for a genuine medical emergency will be charged at a minimum of 2 hours

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated.	

Offerer's Name:	Premier Medical Imaging
Date:	18th December 2009

APPENDIX P4:
Private Practice
And
Interventional

RTI Release

Appendix P4 PP and Interventional for PL509 Logan-Beaudesert

-Of the four pricing options provided, this is our preferred schedule of pricing-

JUSTIFICATION FOR THIS PRICING OPTION

Private Practice Billing

PMI/Qscan strongly recommend that Queensland Health consider the private practice billing option for Logan-Beaudesert.

Our reasons are as follows:

- The Logan Medical Imaging department is undertaking a major initiative to fund its expansion and this is entirely dependent on the generation of \$680,000 to \$1million plus in revenue commencing from February of 2010. PMI/Qscan are heavily involved in providing assistance to the department. This revenue for Queensland Health can be channelled into improving the radiographer and administrative staffing levels within the department and thus aid with staff morale and staff retention levels. PMI/Qscan share the vision with Mark Horder and Dr Michael Cleary and are entirely supportive of the initiative and its objective in further improving the delivery of high quality health outcomes to the community using the services at Logan Hospital.
- Private practice billing in Logan is heavily based around the performance of externally referred MRI examinations, specifically referred from private specialists. Currently 34% of the MRI private practice referrals are on QScan request forms. This is because the private specialists rely on the Qscan Radiologists to provide reporting for them, they trust the quality from Qscan, and therefore also trust our recommendation to make use of the Logan Hospital MRI. PMI/Qscan have a detailed marketing, administration and management program to assist Logan Hospital in realising the revenue objectives. That initiative commences in February 2010 in conjunction with Logan Hospital.
- We believe that linking the amount of private practice income received from the fees generated by the tender document allows the interests of both parties (PMI/Qscan and Logan hospital) to be linked as part of the tender partnership, where Logan health district and Qscan both stand to benefit from increased amounts of private practice revenue generated from external specialists. Qscan has no practices in the area to compete with this private practice service.

In addition,

- PMI/Qscan will continue to provide administrative support to Logan in terms of:
 - Karisma workflow process and training;
 - Ongoing training of the reception staff at Logan;
 - Implementation of workflow to ensure that all examinations are captured that need to be invoiced;
 - Implementation and monitoring of the end of day processes, to ensure Medicare batching is performed each day. This results in fast payment turnaround from Medicare;
 - Currently reviewing all service types to ensure their accuracy, for example ; Monitoring of billings in the past 12 months this has resulted in identification and recovery of \$22k in billings;
 - Updating of work cover rates in Karisma to reflect the last schedule increase and continue to monitor;
 - Ongoing review of service types within the Karisma and ensuring they are correct;

- As the private practice case load increases PMI/Qscan propose to provide a dedicated administrative person Onsite at Logan to manage all elements of this. That would provide on-site, immediate support as required and ensure effective delivery of the Logan Hospital private revenue proposition.
- Qscan will promote Logan Hospital for MRI. Our marketing comprises:
 - Identification and visitation of specialist referrers throughout Brisbane and surrounding areas for which Logan Hospital offers an alternative for their patients;
 - Our marketing calls often include our Radiologists who are highly effective in assuring referrers of the quality of service and resolving technical queries;
 - Development of marketing material to promote Logan Hospital.
 - The statistics for last year alone are:
 - 150,510 Referral Pads had Logan Hospital included. Referral pads drive business and at Logan we know that 34% of MRI requests appear on Qscan referrals.
 - 154,000 film packets promoted the Logan Hospital.
 - The marketing plan to more aggressively promote Logan Hospital will require additional materials to support the plan to generate over \$1.008million in revenue.
 - There are 6,000 2010 Calendars being produced which include Logan Hospital.
 - Qscan will produce Logan Hospital MRI brochures to be distributed to over 4,000 referrers in Brisbane and the Gold Coast.
 - Qscan conduct regular specialist seminars and meetings which will include the promotion of the Logan Hospital MRI facility.

s.47(3)(b)

- In 2010 PMI/Qscan will commence aggressive promotion of the MRI in conjunction with Logan Hospital. **It is important to note that Qscan do not have a "funded MRI" and thus we re-confirm our past commitment to continue to promote referrals to the Logan Hospital.**
- PMI/Qscan also bear the following costs in supporting Logan Hospital beyond private practice reporting:
 - Full costs of Business Report Studio licences and maintenance of reporting;
 - Karisma licences for reporting radiologists;

Interventional Services

Interventional services are historically underpriced under the MBS item numbers. It would thus require multiples of the full MBS scheduled fee for the interventional services proposed by the Logan hospital to actually fund the man hours required as per the tender document. (fifteen hours).

We instead propose to offer the services of an Interventional Radiologist at a fixed hour rate of s.47(3)(b) hour for the proposed fifteen hours a week. (Current QH contract VMO rate) Should this be accepted this would allow the Logan Hospital to benefit as a result of the MBS fees for the interventional procedure being reduced to s.47(3)(b) and allow the oncall CT rates to be reduced to s.47(3)(b) of the MBS schedule. It would also allow the general in hours reporting fees for CR, Ultrasound and MRI to be reduced to s.47(3)(b) of the MBS scheduled fee.

It allows PMI to benefit from the certainty of knowing the period that an interventionalist would be required, thus removing the uncertainty should a discrepancy arise from actual interventional procedures numbers rather than

predicted numbers from the tender document.

Choosing this pricing option would allow the Logan hospital to benefit from the certainty of knowing that it will be receiving the benefit of PMI's interventional radiology credentials, which we are confident no other practice in the Queensland private or public sector can match. Our interventional service, with six Tier A trained Interventional Radiologists, can cope with all interventional radiology services currently required by Logan Hospital as well as any for which a requirement may arise during the term of the contract.

As stated above, as well as the reduction in the % of the MBS scheduled fee as completed within the current schedule of prices, we propose to charge an hourly rate of s.47(3)(b) for fifteen hours per week to fulfil the onsite services (interventional services) attendance requirement.

CHANGES TO CONDITIONS IN PL509

Should Queensland Health accept Option 2 then the only change to PL509 Part E is our response to the billable services question. We note that **billable services** are defined by the tender document as:

"Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (Queensland HealthAPDC) Manual and Queensland Health Policy in line with Medicare legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare."

Are you prepared to provide a report for the billable patients at the same fee as for public patients?

s.47(3)(b)

Definition:
Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (Queensland HealthAPDC) Manual and Queensland Health Policy in line with Medicare legislation and the National Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital

Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Procedure	Imaging	% of MBS Scheduled Fee			
		Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound					
	Subgroup 1 – General				
	Subgroup 2 – Cardiac				
	Subgroup 3 - Vascular				
	Subgroup 4 - Urological				s.47(3)(b)
	Subgroup 5 – Obs & Gynae				
	Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography					
Group 13 – Diagnostic Radiography					
	Plain Films				
Group 15 – Magnetic Resonance Imaging					
					s.47(3)(b)

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital

Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Procedure	Imaging	% of MBS Scheduled Fee			
		Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound					
	Subgroup 1 – General	s.47(3)(b)			
	Subgroup 2 – Cardiac				
	Subgroup 3 - Vascular				
	Subgroup 4 – Urological				
	Subgroup 5 – Obs & Gynae				
	Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography					
Group 13 – Diagnostic Radiography					
	Plain Films	s.47(3)(b)			
Group 15 – Magnetic Resonance Imaging					

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

SCHEDULE OF PRICES – PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging Pty Ltd	
Date:	18 th December 2009	

(B) ON-CALL PERIODS

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging Pty Ltd	
Date:	18 th December 2009	

(C) ALL OTHER TIMES (In the event of a genuine medical emergency)

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58916	Small Bowel Series	s.47(3)(b)
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
	Insertion of Stent/Drain - Fluoro/US/CT Guided	s.47(3)(b)
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion – PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion – Hickman's/Portocath	
Offerer's Name:	Premier Medical Imaging Pty Ltd	
Date:	18 th December 2009	

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
<p>List any conditions that apply to the hourly rates offered.</p>		<p>Hourly Rate doubled for after hours call in to Logan Hospital for interventional work Any call in for a genuine medical emergency will be charged at a minimum of 2 hours</p>

Variations to the Hourly Rate	
<p>State the basis upon which any variations to the hourly rate will be calculated.</p>	

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

PART E – OFFER SUBMISSION RESPONSE TO OFFER FORM

COPY

To: The Senior Director
Health Services Purchasing and Logistics
Level 4, 200 Adelaide Street
Brisbane Qld 4000
(GPO Box 48,
Brisbane Qld 4001)

PL File Ref: PL510/1/1
Enquiries: Sharon Benson
Telephone: [07] 3006 2922
Issued: 5 November 2009

Herewith I submit my offer for:

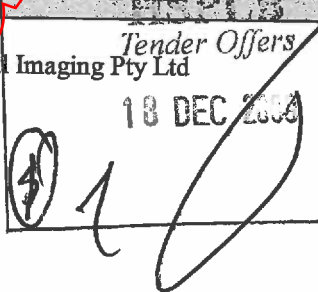
OFFER NO PL510/1/1

PROVISION OF RADIOLOGY SERVICES FOR REDCLIFFE

ON ACCOUNT OF QUEENSLAND HEALTH

CLOSING AT 11.00AM ON 18 DECEMBER 2009

This Offer will not be opened publicly.

Information Required	Details
Name of PERSONS/BUSINESS/CORPORATION offering:	<p>Premier Medical Imaging Pty Ltd</p> <p>Tender Offers</p> <p>18 DEC 2009</p> 
<ul style="list-style-type: none"> If Offerer is a company – specify full company name; 	
<ul style="list-style-type: none"> If Offerer is a trust – specify the names of each trustee of the trust; 	
<ul style="list-style-type: none"> If Offerer trades under a business name, specify the registered business name; 	
<ul style="list-style-type: none"> If Offerer is an individual or partnership, specify the full name of each individual or partner. 	
ACN No (if applicable):	
ABN No:	41 110 308 962
OR if no ABN – have you submitted a ‘Statement by a supplier – Reason for not quoting an Australian (ABN) to an enterprise’ form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or Territory where Business /Corporation is registered(*):	Queensland
Name of Holding Company or Corporate Group(*):	<p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the “Approved Radiologists” section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the “Approved Radiologists” section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> PMI provides radiology reporting services to Hospitals in the Public Health sector; Qscan provides radiology reporting services to its own private practices; PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services. <p>We have listed Qscan as a “contractor” to PMI.</p>

<p>Company Profile: (As part of the Offer process, each Offerer must include a copy of their Company's Profile.) Does your Offer include your Company's Profile?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Please note that Premier Medical Imaging (PMI) is part of the Qscan group of companies.</p> <p>The PMI/Qscan company profile and our value proposition is enclosed as Appendix A Section 1 and 2.</p> <p>The value proposition specifically outlines what "value" we have delivered to Logan Hospital and Queensland Health during our tenure, and what additional "value" we can offer should we be re-appointed. We believe we can leverage this experience in providing similar benefits to Redcliffe.</p> <p>The PMI/Qscan Value Proposition fits very well with the Queensland Health objective of securing "Best Ultimate Value" and with the 2020 Vision of the Queensland Government in helping to deliver more efficient and timely health services, and making Queenslanders Australia's healthiest.</p>
<p>Is the Offerer registered for GST?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p>
<p>Postal Address:</p>	<p>PO Box 222 RBH Post Office Queensland 4029</p>
<p>Street Address:</p>	<p>Level 2 15 Malt Street Fortitude Valley Queensland 4006</p>
<p>Contact Name:</p>	<p>Dr Eric Sclavos</p>
<p>Contact Phone No:</p>	<p>07 3357 0902</p>
<p>Contact Fax No.:</p>	<p>07 3358 1913</p>
<p>Contact E-mail Address:</p>	<p>Eric.sclavos@qscan.com.au</p>
<p>Is it proposed to sub-contract any part of the Services? If "YES", specify full name and address of each sub-contractor and their relevant experience and expertise in relation to the offered Services.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>Premier Medical Imaging (PMI) is owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>Qscan Pty Limited (Qscan) is also owned by the eleven partners identified in the "Approved Radiologists" section.</p> <p>The relationship between the companies is:</p> <ul style="list-style-type: none"> • PMI provides radiology reporting services to Hospitals in the Public Health sector; • Qscan provides radiology reporting services to its own practices in the Private health sector;

HOSPITAL
Tender Offers
18 DEC 2009

RETRAINED

- PMI contracts with Qscan to provide radiologist and other clinical and non-clinical services.

Authorisation, Certification and Execution by an offerer (Company)(*)

The Director/Secretary named below certify that in submitting this Offer on behalf of the Offerer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of their Offer; and
- (c) They have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

Premier Medical Imaging Pty Limited
[insert Offerer's name]

[insert Offerer's ACN]

41 110 308 962

[insert Offerer's ABN]

in accordance with s.127 of the Corporations Act 2001(Cth)

this 17th day of December, 2009

by

Dr Eric Sclavos

[insert full name of Director]

Dr David Leggett

[insert full name of Director/Secretary]

s.47(3)(b)

(signature of Director)

(signature of Director/Secretary)

Where an attorney executes this Deed on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health/

OR

Authorisation, Certification and Execution by an offerer (individual or partnership)

I, the Offerer named below certify that in submitting this Offer:

- (a) They have read, understood and complied with the requirements of this Request for Offer;
- (b) The enclosed Response Forms are a true and accurate account of my Offer; and
- (c) I have provided details of any departures in the Schedule of Departures.

Signed for an behalf of

[insert Offerer's name]

[insert Offerer's ABN]

this day of 2.....

by

..... [insert full name of Offerer])	(signature of Offerer)
)	
in the presence of)	
)	
..... [insert full name of witness])	(signature of witness)

Where an attorney executes this Offer on behalf of an offerer, the form of execution must indicate the source of this authority and such authority must be in the form of a Deed and a certified copy thereof provided to Queensland Health.

(*) *If an offerer is an individual then the relevant sections identified by (*) will not be applicable.*

RTI Release

SCHEDULE OF DEPARTURES

The Offerer is required to identify and describe in detail in the form below any departures from this Request for Offer. If no departures are specified, the Offer shall be deemed to be in full compliance with this Request for Offer and if the Offer is accepted, the terms of the Contract will include those set out in the Conditions of Contract, the Specification and Additional Conditions in their entirety.

All departures **must** be listed in the same sequence as they appear in this Request for Offer.

Parts	Clause Number	Departures
Part A – Conditions of Offer		None.
Part B – Specification		None.
Part C – Conditions of Contract		None.
Part D – Additional Conditions		None.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF AGREEMENT DETAILS

In this Request for Offer, Queensland Health has completed and/or identified those items which it requires for the purposes of a Contract. These items are easily identified as they are **shaded in grey**. The Offerer must therefore complete all other items which are **NOT** shaded below to enable completion of “Schedule 1 – Agreement Details” should the offerer be successful.

If the offerer wishes to amend any items (**shaded in grey**) as completed by Queensland Health these will constitute departures from this Request for Offer and the Offerer must identify those amendments in the “Schedule of Departures” form.

INFORMATION	DETAILS
<p>Contractor:</p> <p>[Insert full name of Contractor]:</p> <p>[Insert Contractor’s ABN]:</p> <p>[Insert Contractor’s Address]:</p> <p>[Insert the name of the person representing the Contractor, who will be responsible for the Contract]:</p> <p>[The Contractor’s name must be the same name as the Offerer’s name within the Offer. If different the Offer will be considered as non-conforming.]</p>	<p>Name: Premier Medical Imaging Pty Ltd</p> <p>ABN: 41 110 308 962</p> <p>Address: PO Box 222 RBH Post Office Qld 4029</p> <p>Contact Person: Dr Eric Sclavos</p> <p>Please note in this document the word “PMI” is used to denote PREMIER MEDICAL IMAGING PTY LTD.</p>
<p>Commencement Date:</p>	<p>To be advised.</p>
<p>Initial Period:</p>	<p>Two (2) years</p>
<p>District:</p>	<p>Metro North Health Service District</p>
<p>Hospital:</p>	<p>Redcliffe Hospital Kilcoy Hospital</p>
<p>Approved Radiologists:</p> <p>[Insert full name of persons the Contractor proposes be approved as personnel performing the services]:</p>	<p>Dr Eric Sclavos Managing Partner</p> <p>Dr Hal Rice Partner</p> <p>Dr Mark Hansen Partner</p> <p>Dr David Leggett Partner</p> <p>Dr Stephen Drew Partner</p> <p>Dr Adrian Khoo Partner</p> <p>Dr James FitzGerald Partner</p> <p>Dr Tim Hooper Partner</p> <p>Dr Mark Burgin Partner</p> <p>Dr Gary Shepherd Partner</p> <p>Dr David Simpson Partner</p> <p>Dr George Koulouris Associate</p> <p>Dr Laetitia de Villiers Associate</p>

HSPLB
Tender Offers
18 DEC 2014

INFORMATION	DETAILS
	<p>Dr Phillip Law Associate</p> <p>Dr Stanley Ngai Associate</p> <p>Dr Joseph Wong Associate</p> <p>Dr Lora Medoro Associate</p> <p>Dr Todd Malone Associate</p> <p>Dr Kendal Redmond Associate</p> <p>Dr Tom Hess Associate</p> <p>Dr Ash Jhamb Associate</p> <p>Dr Tanya Wood Associate</p> <p>Dr Jennie Roberts Associate</p> <p>Dr Peter Jackson Associate</p> <p>Dr Phil Law Associate</p> <p>Dr Jane Crossin Associate</p>
<p>Loaned Medical Equipment:</p> <p>[Insert details of any (additional) medical imaging equipment Contractor proposes be made available]:</p> <p>OR</p> <p>[If Contract is to include loan of certain equipment then insert details and shade that aspect in grey]:</p>	<p>No loan equipment.</p>
<p>Notices – Queensland Health address for notices:</p> <p>[Insert address for notices]</p> <p>[Insert facsimile no.]</p> <p>[Insert recipient for notices]</p>	<p>Address:</p> <p>Facsimile No</p> <p>Attention:</p>
<p>Notices – Contractor’s address for notices:</p> <p>[Insert address for notices]</p> <p>[Insert facsimile no.]</p> <p>[Insert recipient for notices]</p>	<p>Address: PO Box 222 RBH Post Office Qld 4029</p> <p>Facsimile No: 07 3358 1913</p> <p>Attention: Dr Eric Selavos</p>
<p>Contractor’s Premises:</p> <p>[Insert address(es) from which the Contractor proposes to supply the services]</p>	<p>Address: Redcliffe Hospital Anzac Avenue Redcliffe Q4020</p> <p>Address: Qscan Redcliffe 6 Silvyn Street Redcliffe Q4020</p>

INFORMATION	DETAILS
	<p>Address: All Qscan Radiologist reporting bunkers located at Windsor, Everton Park, Cleveland, Mater Private and Annerley. Plus Qscan Radiologist can report remotely via wireless connections.</p> <p>Refer Appendix A section 4.0 for the addresses of all PMI/Qscan radiologist reporting locations.</p>

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Release

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

Premier Medical Imaging would like to provide Queensland Health and Redcliffe with two pricing options. PMI/Qscan will be fully bound by whichever option that Queensland Health choose.

HOWEVER our preferred schedule of prices is that called "OPTION 2 INTERVENTIONAL FOR REDCLIFFE".

Our various pricing options and a brief explanation are as follows:

OPTION 1 is intended to fully comply with the % MBS logic contained within this tender. This is shown in this PART E Offer Submission document. It is not our preferred pricing option.

OPTION 2 appears in **APPENDIX P2 INTERVENTIONAL FOR REDCLIFFE**. Interventional services are historically underpriced under the MBS item numbers. It would thus require multiples of the full MBS scheduled fee for the interventional services proposed by the Redcliffe Hospital to actually fund the man hours required as per the tender document.

This is the **preferred schedule** of prices which PMI/Qscan strongly recommend to Queensland Health for a number of reasons:

- Option 2 motivates the increase in interventional services available to the community who are relying upon Redcliffe Hospital and Queensland Health to provide them with convenient access to high quality and highly professional clinical services;
- Option 2 binds all of the other requirements and various initiatives which was the original intent of Queensland Health in the tender process. It does not detract, it adds considerable value instead.
- Option 2 also discounts the after hours, on-call rate at 50% of Medicare;
- Option 2 was not placed within PART E as PMI/Qscan were afraid that it would be deemed non-compliant and we would be excluded from the tender, hence we developed a fully compliant version which is known as Option 1 and appears in the body of PART E.

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 - Ultrasound				
Subgroup 1 - General				
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological				
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography				
Plain Films				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Request

HSPLB
 Tender Offers
 17 DEC 2009
 (K)

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 - Ultrasound				
Subgroup 1 - General				
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological				
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography				
Plain Films	s.47(3)(b)			

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST

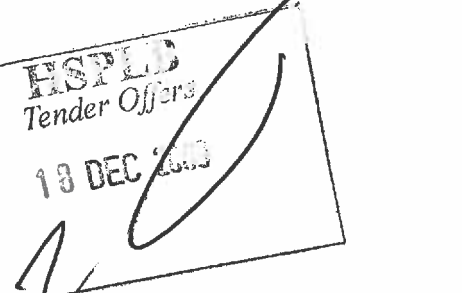
18 DEC 2009
 Tender Offers
 @ r

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 - Ultrasound	s.47(3)(b)			
Subgroup 1 - General				
Subgroup 2 - Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 - Urological				
Subgroup 5 - Obs & Gynae				
Subgroup 6 - Musculoskeletal	s.47(3)(b)			
Group 12 - Computerised Tomography				
Group 13 - Diagnostic Radiography	s.47(3)(b)			
Plain Films				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI REQUEST


 HSPMB
 Tender Offers
 18 DEC 2009

SCHEDULE OF PRICES – PART 2 OFF-SITE IMAGING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s47(3)(b)			
Subgroup 10 - Mammography				
Group 14 – Nuclear Medicine Imaging				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI RELEASED

RECEIVED
 Tender Offers
 18 DEC 2009
 (A) 1

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography				
Subgroup 10 - Mammography	s.47(3)(b)			
Group 14 – Nuclear Medicine Imaging				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Release

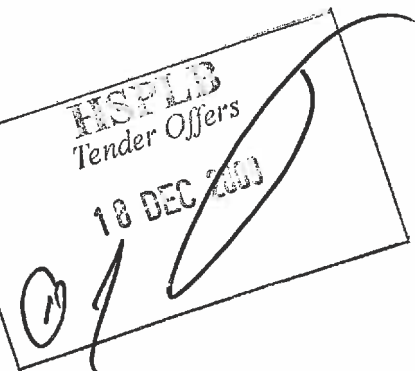
HOSPITAL
 Tender Offers
 18 DEC 2009

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography	s.47(3)(b)			
Subgroup 10 - Mammography				
Group 14 – Nuclear Medicine Imaging				
Group 15 – Magnetic Resonance Imaging				

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Released

HSPLB
 Tender Offers
 18 DEC 2009


SCHEDULE OF PRICES – PART 3 ON-SITE IMAGING SERVICES**(A) SCHEDULED SESSION TIMES**

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
58715	Retrograde Pyelogram, Nephrostogram	
58718	Cystogram, Urethrogram	
58721	Micturating Cystourethrogram	
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59718	Venogram (arm/leg)	
59724	Myelogram (cervical, thoracic, lumbar)	
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 13 - Angiography		
60000	Angiography - head & neck	s.47(3)(b)
60012	Angiography - thorax	
60024	Angiography - abdomen	
60036	Angiography - peripheral	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram – Percutaneous	s.47(3)(b)
	Gastroscopy Tube Insertion	
	Nephrostomy – Percutaneous	
	Insertion of Stent/Drain - Fluoro/US/CT Guided	
	Drainage/Aspiration - Fluoroscopy/US/CT Guided	

	Biopsy - Fluoroscopy/US/CT Guided	s.47(3)(b)
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
35300	Angioplasty	
35306	Vascular Stent Insertion	

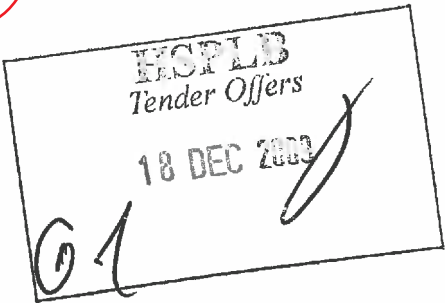
Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Release

18 DEC 2009
Tender Offers

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		Hourly Rate doubled for after hours call in to Redcliffe Hospital for interventional work. Any call in for a genuine medical emergency will be charged at a minimum of 2 hours.

Variations to the Hourly Rate	
State the basis upon which any variations to the hourly rate will be calculated	

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

SCHEDULE OF PARTICULARS

Question	Response
Are you offering for Reporting Services as specified in Part 1 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for Off-Site Services as specified in Part 2 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for On-Site Services as specified in Part 3 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
Are you offering for Radiologist Services as specified in Part 4 of Schedule 2?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No YES
If offering for more than one type of service above, are you prepared to enter into a contract with Queensland Health for only one type of service or is your offer conditional on being accepted for multiple types of services? Please give details.	<p>PMI/Qscan will accept being awarded one or more services from the Redcliffe tender.</p> <p>With the establishment of the Qscan Redcliffe practice in Silvyn Street and the introduction of Nuclear Medicine and MRI to the Peninsula we will have considerable value to offer the community.</p> <p>PMI/Qscan would obviously prefer to be awarded all of the services that are on offer as they are all well within our skill set, capabilities and we have more than enough capacity to deliver beyond expectations.</p>
If your offer is accepted state the lead time required, from date of acceptance, to be in a position to meet service requirements.	July 1 2010 or earlier in consultation with Queensland Health

RTI Release

Provide details of the offerers skills and capacities to provide the specified services or that part of the specified services for which an offer is submitted.

PMI/Qscan is confident that it is best placed to deliver the outcomes required by Queensland Health for the Redcliffe/Kilcoy (Redcliffe) tender and the other (Logan/Beaudesert/Redlands/Townsville) tenders to which we are responding.

Our confidence on the ability to deliver these outcomes is based on knowing that we have the proven skills and capabilities to do so.

Very simply, we have worked with Logan Hospital Medical Imaging, with other Public Hospitals and in Private Practice to truly understand what it is that we must deliver to Queensland Health and the changing Redcliffe Peninsula community. In addition several of our Radiologists have experience in working with competitors to Qscan on the Peninsula.

Whilst we are a private corporate entity, our doctors and other team members have all worked within the Queensland Health facilities, and are fundamentally aware of the public sector health needs and limitations, and are also abreast of the projected vision for Queensland Health into the future.

We understand this vision, and are ready to meet the challenges in reconciling improved health of Queenslanders with effective, professional and reliable service delivery.

Proven Skills

PMI/Qscan has provided a high level of support to Logan Hospital Medical Imaging (and will continue to do so in the areas of clinical expertise, marketing, administration, IT and management). PMI/Qscan do not view this tender, nor any of the other Queensland Health Radiology tenders, as purely a reporting contract. We have a very strong relationship at multiple levels within Queensland Health, and we want to continue to work alongside them in delivering high quality patient outcomes.

Since Qscan was awarded the Logan Hospital contract the focus has been from the start to provide :

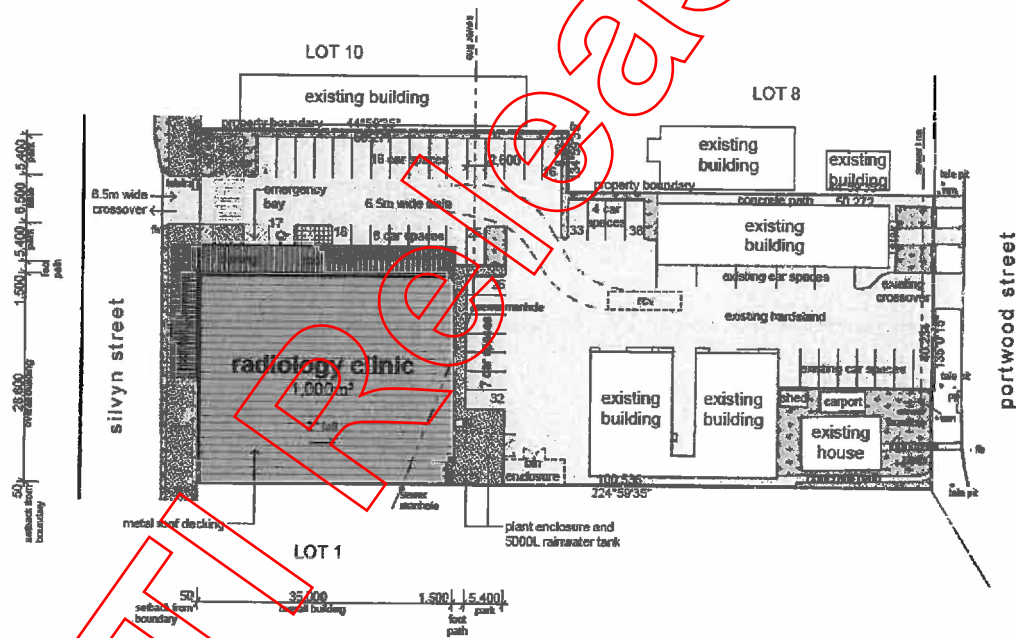
- Support to Medical Imaging
- Clinical engagement with medical personnel in all departments
- Management
- High quality pro-active service delivery to key stakeholders
- Building a team relationship with Medical team
- Meeting management's KPI's
- Patient satisfaction

Our objective is to demonstrate that we can extend the benefits of our experience to Redcliffe Hospital.

Evidence of this can be found in the following:

- s.47(3)(b)
- A Queensland based group comprising twenty-six (26) cohesive Radiologists with experience in both the public and private health system, who understand needs of patients and referrers alike.
- PMI/Qscan has "shaped" its solution at Logan to enable access to all of our Radiologists, linked by high speed data communications lines, supported by the powerful Karisma RIS, and provided administrative and marketing supported in addition to the clinical initiatives. We can do likewise at Redcliffe.
- **Qscan is committed to the Redcliffe Peninsula.** We have purchased a block of land at 6 Silvyn Street, Redcliffe less than one block from the Redcliffe Hospital. That initiative comprises the following:

- A full service practice comprising Digital XRay, Ultrasound, Bone Mineral Density and CT;
- In addition for the first time both Nuclear Medicine and MRI will be available on the Redcliffe Peninsula, a major investment in providing affordable, convenient, high quality health outcomes for the surrounding population;
- Should Redcliffe Hospital prefer to have the MRI located within the Hospital complex then PMI/Qscan would be more than willing to discuss this option further;
- Qscan are intending to base a Typist Bunker within our Redcliffe Practice to consolidate our home typing service and provide local employment opportunities;
- In addition Qscan have accepted the offer of ground floor space in the initiative underway with the Redcliffe Hospital Foundation;
- Our investment on the Redcliffe Peninsula will be around \$10million.



Queensland Health aim to achieve “Best Ultimate Value” and PMI/Qscan embrace that without reservation. Our practice has been based on the “delivery of the highest level of quality and therefore value. PMI/Qscan believe that “value is more than just price” and we have highlighted twelve areas where we have added considerable value to Logan Hospital during the term of our current reporting contract. We think this experience can directly apply to Redcliffe. These comprise:

- PMI/Qscan has provided a comprehensive and professional diagnostic and Interventional Radiology reporting service to the Logan Hospital Medical Imaging department and District Health.
- PMI/Qscan has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.

- PMI/Qscan has been able to efficiently cope with the vast increase in workload both within and afterhours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on-site, the high speed data lines have allowed additional remote FTE's, and the proposed increase in FTE on-site will enable further improvements at Logan.
- PMI/Qscan has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at any time of day or night. The Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- PMI/Qscan has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing onsite staff training.
- PMI/Qscan has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
- PMI/Qscan has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI/Qscan have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- PMI/Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.
- PMI/Qscan has paid all the Karisma licence fees for its reporting Radiologists.
- Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores Qscan's commitment to education and training both within the Public and Private setting.

s.47(3)(b)

s.47(3)(b)

- **PMI/Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link.** We propose to do likewise at Redcliffe Hospital. More details please refer Appendix A section 2.4.2.1 to 2.4.2.6. We propose to expand this through a common worklist which will deliver even greater benefits to Redcliffe comprising:
 - The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
 - It would allow us to provide typing resources using our pool of typists if required by Redcliffe Hospital (we would need to agree on a cost per report for this);
 - It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
 - Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;
- The Qscan practice includes six **Interventional Radiologists** who have been formally trained internationally to perform high end interventional radiological procedures. More details please refer Appendix A section 2.4.2.7. These doctors comprising Hal Rice, David Leggett, James FitzGerald, Kendal Redmond, Laetitia De Villiers and Ashu Jhamb are all accredited to perform Tier A interventions.
 - These doctors all hold positions in the major Queensland Health tertiary facilities with key positions at Princess Alexandra, Royal Brisbane and Women's and Gold Coast Hospitals. These roles will facilitate continuity of care and ongoing management of patients who require procedures beyond the scope of Logan Hospital's facilities.
 - In addition, many of our other partners and associates are also highly capable of performing image guided biopsies and drainage procedures, vascular access and imaging guided injections for pain management (Tier B interventions).
 - We propose rostering interventional radiologists in conjunction with Redcliffe Hospital to expand this service to the Redcliffe community.
- In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Redcliffe Hospital. It is anticipated, that this person will be the principal contact with the Hospital and Department with regard clinical issues related to service provision.
- **Resident and Registrar Training** will remain an ongoing focus with further improvements. PMI/Qscan played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded onsite requirements under the term of the tender would allow extension of these. **In particular, PMI/Qscan would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required.**
- The additional onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols** for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines.
- PMI/Qscan undertakes to fully comply with Queensland Health standards regarding fatigued

doctors. PMI/Qscan will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.

Sub-Specialty Radiology Skills

The importance of Sub-Specialty Radiology is a core aspect of what PMI/Qscan offers to Logan Hospital and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the “essence in delivering quality outcomes”.**

Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Redcliffe Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative PMI/Qscan network. More details please refer Appendix A section 3.0.

- “More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level “.Alderson, PO. A Balanced Subspecialization Strategy for Radiology in the New Millennium *AJR* 2000; 175:7-8
- “Further sub-specialisation of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the non-radiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist”. Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology March 2009 *Radiology*, 250, 612-617.
- “Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians maximal benefit to patients under their care and reduction of diagnostic and treatment errors”. Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. *J Am Coll Radiol*. 2007;4(11:752-3). This is particularly relevant at Logan Hospital with the rapid and ever increasing numbers of specialist referring clinicians.
- “Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology”, all of which are characteristics of Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser, Subspecialization in Radiology and Radiation Oncology. *J Am Coll Radiol* 2009;6:147-159. 2009

How can PMI/Qscan claim to provide the best Subspecialty Radiology services in Queensland?

- PMI/Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.

Annerley Neuroradiologist on urgent Logan Neuro case

Worklist by:	Request Correlation	Services	Performed Service	Stop Dates	Report Work
Locked by David Leggett(Rad) on QSMACWS111 at Mater	1.2 Inpatient	Injection of SPIN nerves - part 2	14/01/2009 15:37	14/01/2009 15:37	Mater Cal
Locked by James Fitzgerald(Rad) on QSANCSWS160 at Annerley	1.2 Inpatient	MR Spine	23/11/2009 17:33	20/10/2009 17:35	Mater Cal Logan
Locked by Dr Gary Shepherd on QHLOGHSRWS001 at Logan Hospital	1.4_Emergency	Wrist Knee Right	14:06 - 14:06		Logan
Locked by Stephen Drew(Rad) on QSCICWS111 at Cleveland	1.4_Emergency	Wrist Foot Right	14:25 - 14:25		Logan
Locked by Tim Hooper(Rad) on QSCWS110 at Windsor	2. Priority Take/Fax	MR Knee Left	29/10/2009 20:30	29/10/2009 21:00	Windsor
	3. Priority Take/Fax	MR Knee Right	29/10/2009 21:30	29/10/2009 22:30	Windsor
			2009 20:00 - 29/10/2009 20:30		Annerley
Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	1.1 Outpatient	US Abdominal	14:13 - 14:13		Logan
Locked by Dr Gary Shepherd on QHLOGHSRWS001 at Logan Hospital	1.1 Outpatient	US Abdominal	14:30 - 14:30		Logan
Locked by Adrian Khoo(Rad) on QSEPCWS111 at Everton Park	5. Take/Fax	CT Calcium Scoring	29/10/2009 13:43	29/10/2009 13:50	Mater
Locked by James Fitzgerald(Rad) on QSANCSWS160 at Annerley	5. Take/Fax	MRI Brain and C Spine Inflamm...	29/10/2009 16:30	29/10/2009 17:30	Annerley
Locked by David Simpson(Rad) on QSCWS113 at Windsor	5. Take/Fax	MR Knee Right	29/10/2009 18:00	29/10/2009 18:30	Annerley
	5. Take/Fax	MR Knee Right	29/10/2009 18:00	29/10/2009 18:30	Windsor
	5. Take/Fax	MR Knee Left	29/10/2009 18:30	29/10/2009 19:00	Annerley
Locked by David Leggett(Rad) on QSMACWS111 at Mater	5. Take/Fax	MRI Spine L Spine Cord Stenosis	29/10/2009 19:00	29/10/2009 19:30	Annerley
	5. Take/Fax	MR Knee Right	29/10/2009 19:00	29/10/2009 19:30	Annerley
Locked by James Fitzgerald(Rad) on QSANCSWS160 at Annerley	5. Take/Fax	MR Hip Left	29/10/2009 19:30	29/10/2009 20:30	Annerley
	5. Take/Fax	MR Foot Right	29/10/2009 19:30	29/10/2009 20:00	Windsor
Locked by James Fitzgerald(Rad) on QSANCSWS160 at Annerley	5. Take/Fax	MRI Spine L Spine Cord Stenosis	29/10/2009 20:00	29/10/2009 20:30	Windsor
Locked by David Simpson(Rad) on QSCWS113 at Windsor	5. Take/Fax	MR Knee Right	29/10/2009 20:30	29/10/2009 21:00	Annerley
	5. Take/Fax	MR Knee Right	29/10/2009 21:00	29/10/2009 21:30	Windsor
	5. Take/Fax	MR Knee Left	29/10/2009 21:00	29/10/2009 21:30	Annerley
	5. Take/Fax	MR Hip Left	29/10/2009 21:30	29/10/2009 22:00	Annerley
	5. Take/Fax	MR Ankle Right	14:27 - 14:27		Logan
	6. Deliver	CT Coronary Angiogram	29/10/2009 08:30	29/10/2009 09:05	Mater
	6. Deliver	CT Coronary Angiogram	29/10/2009 10:32	29/10/2009 10:45	Mater
	6. Deliver	CT Calcium Scoring	29/10/2009 12:03	29/10/2009 12:32	Mater

Cleveland Doctor on urgent Logan case

○ This is a representation of a combined worklist showing Logan Hospital integrated with the Qscan worklist. It shows an urgent Logan Neuro case being immediately reported by a Qscan Neuro-radiologist located at our Annerley practice. And another Logan case being reported from a radiologist based at Cleveland. is a representation of a combined worklist showing Logan Hospital integrated with the Qscan worklist. It shows an urgent Logan Neuro case being immediately reported by a Qscan Neuro-radiologist located at our Annerley practice. And another Logan case being reported from a radiologist based at Cleveland.

- This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.
- Our demonstrated excellence in subspecialty reporting services has allowed Qscan to instal and run to capacity two non rebated clinical MRI in Brisbane. Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital, Mater

Public Hospital, Mater Private Hospital, Princess Alexandra Hospital and Greenslopes Private Hospital.

- Within one year of operating, Qscan has managed to build a world class neuro-interventional service at the Mater Private hospital, one of only 2 such services offered in Private in Brisbane. Our expert interventional radiologists also provide services at the RBWH and PAH.

What does this mean for Redcliffe Hospital and Queensland Health?

- Around the clock access to leading subspecialist reporting services.
- More accurate clinical reporting and greater opportunities for service expansion, particularly in the fields of interventional imaging, vascular access procedures, Musculoskeletal and Neuro MRI, Paediatric Imaging and Cardiac CT.
- Opportunities for growth in Medical Imaging Private practice billing utilising Qscan's network of Specialist referrers and medical liaison officers.
- Opportunities for more Clinical case conference meetings attended by sub-speciality radiologists and Hospital specialists to improve patient outcomes and service delivery.
- Smoothing of reporting and typing workload peaks by providing greater availability of subspecialty reporting radiologists and typists effectively expanding the local hospital radiologist and typing pool to include the resources of the entire PMI/Qscan network

In terms of capacity we have provided a more detailed response in the question entitled "Provide clear details on your capacity to provide the services requested in this offer, including extra capacity if you are offering for multiple offers." However, we will summarise that section here:

- Qscan has twenty-six (26) Radiologists within our practice who can provide a broad range of sub-speciality skills.
- Our high speed data lines allow Redcliffe Hospital and Queensland Health immediate access to twenty-six (26) Radiologists with a broad range of sub-specialisations.
- The number of Radiologists being attracted by the Qscan "values" is growing and thus we provide an increasing level of capacity.

Provide details of the offerers experience in providing the specified services or that part of the specified services for which an offer is submitted.

The experience of Qscan comprises the following:

- The History of our practice, a foundation of delivering high quality patient outcomes, and the support we continue to enjoy from patients and referrers alike;
- The specific projects which we have undertaken
- The specific value we have delivered to Logan Hospital during the period of the current contract;
- The specific value we think we can deliver to Redcliffe Hospital;
- The experience of our Radiologists;
- The experience of our Business Management Team;

PMI and Qscan History and Profile

Qscan through Premier Medical Imaging commenced business in 2007 when we won the current Logan Hospital Medical Imaging contract. That was our start in business life and thus we have a very strong relationship and desire to continue to support the Queensland Health in a number of Hospital reporting contracts.

Redcliffe Hospital is of particular interest to our practice owing to our investment in establishing a practice in Silvyn Street and also accepting an offer of space in the Redcliffe Hospital Foundation.

The success of how we conduct our practice and the value that we offer can best be demonstrated by the increasing volume of patients who support us. If our model was not absolutely right in this highly competitive marketplace then our volumes would not be growing. We are truly humbled by the ongoing support from patients and referrers alike.

s.47(3)(b)

Qscan is a Brisbane based, fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Musculoskeletal and Pain Management Interventional Medical Imaging practice. The Qscan business model is successful and in Appendix A Section 1.0 our profile demonstrates our experience in detail.

Allow us to summarise the experience of Qscan and PMI:

- **The Public Health sector has been serviced by Qscan through PMI** and we have worked successfully in a number of projects comprising: Logan Hospital, Townsville Hospital, Princess Alexandra Hospital, Royal Brisbane and Women's Hospital.
- Qscan are successful in providing Radiology services to the Mater Adult Hospital,
- Qscan now operate eleven Radiology practices within the Brisbane and Gold Coast area.
- **Qscan will open a practice in Redcliffe opposite the hospital in July 2010.** This will feature all modalities include Nuclear Medicine and MRI which are not currently available on the Peninsula.
- Qscan were invited, and have accepted space, in the new Redcliffe Hospital Foundation facility within the hospital grounds.
- Qscan plan to establish a Southport practice in the second half of 2010 with all modalities.

This experience is based on the establishment of a "value proposition" that guides every action we make within our practices. Appendix A section 2.0 outlines this in detail, but a summary version appears below:

The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complimentary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring

clinicians;

- The provision of Qpacs a secure web based PACS image viewing system at referring practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;
- A customer service team providing support to our clinical team, patients and referrers.

We think PMI/Qscan is in a unique position in being able to truly partner with Queensland Health in delivering "Best Ultimate Value" for the people of Redcliffe and in other parts of Queensland.

PMI/Qscan Reference Sites

In Part E Reference Sites of this response we outline in detail six reference sites we think are relevant to this Hospital Radiology tender. The following table demonstrates the relevance of our experience:

Reference Site	Relevant Experience
Logan and Beaudesert Hospitals	<p>Premier Medical Imaging has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI replaced a fragmented service which required three separate providers. PMI has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI has provided an exceptionally high reporting level, amongst the highest in Queensland Health, in a timely fashion. PMI has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI has provided an Onsite FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year.</p> <p>Details of "value delivered to Logan and Beaudesert Hospital can be found in Appendix A Section 2.3.</p>
Royal Brisbane and Women's Hospital (RBWH)	<p>Qscan Radiology Clinics was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.</p>
Mater Adult Hospital (MAH)	<p>Premier Medical Imaging provided teleradiology MRI reporting after hours for the Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sclavos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.</p>
The Townsville Hospital (TTH)	<p>Since June 2009 Qscan has provided teleradiology reporting for The</p>

	Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain radiographs and ultrasound scans is provided.
Princess Alexandra Hospital	For a brief period in 2008, PMI was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at Princess Alexandra Hospital. The services were provided by Qscan radiologists after hours and on-site using the existing PACS and RIS.
Mater Adult Hospital	Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.

PMI and Logan Hospital

We mention this because we want to highlight how we might make similar significant contributions in conjunction with Redcliffe Hospital and Queensland Health in delivering superior health outcomes to the people on the Redcliffe Peninsula. Our experience comprises:

- PMI has provided a comprehensive and professional Diagnostic Radiology Reporting service to the Logan Hospital Medical Imaging department and District Health Service with full integration of a previously disjointed and fragmented service provided by 3 separate Radiology groups.
- PMI has commenced and staffed multiple weekly and monthly Radiology meetings with hospital clinicians enabling appropriate clinical and radiologic correlation of challenging and difficult cases. This also provides excellent training and important educational experiences for hospital Interns, Residents and Registrars.
- PMI has been able to efficiently cope with the vast increase in workload both within and afterhours experienced by the Logan Hospital Medical Imaging Department over the past 3 years, without compromising quality of service delivery. This has been achieved with a single FTE Radiologist in attendance on-site, the high speed data lines have allowed additional remote FTE's, and the proposed increase in FTE on-site will enable further improvements at Logan.
- PMI has initiated and continues to deliver a fast and highly efficient after hours Consultant Radiologist Reporting service with provision of fully verified and typed final (not provisional) reports, allowing hospital clinicians to act decisively and with confidence on the final Medical Imaging result at anytime of day or night. The Qscan Radiologists are Brisbane based and have considerable experience and networks within the local hospitals and local referrers. Our Radiologists sometimes directly assist in providing ongoing care at quaternary facilities and are readily contactable to assist (compared with other more remote and interstate based tele-radiology models).
- PMI has provided administrative support to Logan Hospital Medical Imaging Department in terms of evaluation of business workflows; advising and implementing efficiency changes; and providing onsite staff training.
- PMI has provided comprehensive audit support which resulted in the identification and recovery of unbilled private MBS billable examinations.
- PMI has provided information technology (IT) support in terms of extracting information from the Logan Karisma RIS to support various clinical and administrative enquiries from the Logan Hospital Medical Imaging Department team. PMI have provided training and level 1 technical support for the Karisma RIS and intend to continue to do so.
- PMI/Qscan has provided IT support in negotiating with Kestral Karisma for the provision of the Business Report Studio (BRS) software; assistance in determining server hosting requirements at

Queensland Health and in writing reporting queries defined by the Director of Logan Hospital Medical Imaging Department. As a result we can fully comply with the requirements of Part D Schedule 4 Key Performance Indicator reporting AND provide more than that which is required.

- PMI/Qscan has paid all the Karisma licence fees for its reporting Radiologists.
- Qscan has effectively promoted the use of Logan Hospital to its private referrers for MRI examinations. This has resulted in the increase of private revenue and also the opportunity for further increases. There is a competitor to Logan Hospital (Queensland X-Ray) who have established a practice at Meadowbrook, less than 500metres away. Marketing strategies will need to be developed, both within the hospital and the surrounding district, to maintain and grow the private practice for the department. Qscan has thrived in a competitive environment and is well equipped to handle this challenge
- PMI/Qscan initiated and then provided assistance to the Director of Logan Hospital Medical Imaging Department in building a business case to generate increased revenue from the expansion of on site private MRI services. The incremental revenue increase (\$648,000 to \$1.65million in future years) will directly fund an increase in the number of Radiology department FTE's required to support the growing needs of the Logan Hospital Health Service District, with a direct enhancement to the quality of health service delivery. The full business case for extended hours for the Logan MRI is included in Appendix F.
- Qscan was instrumental in applying for and then gaining formal evaluation of the Logan Hospital Medical Imaging Department to be accredited as part of the Queensland Statewide Radiology Registrar RANZCR training program. This has enabled Radiology Registrars to rotate through the Logan Hospital Medical Imaging Department as part of their formal training. This underscores Qscan's commitment to education and training both within the Public and Private setting.

In terms of utilising our experience with Logan we have formulated a number of innovations which will add further value. These are outlined in detail in Appendix A Section 2.4. We believe that we can use our experience at Logan to provide similar benefits to Redcliffe.

Oscan and Redcliffe Hospital

A number of our Radiologists have direct experience with Redcliffe Hospital and we believe that our experience would allow us to deliver the following "value":

- A number of Radiologists within the Qscan practice has experience in working within Redcliffe Hospital and understand the needs of the population on the Peninsula. These doctors comprise Ash Jhamb, Todd Malone, David Simpson and Tim Hooper.
- The introduction of the Karisma RIS and the integration of the Redcliffe workflow with that of Qscan offers a large number of benefits:
 - The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
 - It would allow us to provide typing resources using our pool of typists if required by Redcliffe Hospital (we would need to agree on a cost per report for this);
 - It would improve report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
 - Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

	Executive Conjoint committee for Recognition of Training in CT Coronary Angiography
Dr David Leggett Subspecialty	Partner Interventional Radiologist Interventional Neuroradiologist
Radiology Training Fellowship	Royal Brisbane and Women's Hospital The Prince Charles Hospital
Positions	Northwestern Memorial Hospital, Chicago, USA Staff interventional radiologist Princess Alexandra Hospital Director of interventional neuroradiology services PAH Interventional radiologist Mater Private Hospital Radiologist Qscan Radiology Clinics
Dr Stephen Drew Subspecialty	Partner Abdominal and Pelvic Imaging
Radiology Training Fellowship	Royal Brisbane and Women's Hospital New York University Medical Center, New York, USA
Positions	Visiting Medical Officer Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Adrian Khoo Subspecialty	Partner Cardiothoracic Radiologist
Radiology Training Fellowship	Royal Brisbane and Women's Hospital The Prince Charles Hospital
Positions	Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics
Dr James FitzGerald Subspecialty	Partner Neuroradiologist Interventional Radiologist Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training Fellowship	Royal Brisbane and Women's Hospital University of Rochester New York USA
Positions	Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Tim Hooper Subspecialty	Partner Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training Fellowship	Royal Brisbane and Women's Hospital Hospital for Special Surgery, New York, USA
Position	Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Mark Burgin Subspecialty	Partner Neuroradiology Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship	Princess Alexandra Hospital The Alfred Hospital, Melbourne
Position	Radiologist Qscan Radiology Clinics
Dr Gary Shepherd Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention

Radiology Training Fellowship Position	Princess Alexandra Hospital Qscan Radiology Clinics Radiologist Qscan Radiology Clinics
Dr David Simpson Subspecialty	Partner Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Position	Royal Brisbane and Women's Hospital Mount Sinai, Toronto Western and Princess Margaret Hospitals Toronto, Canada Radiologist Qscan Radiology Clinics
Dr George Koulouris Subspecialty	Associate Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship Positions	The Alfred Hospital Melbourne The Alfred Hospital Melbourne Thomas Jefferson University Hospital Philadelphia, Pennsylvania Founder Melbourne Radiology Clinics Subspecialist teleradiology consultant Qscan Radiology Clinics
Dr Laetitia deVilliers Subspecialty	Associate Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training Fellowship Positions	Princess Alexandra Hospital Princess Alexandra Hospital Mt Sinai Hospital, New York USA Staff Specialist Radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Phillip Law Subspecialty	Associate MRI Nuclear Medicine
Radiology Training Fellowship Positions	Napean Hospital Royal Prince Alfred Hospital Princess Alexandra Hospital Princess Alexandra Hospital Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist Qscan Radiology Clinics
Dr Stanley Ngai Subspecialty Radiology Training Fellowship Positions	Associate Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital Staff Specialist Radiologist, Princess Alexandra Hospital Radiologist and Nuclear Medicine Specialist Qscan
Dr Joseph Wong Subspecialty Physician Training Fellowship Positions	Associate Nuclear Medicine and Bone Densitometry Christchurch, New Zealand The Prince of Wales Hospital, Sydney Guy's and St Thomas' Hospitals, London Consultant Nuclear Medicine Physician Qscan Radiology Clinics Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine

Dr Lora Medoro Subspecialty Radiology Training Fellowship Positions	Associate MRI Princess Alexandra Hospital The Prince Charles Hospital Mater Private and Greenslopes Hospitals Consultant Radiologist Qscan Radiology Clinics
Dr Todd Malone Subspecialty Radiology Training Fellowship Positions	Associate MRI Women's Imaging Royal Brisbane and Women's Hospital Mater Private and Greenslopes Hospital Consultant radiologist Queensland XRay, Townsville Consultant radiologist Qscan Radiology Clinics, Jan 2010
Dr Kendal Redmond Subspecialty Radiology Training Fellowship Positions	Associate Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Brown University, Providence, Rhode Island, USA Staff interventional radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Tom Hess Subspecialty Radiology Training Fellowship Positions	Associate Paediatric Radiologist Princess Alexandra Hospital British Columbia Children's Hospital, Vancouver, Canada Paediatric Radiologist, Royal Children's and Mater Children's Hospitals Radiologist Qscan Radiology Clinics
Dr Ash Jhamb Subspecialty Radiology Training Fellowship Positions	Associate Neuroradiologist Interventional Radiologist The Alfred Hospital Melbourne The Alfred Hospital Melbourne Vancouver General Hospital, Canada Apollo Hospital, New Delhi, India Staff Specialist Radiologist Royal Brisbane and Women's Hospital Consultant Radiologist Queensland Diagnostic Imaging
Dr Tanya Wood Subspecialty Radiology Training Fellowship Positions	Associate Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics
Dr Jennie Roberts Subspecialty Radiology Training Fellowship Positions	Associate Neuroradiologist Paediatric Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Staff Specialist Radiologist Royal Brisbane and Women's Hospital Director of Radiology Training Royal Brisbane and Women's Hospital

Oscan Business Management Team

In addition to our team of Radiologists we also rely on the expertise of our non-clinical team to deliver the marketing, administration and management initiatives which also add value to Logan Hospital. The key people in this team comprise:

<p>Mark Grahame Qualifications</p> <p>Experience</p> <p>Relevance to Tender</p>	<p>Business Manager B. Commerce (UQ) Master of Business Administration</p> <p>Over 30 years experience in management, marketing, IT, finance, business strategy and business process.</p> <p>Work directly with the Director of Medical Imaging to determine service requirements and then co-ordinate the various clinical and non-clinical resources to continue to deliver “value” on time and within budget.</p>
<p>Karen Bird Qualifications</p> <p>Experience</p> <p>Relevance to Tender</p>	<p>Accountant B. Business (Computing) Southern Cross University B. Business (Accounting) QUT Certified Practicing Accountant</p> <p>Six years experience in a company accountant role</p> <p>Work directly with Redcliffe Hospital finance team to ensure billing and financial matters are delivered as per the requirements.</p>
<p>Maree Landon Qualifications</p> <p>Experience</p> <p>Relevance to Tender</p>	<p>Administration Manager Various administration and management courses</p> <p>Eighteen years radiology administration roles</p> <p>Maree and her team have played a major role in supporting Logan Hospital with Karisma and with business processes. This has had significant outcomes in terms of recovery of unbilled invoices, improved processes and controls. A key aspect is also the provision of training and ongoing support. We intend to replicate this at Redcliffe Hospital.</p>
<p>Paul Watt Qualifications</p> <p>Experience</p> <p>Relevance to Tender</p>	<p>IT Manager B. App Science (MedRadTech) Grad Dip App Science (MedUltrasound) Master Information Technology</p> <p>Twelve years experience in radiology in both the public and private sectors as a radiographer, sonographer and as an IT professional.</p> <p>IT is a vital aspect of Radiology Reporting and Paul has driven various initiatives to deliver a highly reliable and effective IT solution that is integrated seamlessly with the Queensland Health network.</p>

Provide clear details on your capacity to provide the services requested in this offer, including extra capacity if you are offering for multiple offers.

Capacity comprises a number of elements:

- The ability to provide the number of Radiologist FTE’s to undertake the current and projected volumes at Redcliffe Hospital;
- The ability to quickly cope with spikes in volume and significant ongoing increases in volumes;
- The speed of being able to access sub-specialty knowledge;
- The speed of being able to access a second opinion;
- The reliability of the service being offered.

Ability to cope with volumes

Oscan has twenty-six (26) Radiologist FTE’s that we can deploy to effectively service the requirements of Queensland Health in terms of Logan, Redlands, Redcliffe and Townsville; in addition to our other commitments.

s.47(3)(b)

This chart demonstrates that since inception Qscan has enjoyed a high number of radiologists available to the practice. All of these Radiologists are available to PMI. Owing to the diversity of the case load, the sub-specialties, and the various private and public reporting contracts Qscan is an attractive employer of choice.

Currently our volumes across our practices and our commitments at Logan Hospital, Townsville, the Mater Private and other engagements only require nine (9) FTE.

We have the capacity to DOUBLE IN SIZE to undertaking over 600,000 examinations per annum with the current number of partners and associates.

Our intent with Redcliffe Hospital is to provide two (2) FTE's on-site AND utilise our high speed data communications links to provide access to other Radiologists as needed. The implementation of the **common worklist** initiative will enhance our capacity significantly. Refer to Appendix A Section 2.7 for details of this.

Speed of response

Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime**. This is above the contracted Telstra 99.95% performance. For more details please refer to Appendix C Section 1.0.

PMI/Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health**. This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

In addition with the high speed links and a common worklist we can provide **access to Typing Resources outside Redcliffe** if required. Appendix A section 3.5.5 provides more detail.

We note the time frames for report turnaround as follows:

- Urgent (within 30 minutes)
- Priority (within 4 hours)
- Intermediate (within 24 hours)
- Routine (within 3 business days)

PMI/Qscan can commit to these report turnaround time frames provided the volumes and mix of reporting

services is in line with those specified in Part B section 6 of the tender.

Management of Report Turnaround will be conducted as follows:

- Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our on-site and off-site Radiologists we can manage the worklist very precisely using all FTE's;
- Within the Qscan practice 99.1% of reports are complete the same day;
- Qscan propose the implementation of the Karisma RIS and Business Report Studio which we have successfully used at our practices, at Logan Hospital and is in use at over thirty Hospitals throughout Australia and New Zealand. Please refer to Appendix C Section 6.3 for specific Hospitals using the RIS;
- Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution. A detailed outline of Karisma is provided in Appendix C Section 6.0.
- The infrastructure to manage this is already in place comprising a Synapse and Karisma (using HL7 interfaces as part of the Karisma HL7 Connect product).

Reliability of the service

The primary reporting is conducted on-site at Redcliffe Hospital with a rotational rostering system. Should a rostered Radiologist not be available then we have processes in place for their replacement AND also to utilise our off-site and overflow reporting.

For off-site and overflow reporting Qscan rely on the high speed data communications line between Redcliffe and Queensland Health, and then to our Telstra co-location. For more details please refer to Appendix C section 1.0.

Based on the last three years we can report a high level of system availability as follows:

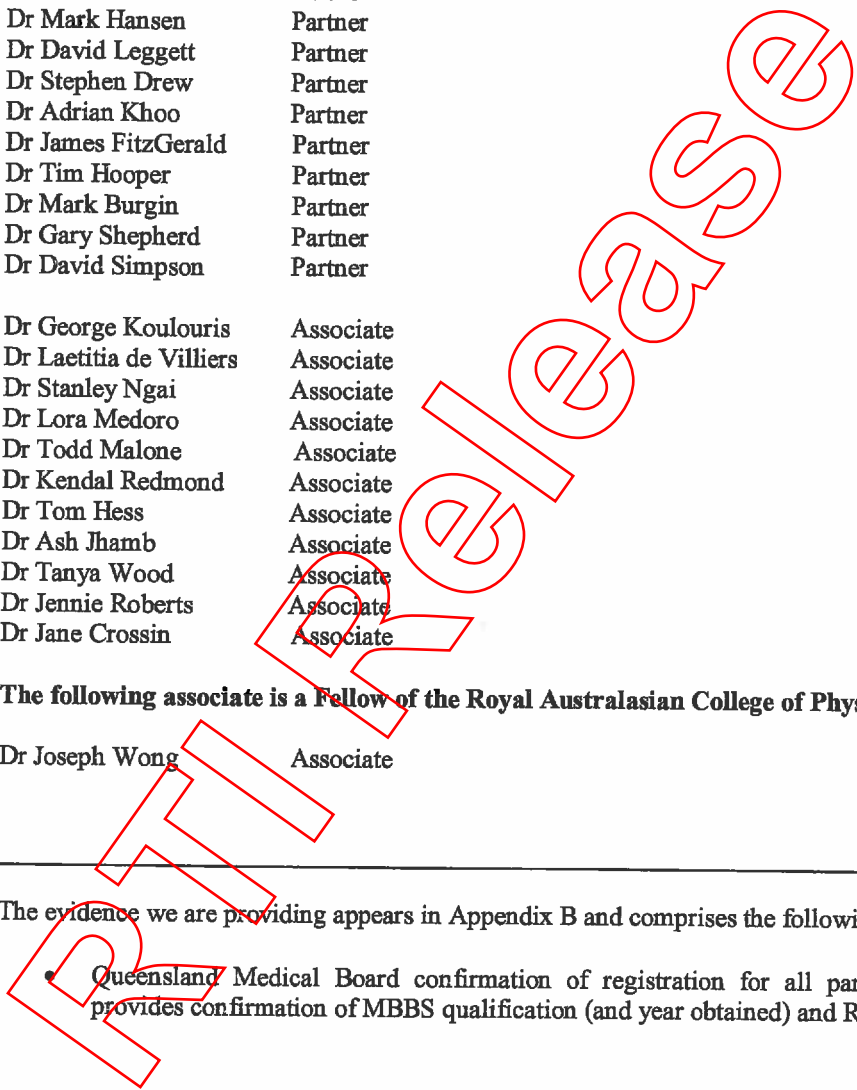
- PMI/Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Redcliffe Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem.
- PMI/Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- PMI/Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that a remarkable 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.

We also propose to **provide capacity beyond that required by the Redcliffe tender in making available on-site our interventional radiology capabilities.** Appendix A section 2.4.2.7 outlines this in detail. This would add significant health outcomes for the Redcliffe and surrounding community, leveraging the unique capability of the Qscan practice to utilise some of our six interventional radiologists.

Provide evidence that the staff

The evidence we are providing appears in Appendix B and comprises the following:

<p>proposed to provide the offered services are registered or eligible for Registration by the Queensland Medical Board.</p>	<ul style="list-style-type: none"> Queensland Medical Board confirmation of registration for all partners and associates; 																																																
<p>Please indicate which staff are Fellows of RANZCR.</p>	<p>The following partners and associates are Fellows of RANZCR:</p> <table border="0"> <tr><td>Dr Eric Sclavos</td><td>Managing Partner</td></tr> <tr><td>Dr Hal Rice</td><td>Partner</td></tr> <tr><td>Dr Mark Hansen</td><td>Partner</td></tr> <tr><td>Dr David Leggett</td><td>Partner</td></tr> <tr><td>Dr Stephen Drew</td><td>Partner</td></tr> <tr><td>Dr Adrian Khoo</td><td>Partner</td></tr> <tr><td>Dr James FitzGerald</td><td>Partner</td></tr> <tr><td>Dr Tim Hooper</td><td>Partner</td></tr> <tr><td>Dr Mark Burgin</td><td>Partner</td></tr> <tr><td>Dr Gary Shepherd</td><td>Partner</td></tr> <tr><td>Dr David Simpson</td><td>Partner</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Dr George Koulouris</td><td>Associate</td></tr> <tr><td>Dr Laetitia de Villiers</td><td>Associate</td></tr> <tr><td>Dr Stanley Ngai</td><td>Associate</td></tr> <tr><td>Dr Lora Medoro</td><td>Associate</td></tr> <tr><td>Dr Todd Malone</td><td>Associate</td></tr> <tr><td>Dr Kendal Redmond</td><td>Associate</td></tr> <tr><td>Dr Tom Hess</td><td>Associate</td></tr> <tr><td>Dr Ash Jhamb</td><td>Associate</td></tr> <tr><td>Dr Tanya Wood</td><td>Associate</td></tr> <tr><td>Dr Jennie Roberts</td><td>Associate</td></tr> <tr><td>Dr Jane Crossin</td><td>Associate</td></tr> </table> <p>The following associate is a Fellow of the Royal Australasian College of Physicians :</p> <table border="0"> <tr><td>Dr Joseph Wong</td><td>Associate</td></tr> </table>	Dr Eric Sclavos	Managing Partner	Dr Hal Rice	Partner	Dr Mark Hansen	Partner	Dr David Leggett	Partner	Dr Stephen Drew	Partner	Dr Adrian Khoo	Partner	Dr James FitzGerald	Partner	Dr Tim Hooper	Partner	Dr Mark Burgin	Partner	Dr Gary Shepherd	Partner	Dr David Simpson	Partner			Dr George Koulouris	Associate	Dr Laetitia de Villiers	Associate	Dr Stanley Ngai	Associate	Dr Lora Medoro	Associate	Dr Todd Malone	Associate	Dr Kendal Redmond	Associate	Dr Tom Hess	Associate	Dr Ash Jhamb	Associate	Dr Tanya Wood	Associate	Dr Jennie Roberts	Associate	Dr Jane Crossin	Associate	Dr Joseph Wong	Associate
Dr Eric Sclavos	Managing Partner																																																
Dr Hal Rice	Partner																																																
Dr Mark Hansen	Partner																																																
Dr David Leggett	Partner																																																
Dr Stephen Drew	Partner																																																
Dr Adrian Khoo	Partner																																																
Dr James FitzGerald	Partner																																																
Dr Tim Hooper	Partner																																																
Dr Mark Burgin	Partner																																																
Dr Gary Shepherd	Partner																																																
Dr David Simpson	Partner																																																
Dr George Koulouris	Associate																																																
Dr Laetitia de Villiers	Associate																																																
Dr Stanley Ngai	Associate																																																
Dr Lora Medoro	Associate																																																
Dr Todd Malone	Associate																																																
Dr Kendal Redmond	Associate																																																
Dr Tom Hess	Associate																																																
Dr Ash Jhamb	Associate																																																
Dr Tanya Wood	Associate																																																
Dr Jennie Roberts	Associate																																																
Dr Jane Crossin	Associate																																																
Dr Joseph Wong	Associate																																																
<p>Provide details of all staff accreditation, including date obtained and level. A copy of the certificate must be attached.</p>	<p>The evidence we are providing appears in Appendix B and comprises the following:</p> <ul style="list-style-type: none"> Queensland Medical Board confirmation of registration for all partners and associates, this provides confirmation of MBBS qualification (and year obtained) and RANZCR Fellowship; 																																																
<p>Provide details of the experience of the staff that will be providing the specified services or that part of the specified services</p>	<p>PMI is simply the “corporate entity” that provides Qscan services to the Public Health sector. PMI contracts Qscan to do so.</p> <p>Qscan was born out of the experience that the founding doctors built during their largely overseas fellowships, their public hospital clinical caseload (which many continue with today and will do so), and their time in founding and building the Qscan practice. PMI/Qscan is the fastest growing, most successful, Brisbane based radiology reporting practice in Australia and New Zealand.</p>																																																



for which an offer is submitted.

Our experienced team comprise two key areas:

- Our Radiologists providing depth of Clinical Experience
- Our Management team providing depth of Business Experience

Clinical Experience

Whilst Qscan was first formed in 2007 to undertake the Logan Hospital Radiology Reporting contract, the eleven (11) partners and fifteen (15) associates have over two hundred (200) years of clinical experience.

In addition, our practice offers a broad range of sub-specialty reporting and as importantly we have six interventional radiologists ready to add further value to the Redcliffe Medical Imaging Department. Appendix A Section 3 provides complete details of our experience in terms of Sub Specialist Reporting and our Doctors' Value.

The Curriculum Vitae of our Radiologists are provided in detail in Appendix B. you will not find a more highly skilled and experienced, cohesive group of Radiologists based in Brisbane.

In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the Qscan Radiologists:

<p>Dr Eric Sclavos Subspecialty Radiology Training Fellowship Positions</p>	<p>Managing Partner Nuclear Medicine Princess Alexandra Hospital The Prince Charles Hospital The Wesley Hospital Supervisor of training radiology registrar training program Staff radiologist and nuclear medicine specialist PAH Managing partner Qscan</p>
<p>Dr Hal Rice Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Neuroradiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital Mt Sinai Hospital, New York USA Deputy Director of Medical Imaging at Gold Coast Hospital Southport Director and Councilor RANZCR College Council Treasurer of RANZCR Chair of RANZCR Workforce Advisory Board Chair of RANZCR Independent Radiologists Group Member of RANZCR CPD committee Member of RANZCR QUDI Advisory Board Member of RANZCR e-Radiology Reference Group</p>
<p>Dr Mark Hansen Subspecialty Radiology Training Fellowship Positions</p>	<p>Partner Cardiothoracic Radiologist Royal Brisbane and Women's Hospital The Prince Charles Hospital Toronto General Hospital, Peter Munk Cardiac Centre, Canada Director of Cardiac Imaging Research TPCH Chair Cardiovascular Special interest Group RANZCR Executive Conjoint committee for Recognition of Training in CT Coronary Angiography</p>
<p>Dr David Leggett Subspecialty Radiology Training</p>	<p>Partner Interventional Radiologist Interventional Neuroradiologist Royal Brisbane and Women's Hospital</p>

Fellowship	The Prince Charles Hospital
Positions	Northwestern Memorial Hospital, Chicago, USA Staff interventional radiologist Princess Alexandra Hospital Director of interventional neuroradiology services PAH Interventional radiologist Mater Private Hospital Radiologist Qscan Radiology Clinics
Dr Stephen Drew	Partner
Subspecialty	Abdominal and Pelvic Imaging
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	New York University Medical Center, New York, USA
Positions	Visiting Medical Officer Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Adrian Khoo	Partner
Subspecialty	Cardiothoracic Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics
Dr James FitzGerald	Partner
Subspecialty	Neuroradiologist Interventional Radiologist Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	University of Rochester New York USA
Positions	Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Tim Hooper	Partner
Subspecialty	Musculoskeletal MRI and ultrasound, Sports medicine Musculoskeletal intervention
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	Hospital for Special Surgery, New York, USA
Position	Visiting Medical Officer Royal Brisbane and Women's Hospital Radiologist Qscan Radiology Clinics
Dr Mark Burgin	Partner
Subspecialty	Neuroradiology Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training	Princess Alexandra Hospital
Fellowship	The Alfred Hospital, Melbourne
Position	Radiologist Qscan Radiology Clinics
Dr Gary Shepherd	Partner
Subspecialty	Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training	Princess Alexandra Hospital
Fellowship	Qscan Radiology Clinics
Position	Radiologist Qscan Radiology Clinics
Dr David Simpson	Partner
Subspecialty	Musculoskeletal MRI and ultrasound Sports medicine

Radiology Training Fellowship	Musculoskeletal intervention Royal Brisbane and Women's Hospital Mount Sinai, Toronto Western and Princess Margaret Hospitals Toronto, Canada
Position	Radiologist Qscan Radiology Clinics
Dr George Koulouris Subspecialty	Associate Musculoskeletal MRI and ultrasound Sports medicine Musculoskeletal intervention
Radiology Training Fellowship	The Alfred Hospital Melbourne The Alfred Hospital Melbourne Thomas Jefferson University Hospital Philadelphia, Pennsylvania
Positions	Founder Melbourne Radiology Clinics Subspecialist teleradiology consultant Qscan Radiology Clinics
Dr Laetitia deVilliers Subspecialty	Associate Neuroradiologist Interventional Neuroradiologist Interventional Radiologist
Radiology Training Fellowship	Princess Alexandra Hospital Princess Alexandra Hospital Mt Sinai Hospital, New York USA
Positions	Staff Specialist Radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Phillip Law Subspecialty	Associate MRI Nuclear Medicine
Radiology Training	Napean Hospital Royal Prince Alfred Hospital Princess Alexandra Hospital
Fellowship	Princess Alexandra Hospital
Positions	Nuclear Medicine Fellow, Princess Alexandra Hospital Consultant Radiologist Qscan Radiology Clinics
Dr Stanley Ngai Subspecialty	Associate Nuclear Medicine
Radiology Training Fellowship	Princess Alexandra Hospital The Prince Charles Hospital Royal Brisbane and Women's Hospital Princess Alexandra Hospital
Positions	Staff Specialist Radiologist, Princess Alexandra Hospital Radiologist and Nuclear Medicine Specialist Qscan
Dr Joseph Wong Subspecialty	Associate Nuclear Medicine and Bone Densitometry
Physician Training Fellowship	Christchurch, New Zealand The Prince of Wales Hospital, Sydney Guy's and St Thomas' Hospitals, London
Positions	Consultant Nuclear Medicine Physician Qscan Radiology Clinics Consultant Nuclear Medicine Physician Northcoast Nuclear Medicine
Dr Lora Medoro Subspecialty	Associate MRI
Radiology Training Fellowship	Princess Alexandra Hospital The Prince Charles Hospital Mater Private and Greenslopes Hospitals
Positions	Consultant Radiologist Qscan Radiology Clinics

Dr Todd Malone	Associate
Subspecialty	MRI Women's Imaging
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	Mater Private and Greenslopes Hospital
Positions	Consultant radiologist Queensland XRay, Townsville Consultant radiologist Qscan Radiology Clinics, Jan 2010
Dr Kendal Redmond	Associate
Subspecialty	Interventional Radiologist Interventional Neuroradiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Brown University, Providence, Rhode Island, USA Staff interventional radiologist Princess Alexandra Hospital Radiologist Qscan Radiology Clinics
Dr Tom Hess	Associate
Subspecialty	Paediatric Radiologist
Radiology Training	Princess Alexandra Hospital
Fellowship	British Columbia Children's Hospital, Vancouver, Canada
Positions	Paediatric Radiologist, Royal Children's and Mater Children's Hospitals Radiologist Qscan Radiology Clinics
Dr Ash Jhamb	Associate
Subspecialty	Neuroradiologist Interventional Radiologist
Radiology Training	The Alfred Hospital Melbourne
Fellowship	The Alfred Hospital Melbourne Vancouver General Hospital, Canada
Positions	Apollo Hospital, New Delhi, India Staff Specialist Radiologist Royal Brisbane and Women's Hospital Consultant Radiologist Queensland Diagnostic Imaging
Dr Tanya Wood	Associate
Subspecialty	Cardiothoracic Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist The Prince Charles Hospital Radiologist Qscan Radiology Clinics
Dr Jennie Roberts	Associate
Subspecialty	Neuroradiologist Paediatric Radiologist
Radiology Training	Royal Brisbane and Women's Hospital
Fellowship	The Prince Charles Hospital
Positions	Staff Specialist Radiologist Royal Brisbane and Women's Hospital Director of Radiology Training Royal Brisbane and Women's Hospital

Business Experience

In addition to our team of Radiologists we also rely on the expertise of our non-clinical team to deliver the marketing, administration and management initiatives which also add value to Redcliffe Hospital. The key people in this team comprise:

Mark Grahame	Business Manager
Qualifications	B. Commerce (UQ) Master of Business Administration
Experience	Over 30 years experience in management, marketing, IT, finance, business strategy and business process.
Relevance to Tender	Work directly with the Director of Medical Imaging to determine service

requirements and then co-ordinate the various clinical and non-clinical resources to continue to deliver “value” on time and within budget.

Karen Bird
Qualifications

Accountant
B. Business (Computing) Southern Cross University
B. Business (Accounting) QUT
Certified Practicing Accountant

Experience
Relevance to Tender

Six years experience in a company accountant role
Work directly with Redcliffe Hospital finance team to ensure billing and financial matters are delivered as per the requirements.

Maree Landon
Qualifications

Administration Manager
Various administration and management courses
Eighteen years radiology administration roles

Experience
Relevance to Tender
Maree and her team have played a major role in supporting Logan Hospital with Karisma and with business processes. This has had significant outcomes in terms of recovery of unbilled invoices, improved processes and controls. A key aspect is also the provision of training and ongoing support. We intend to replicate this at Redcliffe Hospital.

Paul Watt
Qualifications

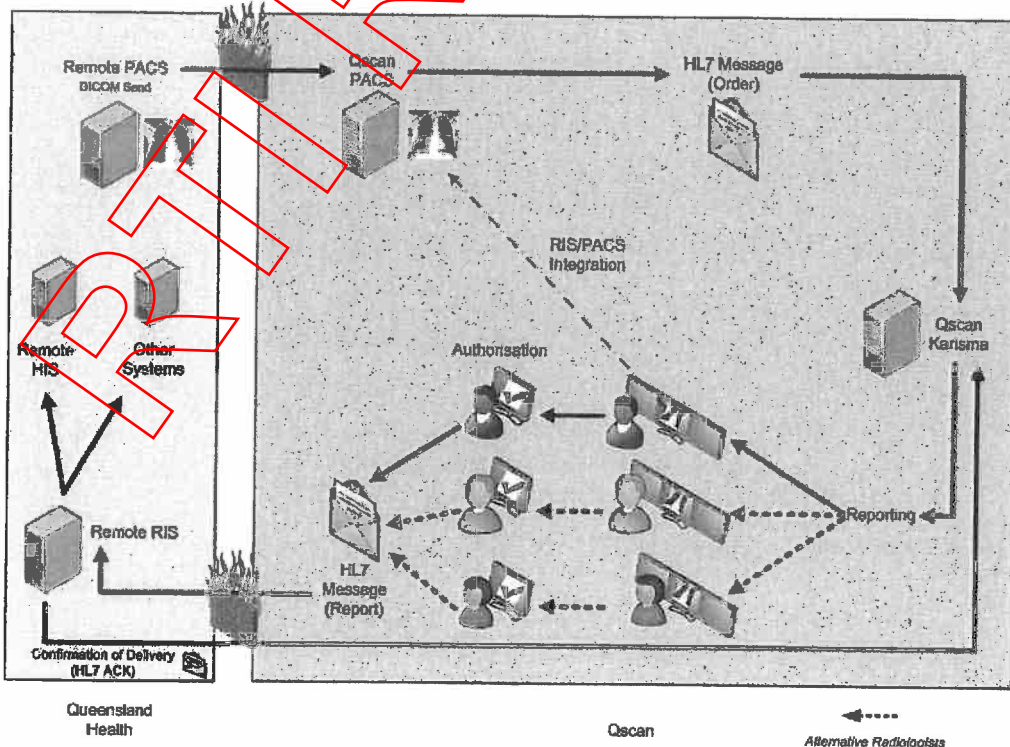
IT Manager
B App Science (MedRadTech)
B App Science (MedUltrasound)
Master Information Technology

Experience
Relevance to Tender
Twelve years experience in radiology in both the public and private sectors as a radiographer, sonographer and as an IT professional.
IT is a vital aspect of Radiology Reporting and Paul has driven various initiatives to deliver a highly reliable and effective IT solution that is integrated seamlessly with the Queensland Health network.

Where use of electronic reporting is envisaged provide details of the offered proposal on how such might most appropriately be managed.

PMI comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

On-site reporting as per current workflow



The proposed workflow consists of:

- Redcliffe Hospital Transmits the DICOM images for reporting to Qscan (Including a scanned image of the request form)
- Qscan's PACS system generates a HL7 order from the DICOM header information mapping to the correct HL7 segments. Critical patient data is maintained (UR Number, Name, Accession number etc)
- The order is sent to Qscan's Karisma RIS. The order is processed and the case available to on Qscan's shared reporting work list.
- The most appropriate **sub specialty Radiologist** is able to pick up the case off the **common worklist** and Dictate the case for typing or use **Voice Recognition** software.
- The typed report is checked by the reporting Radiologist and is electronically authorised on Qscan's Karisma RIS.
- Qscan's Karisma RIS automatically generates a HL7 report message using the required patient details for Redcliffe Hospital (Name, UR Number, Accession number etc).
- The HL7 report message is securely transmitted to Redcliffe Hospitals HL7 gateway interface where it is integrated back into Redcliffe's Karisma RIS. Redcliffe's Karisma RIS generates a HL7 Acknowledgement message that is returned to Qscan's Karisma RIS to confirm correct receipt.
- Redcliffe's Karisma RIS will automatically distribute the report as per its internal rules to other Health Information Systems within Queensland Health as appropriate.

For more details please refer to Appendix C section 1.0 and 2.0

Improved Work Practices – Voice Recognition

Voice Recognition is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Redcliffe Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Redcliffe would be of considerable value.

Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.

Qscan use the healthcare version which includes a full range of medical terminology. Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.

An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>

The benefits we are realising at this early stage comprise:

- Reduction in transcription errors.
- Increased throughput where templates are used.
- Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
- Ability to immediately authorise a report once dictation is complete.

For further details refer to Appendix A Section 2.4.3.2.

Improved Work Practices – Common Worklist

Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver even greater benefits to Redcliffe. We can provide these benefits to Redcliffe also (provides the RIS is changed to Karisma) which comprise:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Redcliffe Hospital (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and Redcliffe once we open that facility;

For further details refer to Appendix A Section 2.4.2.6.

Improved Work Practices – Report Turnaround

We note the time frames for report turnaround as follows:

- Urgent (30 minutes)
- Priority (4 hours)
- Intermediate (24 hours)
- Routine (3 business days)

PMI/Qscan can commit to these report turnaround time frames provided the volumes and mix of reporting services is in line with those specified in Part B section 6 of the tender.

Management of Report Turnaround will be conducted as follows:

- Within Qscan practices we use a common worklist to monitor case turnaround by reporting service. By implementing this across our on-site and off-site Radiologists we can manage the worklist very precisely using all FTE's;
- Logan is implementing the Business Report Studio and one of the report groups that Qscan will provide is a report turnaround module. This allows the analysis of report speed through all phases of the process. We would include this for Redcliffe. It also allows us to identify "bottlenecks" in the process and apply additional resources as needed;
- Karisma provides automated management within its workflow comprising dictation, translation, authorisation and distribution.
- The introduction of Kestral Karisma RIS to Redcliffe, in conjunction with Synapse PACS provides a number of configurable tools to manage and audit report turn around times. These include the Common reporting work list and statistical analysis using BRS.

Please provide an example of invoices detailing the number of reports, priority levels and

We propose an identical process and reporting for Redcliffe Hospital as that currently implemented at Logan Hospital.

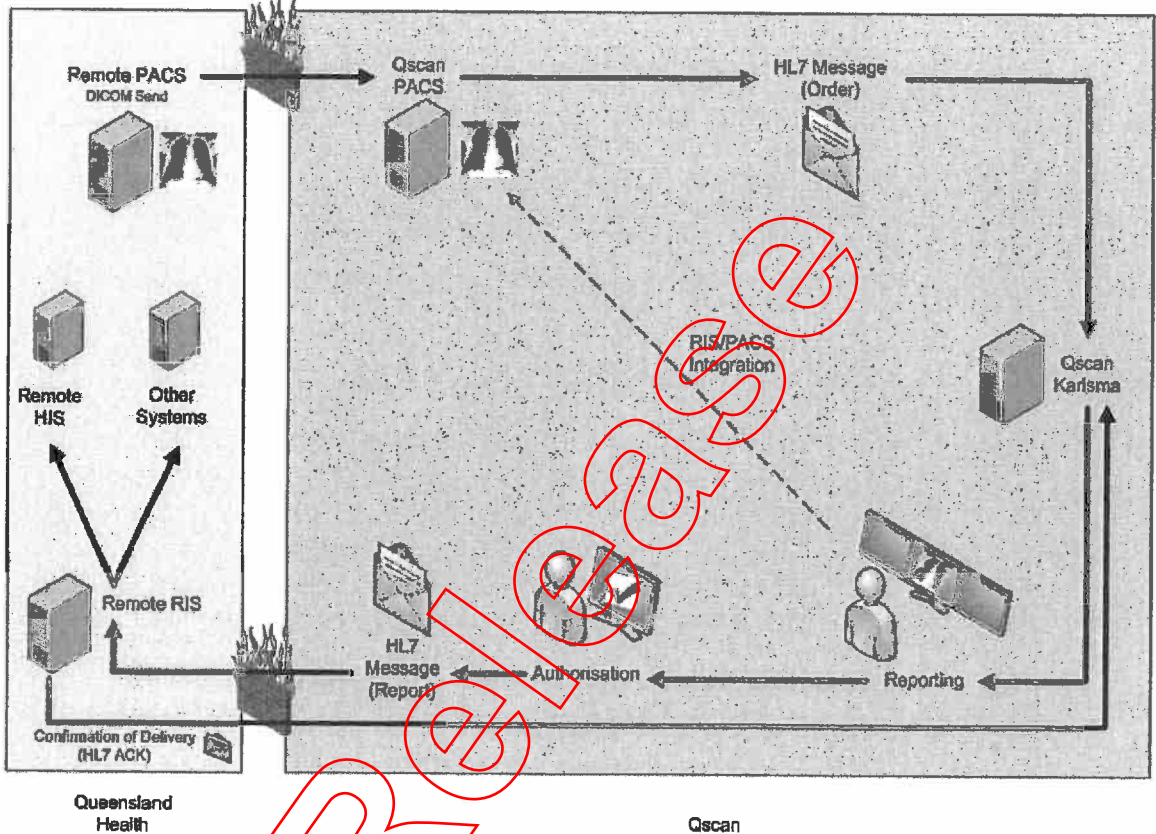
PMI currently invoice the Logan Hospital on a weekly basis (typically the Tuesday of the next week) the charge for the on-site Radiologist and all of the on-call for that week. Refer Appendix D for a sample of the invoice and the on call log.

<p>investigation types.</p>	<p>The invoice and on call log is emailed directly to Logan Hospital.</p> <p>On a monthly basis the Revenue Manager at Logan Hospital is emailed the Ledger (Refer Appendix D) which shows the patient fees received for the month. This is done two days following the end of each month.</p> <p>The Logan Hospital then raises an invoice to Qscan for the patient fees plus GST (Refer Appendix D for a sample document).</p>
<p>Please provide details on how it is envisaged that requests will be received from Queensland Health?</p>	<p>Requests can be received from QH in a physical format, as a DICOM image or by HL7 message. The preferred method is via a DICOM image. The proposed workflow is for Qscan to receive images for reporting into Qscan's own PACS system which then generates a HL7 order message using information contained in the DICOM header of the images. Site specific information (Location, UR Number and Accession Number etc) will be retained in the message so that the report message generated on Validation of the report can be easily integrated back into the originating location's health information systems. This order is automatically entered into Qscan's Karisma RIS system where it is then integrated into Qscan's workflow that allows any Radiologist working at Qscan to report the images, including Qscan's Sub-specialty trained Radiologists.</p>
<p>Please provide details on how it is envisaged that images will be received from Queensland Health?</p>	<p>Images will be received over a network connection either sent into Qscan's PACS or by direct use of Redcliffe Synapse. The preferred method is for the images to be sent to Qscan's PACS. The DICOM header of the images will then be used to create a HL7 order message that is then integrated into Qscan's RIS for reporting. This allows the work to be integrated into Qscan's existing workflow that matches the best sub-specialty Radiologist to the examination across any of Qscan's reporting sites.</p>
<p>Are you able to provide each report on a diagnostic image in the form required by Queensland Health?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES</p> <p>All HL7 report messages generated by Qscan will be in accordance with the relevant HL7 standard. All HL7 data mapping of required information will be performed in accordance with the requirements of Queensland Health.</p>
<p>If no, please give details.</p>	

RTI REQUEST

Please provide details on how it is envisaged that reports will be received by Queensland Health?

Reports will be either directly typed into Redcliffe Karisma or via HL7 report message transfer. The preferred method for returning reports to QH is an automated HL7 transfer. Reports received by QH will be in a HL7 standard report format. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.8 for more details.



Please provide details on how it is envisaged that reports received by Queensland Health will be verified?

Reports will be verified either directly on Redcliffe Karisma or on Qscan’s RIS prior to HL7 report message transfer. Qscan’s proposed workflow would have the Radiologist authorising (validating) the report in Qscan’s Karisma RIS. The process of validating the report would then trigger the automatic creation and transmission of the appropriate HL7 report message to be integrated into the originating RIS or HIS. All patient data (UR Number, Accession Number etc) will be present in the HL7 report message to be matched back into the originating RIS and/or for dissemination into other applicable health information systems. Refer Appendix C section 4.9 for more details.

Please provide details on how it is envisaged that validated reports will be integrated into the RIS?

Validated reports will seamlessly integrate into Redcliffe Karisma via HL7 transfer of the validated report and then matching by Karisma of the report to the correct study based on fields within the HL7 message. The generated HL7 report message will maintain all required patient data from the originating location. This data will include the original Name, UR Number and accession number. These data fields will be mapped to the appropriate fields of the HL7 report message. Refer Appendix C section 4.10 for more details.

Please provide details of the mechanism that will be used to mitigate against

In Appendix C section 5.0 we have a section entitled System Performance and Redundancy. PMI/Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.

<p>and address technology communication failures?</p>	<ul style="list-style-type: none"> ○ For off-site and overflow reporting PMI/Qscan rely on the high speed data communications line between Redcliffe and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows: <ul style="list-style-type: none"> ○ Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Redcliffe Hospital team members if a problem with connectivity to PMI/Qscan is identified. In the past it has been PMI/Qscan making contact with Queensland Health where our systems have alerted us to a problem. ○ PMI/Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All PMI/Qscan’s services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan’s high speed reporting lines have achieved 99.99% uptime. This is above the contracted Telstra 99.95% performance. ○ PMI/Qscan’s team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health. This could be improved to 99.99% as per PMI/Qscan’s other High speed connections if a direct connection with Queensland Health was obtained. ○ PMI/Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data. ○ The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure PMI/Qscan has the ability to quickly deploy wireless technology to regain basic functionality. ○ Qscan currently use Watchguard firewalls, and are evaluating Checkpoint as an alternative moving forward to give improved compatibility with Queensland Health. Qscan uses Sophos for endpoint, internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3. ○ An option which we strongly recommend is direct connectivity to further increase speed, security and system reliability. The current IPSec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan’s PACS a direct connection should be commissioned – this would enable fast connection speeds, greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception). ○ Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises: <ul style="list-style-type: none"> ○ PMI/Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support; ○ PMI/Qscan have a network of contacts within the various Queensland Health IT teams to assist with support if required. The relationships have been built over the past three years, have proven invaluable and we are entirely confident in our ability to continue to do so in the event we are successful with this tender.
<p>Please provide details of any infrastructure upgrades that may be required to</p>	<p>To facilitate report workflow with PMI/Qscan it is proposed that Redcliffe upgrades to Kestral Karisma RIS and retains Fuji Synapse PACS. In addition to giving better scalability and functionality locally on-site, this would allow Redcliffe to send DICOM images to Qscan to be reported in Qscan’s own reporting environment. This workflow allows Redcliffe to leverage off Qscan’s infrastructure and Radiologists to have any of our off-site Radiologists reporting cases and also providing sub-specialty reporting for</p>

facilitate report validation in the Queensland Health RIS?

appropriate cases.

To cost effectively achieve this it is possible to expand the existing Karisma infrastructure at Logan Hospital by adding a Worksite License and purchasing additional workstation licenses. The worksite license allows Redcliffe to connect and use the existing Karisma infrastructure. Qscan in its own Karisma system has 17 worksites all operating simultaneously using the same Karisma infrastructure.

The way this would work is as follows:

- Redcliffe, Logan and potentially Bayside would be configured under the one Karisma licence;
- All three would share the same database and Queensland Health infrastructure;
- All three could be configured to suit specific hospital needs;
- Ideally all three would use a common PACS which is the case with Logan and Redcliffe which both use Synapse (in the Bayside tender we have included Synapse as part of our offer);

Approximate costs are follows:

- Potentially upgrade the current Queensland Health servers capacity;
- Karisma secondary Site Licence costing \$1,350;
- Karisma workstation licences costing \$1,500 each. This would depend on the number of workstations required at Redcliffe Hospital;
- Karisma radiologist reporting workstation licence costing \$1,500 each. (Qscan has paid for these at Logan and would do so at Redcliffe);
- A detailed analysis would confirm the time needed for onsite training and implementation assistance. Although Qscan can provide much of this owing to our high level of expertise with Karisma.

NOTE: PMI/Qscan will pay for all software licence and implementation costs associated with the Kestral Karisma RIS.

To provide an accurate costing would require a complete analysis of the processes and IT infrastructure at Redcliffe Hospital.

The advantages of this are:

- Reuse of already established infrastructure; No establishment costs for software or new hardware;
- Commonality between sites giving an internal support network of users;
- Known working integrated PACS/RIS system;
- Ability to share patient radiology records between sites;
- Already established and known radiology workflow both for internal use and for external reporting;
- Ability to access the full level of benefits from the PMI/Qscan offer.

Network connectivity between Redcliffe and Logan Hospital's Karisma infrastructure would need to be accomplished over Queensland Health's internal network. For Qscan to attain connectivity would be a simple matter of adding rules into the existing connection between Qscan and Queensland Health to allow DICOM connectivity to Redcliffe's PACS system to allow sending of images.

Details of the Kestral Karisma RIS and the Business Report Studio are provided in Appendix C Section 6.0.

IT IS NOT A CONDITION OF THE PMI/QSCAN TENDER THAT REDCLIFFE CHANGE ITS RIS BUT WE ARE STRONGLY RECOMMENDING THIS INITIATIVE GIVEN OUR SUCCESS AT LOGAN HOSPITAL AND USE THROUGHOUT OUR PRACTICE.

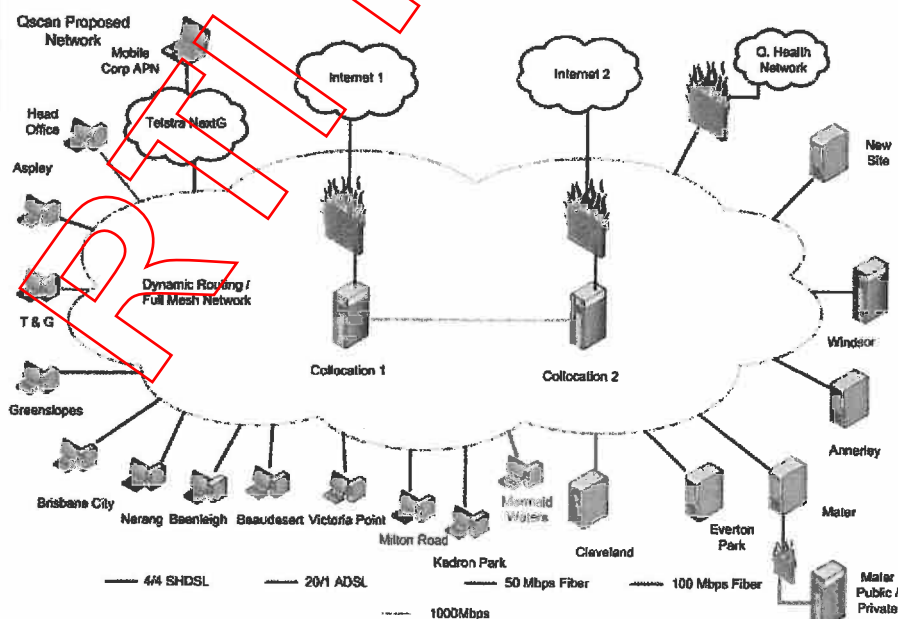
Please provide details of any infrastructure upgrades that may be required to

To enable image transfer to Qscan, a DICOM send destination is required in Redcliffe's Synapse PACS. This is a simple configuration change in Synapse's settings and requires no physical changes. To enable connectivity to Qscan's PACS, Queensland health Remote Access Services in association with Qscan's IT department will need to open the necessary connections in both sides security architecture. This is simply opening the ports and locations required in the existing connection between Qscan and Queensland Health.

- **Qscan is evaluating Checkpoint enterprise firewalls as potential candidates to upgrade Qscan's current network edge security.** Qscan currently use *Watchguard* firewalls and *Sophos* for endpoint/email/internet security. The project's goal is to redesign Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the functionality of remote access to provide simple but secure reliable connection methods for Qscan's remote access staff. Qscan acknowledges the excellent security architecture that Queensland Health maintains and Qscan intends to be absolutely compatible with Queensland Health by aligning security architectures. Qscan will proceed with this implementation irrespective of the outcome of the tender.
- Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection. All PMI/Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such PMI/Qscan's **high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health.** This could be improved to 99.99% as per PMI/Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- PMI/Qscan maintains best practice in the areas of **patient privacy and confidentiality.** The management of personal information held by PMI/Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld).
- The current IPSec tunnel uses the recommended Queensland Health encryption levels which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

Qscan also have recommended a number of IT initiatives which will result in changes to our infrastructure.

Future IT Infrastructure with Queensland Health and Logan



PMI/Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to

restructure the network to a more scalable and resilient design.

The proposed new network design consolidates PMI/Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

PMI/Qscan, Kestral and Queensland Health have been working together on the QRIS project. This is a key Queensland Health initiative where PMI/Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

- Describes the ORU inbound report data that is to be exchanged between other systems and QRIS
- Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- Provides a high level overview of the communication and integration options available to facilitate this exchange of data

PMI/Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support.

- Qscan is a Kestral Karisma development site, and thus has provided Logan with level 1 application support and administrative support in terms of training and business process. PMI/Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services. We would replicate this at Redcliffe.
- Administrative support at Logan has comprised (and we would replicate this at Redcliffe provided the Karisma RIS is implemented):
 - Identification and recovery of old examinations that had not been invoiced. This resulted in the recovery of \$42,162 in revenue for Logan.
 - Implemented new workflow to ensure all examinations are captured and invoiced.
 - Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
 - Updated the work cover rates in Karisma to reflect the last schedule increase.
 - Currently reviewing the service types within the system and checking that all items are correct.

- Providing Karisma training and workflow documentation.

- PMI/Qscan currently manages its side of the connection **in conjunction with Queensland Health Remote Access Services**. QH is supplied with contact details for Qscan IT staff. PMI/Qscan monitor connections to QH for breaks in service.
- PMI/Qscan has **formalised the process of who to contact at Logan** in regards to downtime associated with network, RIS and PACS through Haeley Reeves at Logan. We would need to do likewise with Redcliffe Hospital.
- **Qscan's IT team collectively have multiple tertiary and industry qualifications** and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

The Kestral Karisma RIS

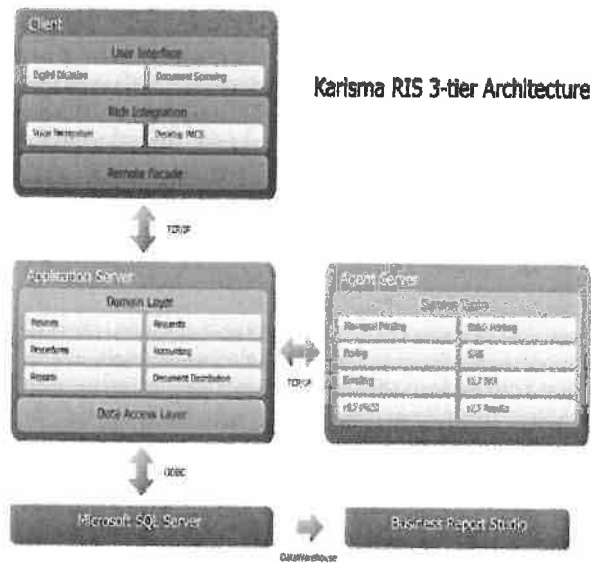
Qscan use the Kestral Karisma RIS in our practice, and are recognised as a development site, so our application knowledge is extremely strong. Qscan enjoy a very strong strategic alliance with Kestral which has resulted in outstanding levels of support and changes to best suit modern Radiology practice. The interface between Redcliffe Hospital, Kestral and Qscan can be described as follows:

- Redcliffe Hospital and Queensland Health host the Karisma RIS.
- PMI/Qscan would provide the **first level of support to Redcliffe** for the Karisma RIS. Logan have utilised our experience with this excellent product in terms of workflow documentation, training and administrative support.
- **Kestral are the manufacturer and provide the second level of support.**

Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand.
- Kestral has been in business since 1990 and in that time has supplied RIS systems to customers in WA, SA, Victoria, NSW, QLD and NZ.
- In broad terms, Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

Overview of the Karisma RIS.



Functionality of the Karisma RIS.

The Karisma RIS comprising the following key features:

- An intuitive diary and booking system
- Customised exam rules and protocols
- Customised worklists for both clerical and clinical
- Full document scanning
- Technologist's examination module
- Reporting module
- Typist management screen
- Customised report distribution tools
- Rebate billing library
- Medicare online
- Management and ad hoc reporting
- Full text indexing
- Industry leadership in integration of HL7 / PACS / VR / CDA and more
- Diary and Booking System enables the following features:
 - Customised exam rules and protocols
 - Preparation notes
 - Roster input
 - Auto search for next available
 - Colour coding
 - Ability to cut and paste
 - Configuration of Diary by room, modality, Doctor, etc
 - Appointment slots per type of exam
 - Easy to block out times
- Technologist Review enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes

- Prior reports
 - Status of patient
 - Type of exams
 - Patient billing
 - Exam verification
 - Private notes to radiologists
 - Editing of billing details
 - Scanning of extra worksheets
 - Adding consumables
 - Sign-off
- Reporting Module enables the following features:
 - Patient referral
 - Technologist's worksheets
 - Private notes
 - Prior reports
 - Status of patient
 - Type of exams
 - Interim report
 - Patient billing
- Digital Dictation enables the following features:
 - Worklist customised
 - Referring practitioner details
 - Batch mode reporting
 - Prior reports (cut and paste)
 - Structured reports
 - Template reports
 - Automatic launch of PACS images via speech mike
 - Integrated Speech mike configured to minimise Mouse clicks
 - Park and restore
 - Automatic shut down of PACS images after dictation
- Voice Recognition enables the following features:
 - Fully integrated interface to voice recognition
 - Dragon Dictate
 - Speech Magic
 - Power Scribe
 - Voice commands
- Report Authorisation enables the following features:
 - Worklist customised
 - Batch authorisation
 - Delay dispatch function
 - Viewing of Interim reports
 - Amended report functionality
 - Access to Referring Practitioner's details
- Transcription Module enables the following features:
 - Worklist customised
 - Referring practitioner
 - Referring request
 - Structured reports

- Template reports
- Integrated Dictation (not Microsoft Word)
- Integrated foot pedals for voice file management
- Dictionary
- Private notes

- Reporting Module

- Management Reporting key features comprise:
 - Data storage managed by Microsoft SQL 2008 database on a dedicated server
 - Production data is extracted into an intermediate data warehouse
 - Data extraction into the Business Report Studio
 - Business Report Studio comprises:
 - 500 relationship tables
 - Full integrated
 - Customised management report creation
 - Automated email distribution of reports

Processes for ongoing co-ordination

Our processes to ensure the close co-operation and strong performance of our respective IT systems comprise the following:

- Continue to build upon the network of relationships established between our respective IT teams with the purpose of maintaining the outstanding level of system performance (99.99% availability).
- Qscan will complete the review of its firewall software and replace with a product entirely compatible with Queensland Health.
- Continue to work closely with Queensland Health on the QRIS project and ensure our inclusion in future initiatives.
- We could further improve responsiveness by arranging periodic meetings between key Redcliffe Hospital IT, Queensland Health IT and PMI/Qscan team members to review system performance, table initiatives and issues. Currently these are dealt with on a case by case basis, and it seems to be functioning effectively given the high level of system performance. This would formalise the network of contacts and professional relationships built up over the past three years.

Please provide details of processes that will be used to work with Queensland Health to achieve Queensland Health's long term goal for radiology services in regards to information technology facilitated radiology reporting workflows?

PMI/Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Our response is as follows:

1.0 PMI/Qscan have a **strong working relationship at multiple levels** within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network;

2.0 **Queensland Health has invited PMI/Qscan to participate in a number of radiology IT projects**, the latest of which is the QRIS Project. PMI/Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where PMI/Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

2.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS

2.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS

	<p>2.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data</p> <p>3.0 PMI/Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health which comprise:</p> <p>3.1 Upgrading the line speed between PMI/Qscan and Logan Hospital (refer Appendix A section 3.4 and 3.10);</p> <p>3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 3.3);</p> <p>3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 3.5);</p> <p>3.4 The proposal in this tender response to include Logan in the current Voice Recognition project which Qscan are currently implementing (refer Appendix A section 3.11 for details).</p> <p>4.0 PMI/Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value. We would be entirely supportive of a periodic meeting between various elements of Queensland Health and PMI/Qscan to formalise the generation, communication and ongoing support for IT and other initiatives.</p>
<p>Please give details of the premises where the off-site Mammography imaging services will be provided.</p>	<p>The Qscan location opposite the Princess Alexandra Hospital at Annerley and at our Newmarket Road practice in Windsor.</p> <p>PMI/Qscan are planning to provide mammography at either the new Qscan Redcliffe site at Silvyn Street Redcliffe, or at the Redcliffe Hospital Foundation site.</p>
<p>Please give details of the types of off-site Mammography imaging services able to be provided at each site.</p>	<p>The Mammography services that we provide at each site are as follows:</p> <ul style="list-style-type: none"> • Diagnostic Mammography • Breast Ultrasound • Ultrasound Guided Breast Biopsy • Ultrasound Guided Breast Aspiration • Breast Needle Localization • Lymphoscintigraphy • Breast MRI
<p>Please give details of the premises where the off-site Nuclear Medicine imaging services will be provided.</p>	<p>Qscan has purchased land at 6 Silvyn Street Redcliffe and intends to develop a 1000m2 practice providing a full range of modalities, as follows:</p> <ul style="list-style-type: none"> • Digital X-Ray • Ultrasound • Bone Mineral Density • CT • Nuclear Medicine (not currently available on the Redcliffe Peninsula) • MRI (not currently available on the Redcliffe Peninsula) • Dental Imaging comprising OPG, Lat Ceph and Cone Beam (reported by a Dental Radiologist) <p>The site is currently the Lincoln Joinery which has not been operational for some years.</p> <p>The Qscan Redcliffe practice is an exact replication of both Annerley and Windsor. The level of medical imaging which will be provided is far beyond that which is currently available on the Redcliffe Peninsula and Qscan has been very warmly received by the Moreton Bay Council.</p>

PROPOSED QSCAN RADIOLOGY CLINIC

locality plan

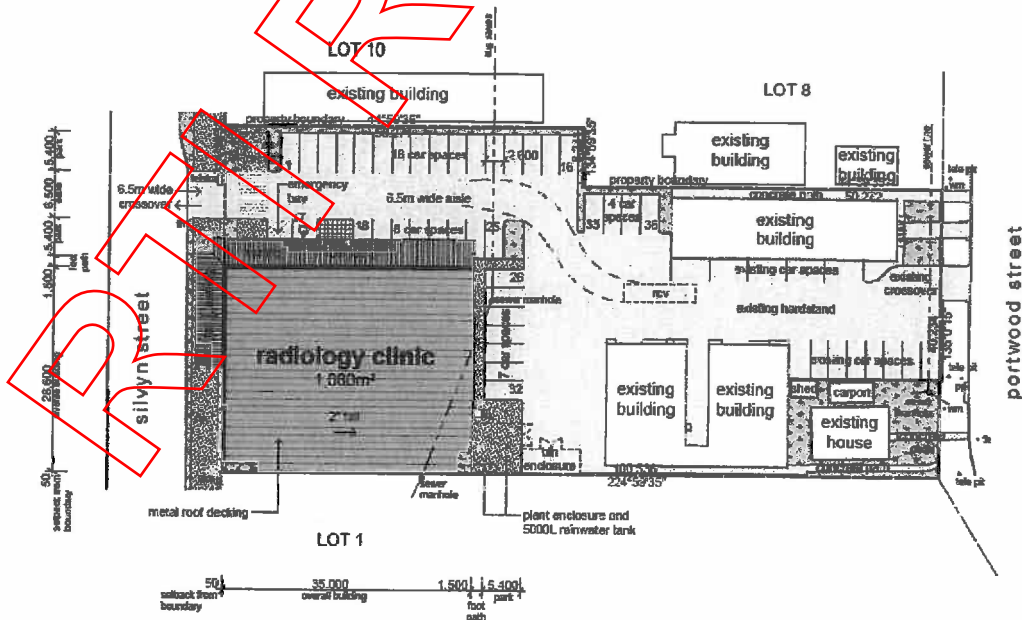


site information

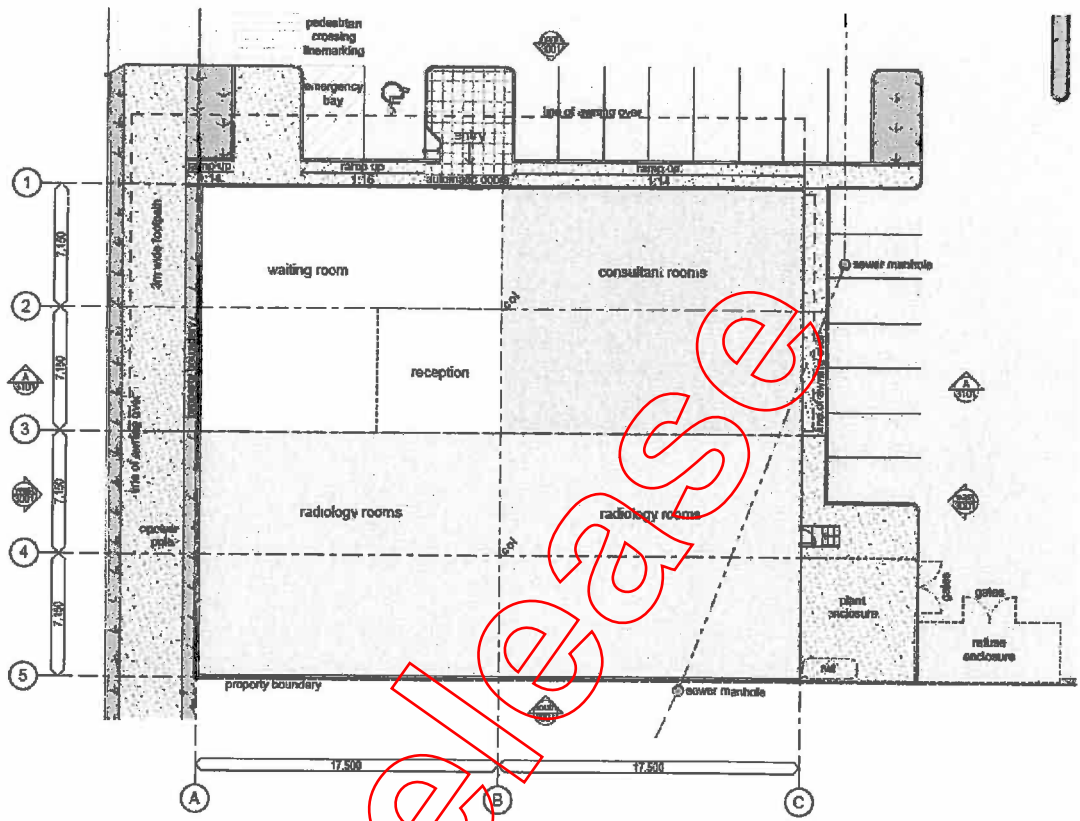
street address 6 Silwyn Street and 38-42 Portwood Street, Redcliffe

parcel information Lot 2 on RP 101151 Lot 2,3,4 and 16 on RP 93136 Parish of Redcliffe County of Stanley

The Qscan Redcliffe practice is within 500 metres of the Redcliffe Hospital and is conveniently located with access off Anzac Avenue via either Silwyn Street or Portwood Street.



This is the first stage of a proposed development on the site. The Qscan Redcliffe practice will in fact be the largest in terms of metres of our existing practices. It is also proposed to incorporate an enlarged Typists Bunker replacing our home typists with an on-site team. This will provide further employment opportunities on the Peninsula in addition to clinical team members. We already have a cadre of Redcliffe and surrounding suburbs personnel working at the Windsor practice in anticipation of a Redcliffe opening.



Qscan is a Specialist Diagnostic and Image Guided Musculoskeletal and Pain Management Interventional Medical Imaging practice focused on the delivery of world-class healthcare outcomes for both patients and referrers. In addition to our clinical focus we also are truly focused on patient comfort in terms of convenient parking, easy registration, minimal waiting times for appointments, and a stress free waiting area.

We truly believe that the Qscan Redcliffe practice will compliment the care that Redcliffe Hospital offers to patients in the Redcliffe Peninsula and beyond.

Please give details of the type of off-site Nuclear Medicine imaging services able to be provided at each site.

Dr Eric Slavos is the PMI/Qscan managing partner and also our leading Nuclear Medicine radiologist within the practice. The range of services we would provide comprise:

- Bone Scan
 - Local or whole body
- Brain/Neurological
 - Brain Scan (with or without Diamox provocation)
 - CSF shunt study
 - CSF leak study
- Cardiac
 - Myocardial viability scan
 - Gated blood pool scan
 - Myocardial perfusion scan or functional imaging
 - Including pharmacological and exercise stress testing performed onsite at our Redcliffe practice

- Myocardial infarct scan
- Cardiac shunt scan

Gall Bladder/Biliary

- Biliary (function) scan with or without CCK or morphine

Gastrointestinal

- Carbon-14 urea test
- Gastric emptying study
- Colon transit study
- Oesophageal transit study
- Gastrointestinal bleeding scan
- Labelled white cell scan
- Meckel's scan
- Salivary scan

Infection/inflammation

- Gallium scan
- Labelled white cell scan
- Leukoscan
- Bone Marrow scan

Liver/Spleen scan

- Liver spleen scan
- Labelled red blood cell liver
- Liver Blood pool scan
- Heat damaged red blood scan

Lung

- Ventilation/Perfusion scan
- Lung ventilation study with dynamic images

Lymphatic system

- Peripheral scintigraphy
- Sentinel node scan/ lymphoscintigraphy

Lymphoma

- Gallium scan

Renal/Urinary Tract

- DTPA or MAG 3 renal scan with or without Frusemide
- DTPA or MAG 3 renal scan with or without ACE inhibitor
- DMSA renal scan
- Glomerular filtration rate
- Cystogram

Thyroid

- Thyroid scan
- I-123 or I-131 whole body scan

Other Endocrinology

- Parathyroid scan
- MIBG (adrenal scan)

Tumours

- Indium-labelled Octreotide scan
- Gallium
- Thallium
- MIBI/acrimal scan

Leveen shunt study

	<p>Nuclear Medicine Therapy</p> <ul style="list-style-type: none"> ▪ I 131 ▪ Strontium 89 ▪ Phosphorus 32 <p>Bone Mineral Densitometry</p> <ul style="list-style-type: none"> ▪ Adult and paediatric bone mineral densitometry assessment using DXA (Dual energy x-ray absorptiometry) ▪ 3-compartment body composition analysis with DXA <p>PLEASE NOTE THIS LIST OF SERVICES MAY BE EXPANDED IN CONSULTATION WITH BOTH REDCLIFFE HOSPITAL AND SPECIALISTS IN PROVIDING SERVICES TO THE COMMUNITY ON THE PENINSULA. WE ALSO SUSPECT WE WILL ATTRACT PATIENTS FROM OUTLYING AREAS.</p>
<p>Please give details of the premises where the off-site Magnetic Resonance Imaging services will be provided.</p>	<p>Qscan is a Specialist Diagnostic and Image Guided Interventional Medical Imaging practice focused on the delivery of world-class healthcare outcomes for both patients and referrers. In addition to our clinical focus, our practices are designed with a view to patient convenience, ease of access, comfort and privacy. Our new Silvyn street practice, due to open mid 2010, is situated only a short distance from Redcliffe Hospital with abundant parking for outpatients and a dedicated ambulance parking bay for any inpatient transfers. Through the public hospital appointments of our Radiologists, our existing Logan Hospital tender and our Mater Private Clinic rooms we are comfortable in accommodating the specific needs of inpatients and our outpatient clinics are designed to manage inpatients when our referrers request this.</p> <p>Alternatively, Qscan Windsor and Qscan Annerley also offer MRI.</p>
<p>Please give details of the type of off-site Magnetic Resonance Imaging services able to be provided at each site.</p>	<p>Qscan will provide a full range of MRI imaging services, across all subspecialty areas. Qscan is uniquely positioned to provide this comprehensive service, due to our large number of subspecialty trained MRI radiologists linked by our high speed network. Orthopaedic imaging will include all joints, with arthrographic studies as required. A full range of neuroradiology, cardiac, abdominal and pelvic body imaging and MR angiography will be available, with dedicated coil systems. Highly trained Qscan MR technologists are integral in the production of outstanding image quality.</p>
<p>Are you prepared to provide a report for the billable patients at the same fee as for public patients?</p> <p>Definition: Billable services are determined by the healthcare facility in accordance with the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual and Queensland Health Policy in line with Medicare Legislation and the National</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES.</p>

Healthcare Agreement. The most common example will be cases eligible for rebate from Medicare.	
--	--

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI Releases

REFERENCE SITES

<p>In this Response Schedule, Offerers must provide details of at least three clients for whom similar services have been previously provided. Offerers must ensure persons nominated below are agreeable to being contacted with regards to this Offer</p>	
Reference #1:	
Company Name:	Queensland Health Royal Brisbane and Women's Hospital (RWBH)
Contact Name:	A/Prof Peter Scally
Position Title:	Director of Medical Imaging Royal Brisbane and Women's Hospital
Contact Address:	Department of Medical Imaging Royal Brisbane and Women's Hospital Butterfield Street Herston 4029
Contact Phone:	Switch 3636 8111 Direct 3636 4312 Mobile s.47(3)(b)
Contact Email:	peter_scally@health.qld.gov.au
Detailed description of services previously provided for this client:	Performance of MRI scans and reporting – 369 public patients from the RBWH waiting list were scanned and reported at Qscan Windsor. Performance of CT scans and reporting – 589 RBWH patients were scanned and reported at Qscan Windsor
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Qscan Radiology Clinics was contracted by the RBWH to perform and report overflow CT and MRI work during an extended period during 2007 and 2008. The examinations were performed at the Windsor practice with the images and reports returned to the RBWH in a DICOM format for importation into the hospital PACS. This overflow work was performed during a period of staff shortage at the hospital which resulted in excessively long waiting lists.

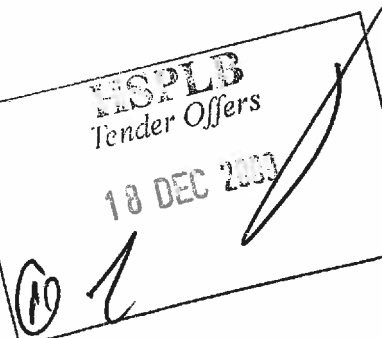
RTI REQUEST

HSPLB
Tender Offers

18 DEC 2008

Reference #2:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3163 8630 Direct 3163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	Premier Medical Imaging provided teleradiology MRI reporting after hours for the Mater Adults Hospital during 2007 and 2008. The teleradiology link was engineered by Dr Eric Sclavos in consultation with the Mater Adults Hospital informational technology department using the Central Data Networks (CDN) platform. Regular remote MRI reporting was provided as well as extended coverage during periods of leave of the staff MRI specialist, often at short notice.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Considerable hurdles existed to the establishment of an offsite teleradiology MRI service with the existing infrastructure at the Mater Adults Hospital. Qscan worked patiently and effectively with the Mater to provide a successful IT solution. With this background, Qscan now utilises the Mater Adults 3T MRI for scanning with the images transferred to Qscan's PACS via a direct secure high speed link.

RTI REQUEST

HSP/LB
 Tender Offers
 18 DEC 2009


Reference #3:	
Company Name:	Queensland Health Logan and Beaudesert Hospitals
Contact Name:	Mr Mark Horder
Position Title:	Director of Medical Imaging Logan and Redlands Hospitals
Contact Address:	Armstrong Rd (cnr Loganlea Rd) Meadowbrook QLD 4131
Contact Phone:	Direct 3299 8594 Mobile s.47(3)(b)
Contact Email:	mark.horder@health.qld.gov.au
Detailed description of services previously provided for this client:	<p>Premier Medical Imaging, has provided comprehensive diagnostic radiology reporting services to Logan Hospital since 2006. PMI/Qscan replaced a fragmented service which required three separate providers. PMI/Qscan has delivered a unified high quality diagnostic radiology reporting service utilising both on site radiologists and off-site teleradiology. PMI/Qscan was instrumental in the installation of a state of the art RIS and the integration of this RIS with a newly acquired PACS. A secure remote access pathway was developed to allow off site, around the clock reporting of emergency cases. Tier B interventional radiology services have been provided on site as required. PMI/Qscan has provided an exceptionally high reporting level, amongst the highest in Queensland Health, in a timely fashion. PMI/Qscan has maintained this service delivery during a time of rapid growth in the number of patient encounters to Logan Hospital. PMI/Qscan has provided an Onsite FTE consultant radiologist every working day, without fail for over 3 years. All reporting required by Logan Hospital has been completed. PMI/Qscan has provided consultant radiology input to clinical meetings in the hospital and worked with the medical imaging department to grow private practice income, particularly with MRI. PMI/Qscan was instrumental in the appointment of a radiology training registrar at Logan Hospital Medical Imaging department, and with the appointment of an intern in the upcoming year.</p>
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	<p>PMI/Qscan sees many opportunities for improvement at the Logan Hospital Medical imaging department and plans to follow these through should we be successful in renewing the tender. Opportunities for teaching and clinical meetings have been limited to date by the rapidly growing service requirement in medical imaging which has been met by just one FTE. With two on site FTE radiologists, as specified in the tender, there is potential for vast improvement in teaching and clinical consultation throughout the hospital. Clinical governance will be strengthened by the appointment of a "Radiologist in Charge" who can work on clinical issues, especially the appropriate use of medical imaging within the hospital. There is scope for increasing the private practice revenue for the department using Qscan's referrer base and marketing expertise. This revenue for Queensland Health can be channelled into improving the radiographer and administrative staffing levels within the department and thus aid with staff morale and staff retention levels. There is a growing need for</p>

interventional radiology at Logan as the hospital expands. Qscan has the strongest interventional radiology focus of any private practice in Queensland. There is no group better placed than PMI/Qscan to oversee and implement any changes needed in interventional radiology.

Reference #4:	
Company Name:	Queensland Health The Townsville Hospital (TTH)
Contact Name:	Dr Anthony Lamont
Position Title:	Director of Medical Imaging The Townsville Hospital
Contact Address:	100 Angus Smith Drv Douglas QLD 4814
Contact Phone:	Switch (07) 4796 1500 Direct (07) 4796 1508 Mobile s.47(3)(b)
Contact Email:	anthony_lamont@health.qld.gov.au
Detailed description of services previously provided for this client:	Since June 2009 PMI/Qscan has provided teleradiology reporting for The Townsville Hospital utilising a single AGFA workstation located at our Windsor rooms. The workstation uses both the AGFA PACS and RIS used by TTH. Reporting of plain radiographs and ultrasound scans is provided.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The service volume provided for TTH by Qscan can be scaled as required, once a steady volume of work can be established to allow for appropriate rostering of Qscan radiologists. Qscan intends to improve its service to Townsville so as to better cope with variations in service requirements.

HOSPITAL
Tender Offers
18 DEC 2009

Reference #5:	
Company Name:	Queensland Health Princess Alexandra Hospital (PAH)
Contact Name:	A/Prof Stephen Stuckey
Position Title:	Director of Medical Imaging (at the time of the contract) Princess Alexandra Hospital
Contact Address:	Ipswich Rd Woolloongabba QLD 4102
Contact Phone:	Direct line 03 9594 2276
Contact Email:	
Detailed description of services previously provided for this client:	For a brief period in 2008, PMI/Qscan was contracted by Queensland Health as a preferred supplier of radiology services, to clear the backlog of unreported plain films at PAH. The services were provided by Qscan radiologists after hours and Onsite using the existing PACS and RIS.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	The volume of work was cleared rapidly by Qscan's team of

	hard working radiologists.
--	----------------------------

Reference #6:	
Company Name:	Mater Adult Hospital
Contact Name:	Ms Angela McNeil
Position Title:	Manager
Contact Address:	Department of Medical Imaging Raymond Terrace, South Brisbane Qld 4101
Contact Phone:	Switch 3163 8630 Direct 3163 8495 Mobile s.47(3)(b)
Contact Email:	Angela.mcneill@mater.org.au
Detailed description of services previously provided for this client:	PMI/Qscan has provided on site radiologists to the Mater Adults Hospital in South Brisbane as required to contribute to the provision of medical imaging reporting and interventional radiology procedures.
Approximate timeframe for services previously provided for this client:	s.47(3)(b)
Approximate contract value of the above previous services:	
Additional comments:	Approximately 0.4 FTE radiologists are provided, depending on requirements and availability.

Offerer's Name:	Premier Medical Imaging Pty Limited
Date:	17 th December 2009

RTI

FIGPLB
 Tender Offers
 18 DEC 2009
 (19)

DECLARATION OF INTEREST AND POSSIBLE INFLUENCES

In submitting an offer in response to the Request for Offer, the Offerer warrants that to the best of its knowledge and belief and subject to any disclosures detailed below:

- (a) no family, business or pecuniary relationships exist between the Parties to this Offer Process that would adversely impact on this Request for Offer or any Contract arising as a result of this Offer Process;
- (b) neither the Offerer nor its officers or employees have:
 - (i) engaged in any unethical behaviour or sought and/or obtained an unfair advantage; or
 - (ii) received or will receive any pecuniary or in-kind advantage from any other Offerer, in relation to this Offer Process;
- (c) no officer, employee, contractor or family member associated with the Offerer is or has been engaged by Queensland Health in a position or role that in any way relates back to this Offer;
- (d) no officer, employee, contractor or family member associated with Queensland Health has been offered any benefit or inducement associated with this Offer, including any offer relating to employment; and
- (e) other than specified below, neither the Offerer nor any of its officer or employees have or are likely to have any Conflict of Interest.

The Offerer further undertakes to notify Queensland Health via the Contact Officer in writing immediately if any warranty contained in this Response Form becomes incorrect

The following information is disclosed for the purposes of this Response Form. Offerers must supply details of any possible conflict of interest that exists or may arise in relation to the making and/or acceptance of their Offer.

If there is nothing to declare, Offerers must insert "None"

NONE

Offerer's Name:	Premier Medical Imaging Pty Limited
-----------------	-------------------------------------

Date:	17 th December 2009
-------	--------------------------------

STATEMENT OF COMPETITIVE NEUTRALITY

Government owned entities seeking to supply to the Queensland Government are required to indicate whether their Offer for the provision of Services complies with the competitive neutrality principles of the Offerer's jurisdiction.

If Statement of Competitive Neutrality Is not applicable in some of all areas please the appropriate "Not Applicable" box and sign this Statement.

To be completed by Government owned entities external to Queensland

For government owned entities outside Queensland, including local government and other State and Federal government Customers, the Offer has been priced to comply with the competitive neutrality principles of the government of the Offerer's jurisdiction.

Compliant or Not Applicable

To be completed by Queensland Government owned entities

For Queensland government owned entities, the Offer has been priced to comply with the Queensland Government's policy statement for the application of competitive neutrality to government business activities, "Competitive neutrality, and Queensland Government Business Activities" located at www.treasury.qld.gov.au.

Compliant or Not Applicable

To be completed by Queensland Local Government owned entities

The Offer has been priced to comply with the competitive neutrality policy arrangements established by the Queensland Government.

Compliant or Not Applicable

Offerer's Name:

Premier Medical Imaging Pty Limited

Date:

17th December 2009

CHECK LIST

The Check List is provided to assist Offerers submitting a conforming Offer. The list is not exhaustive and should not be relied upon as the sole quality check. Prior to submitting an offer, Offerers should use the following check list to ensure that all key information has been complied:

Check List Questions	Have you met this requirement:
1. Have you read and understood the Conditions of Offer, in Part A of this Request for Offer:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you read and understood the Conditions of Contract, in Part C and the Additional Conditions in Part D of this Request for Offer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you submitting your Offer in accordance with Part A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you specified any departures from the Specification and/or Conditions of Contract in relation to your Offer, in the Response Form?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you signed your Offer on the "Offer Authorisation and Certification" page of the Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you answered all questions and responded to all requirements specified in the Response Forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you entered the name of your organisation making this Offer in the footer of each Response Form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you checked all other lodgement requirements of the Request for Offer to ensure your Offer is prepared and addressed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

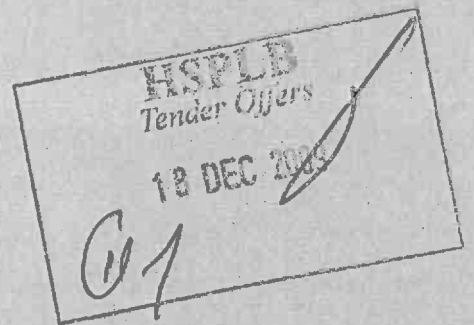
If your answer to any of the above questions is "NO" your offer may be considered non-conforming.

RTI Release

APPENDIX A:
Corporate Profile
Initiatives
Sub-Specialty Reporting

APPENDIX C:
Information Technology

APPENDIX D:
Billing



APPENDIX P:
Pricing Options

APPENDIX Q:
Insurance Certificates

APPENDIX A:
Corporate Profile
Initiatives

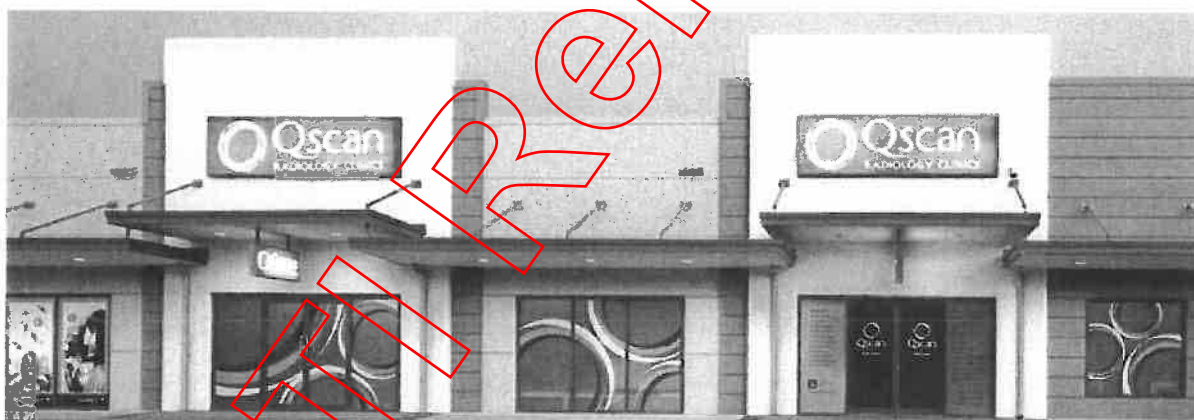
Sub-Specialty Reporting

RTI Released

Appendix A: Corporate Profile, Initiatives and Sub-Specialty Reporting

1. Qscan Radiology Clinics Company Profile

- 1.0** Qscan is a Queensland based; fully Radiologist owned and operated, Specialist Diagnostic and Image Guided Medical Imaging practice, also offering Musculoskeletal and Pain Management Interventional procedures. The Qscan business model is successful and this section will demonstrate the company profile in terms of being a Specialist driven comprehensive Medical Imaging provider focused on the delivery of world-class healthcare outcomes for both patients and referrers.
- 1.1** The Qscan business (through its subsidiary Premier Medical Imaging) commenced in July 2006 with a tendered appointment to provide onsite Diagnostic and Interventional Radiology and remote 24 hour on call reporting services for Queensland Health at the **Logan Hospital Medical Imaging Department** and District Health Service on Brisbane's Southside.
- 1.2** In July 2007 an 800m2 practice at **Windsor** in the Inner Northside of Brisbane (shown below) was established providing a hospital grade comprehensive range of Diagnostic and Image Guided Medical Imaging services, also offering Musculoskeletal and Pain Management Interventional procedures. The practice provides Digital X-Ray, Dental imaging, Bone Mineral Densitometry, Ultrasound, Computed Tomography, Fluoroscopy, Nuclear Medicine and 1.5 Tesla MRI. This was an unprecedented initiative, with a comprehensive multimodality Medical Imaging practice opening in a non-hospital location within a major suburban precinct. The result has been outstanding patient comfort and easy access with the combination of excellent parking in modern, attractive and comfortable facilities combined with the very latest in Medical Imaging and computer technology complimenting the Consultant Radiologists and Clinical team members.



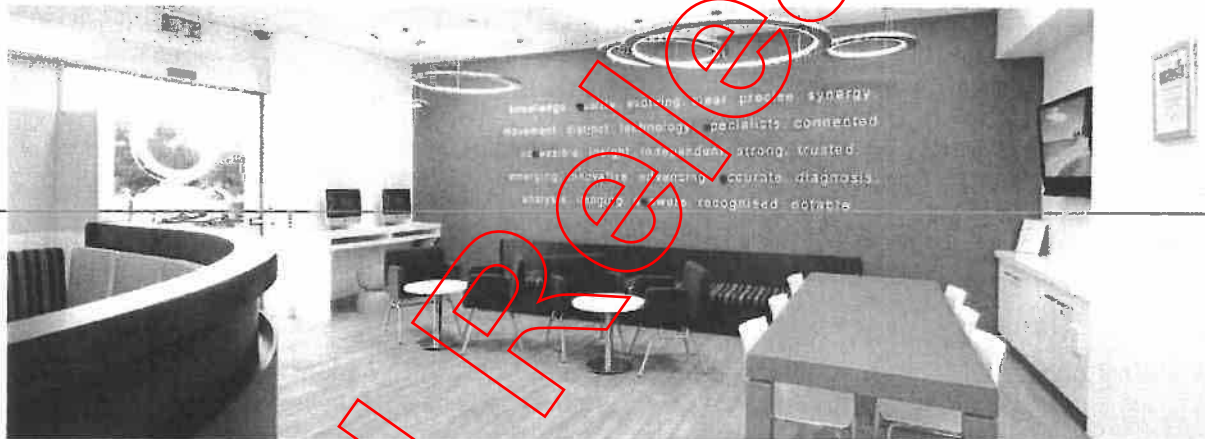
- 1.3** Shortly thereafter sites opened in **Everton Park** (shown below), **Kedron, Cleveland, Victoria Point and Toowong**.



- 1.4** In November 2007, Qscan opened a practice within the **Mater Private Clinic** (shown below) featuring the first (and only) private Siemens Dual Source 64 slice helical CT scanner in Queensland. The site also provides Digital X-Ray, Ultrasound and Nuclear Medicine services. The Mater Private Qscan practice specializes in Cardiovascular imaging particularly Cardiac CT Angiography, and provides the only private Neuro interventional radiology service in Queensland. All advanced hospital based vascular and non-vascular interventional radiology procedures are catered for.



- 1.5** In September 2008 a 600m2 practice at **Annerley** in the inner Southside of Brisbane was opened. The comprehensive full service practice providing the same extensive range of imaging modalities and world-class facilities as at Windsor.



- 1.6** All of the Qscan practices are linked by high speed (100megabit) fibre optic data links allowing real-time sub-specialty reporting with whichever Consultant Radiologist is best suited to report on a particular examination from anywhere within the Qscan network at any time. The screen shot below shows our "common work list" which provides Qscan with the ability to leverage our Doctors' sub-specialisation and enables faster report turnaround. For example, should five category 1 patients appear on the work list it allows any of the eleven doctors to immediately report these cases.

1.11

s.47(3)(b)

s.47(3)(b)

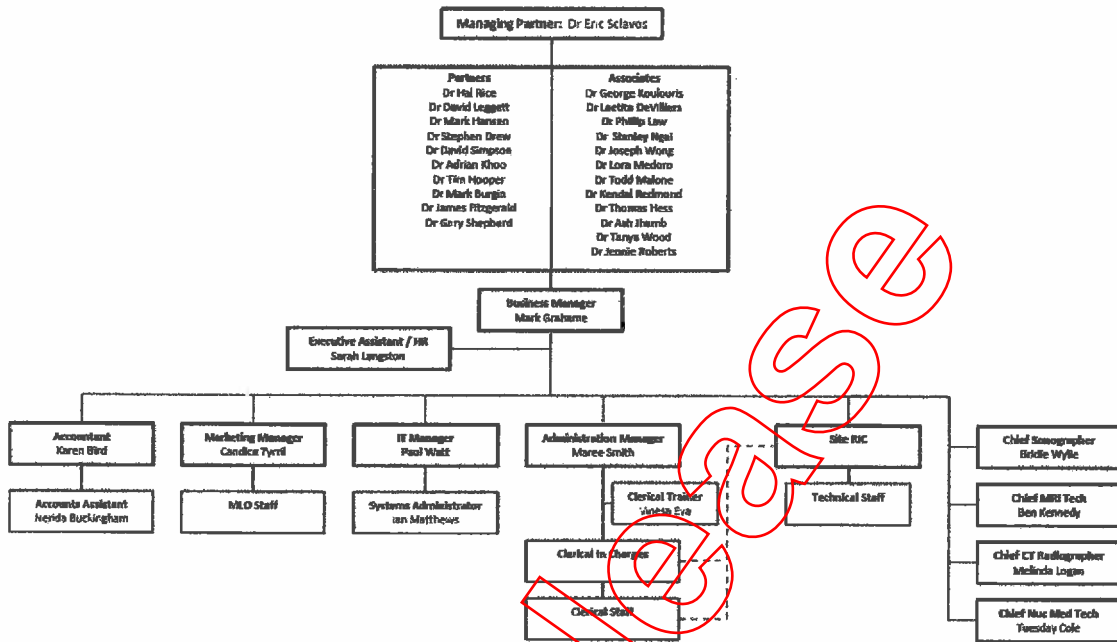
1.12

s.47(3)(b)

s.47(3)(b)

RTI Released

1.13 Qscan employs well over one hundred Queenslanders. The training, calibre and skill set of its Consultant Radiologists is outlined comprehensively in section 3.4. Supporting the Radiologists is an equally skilled team of Technicians, Imaging Modality Heads, Radiographers, Nurses and non-clinical Management team.



2. Value Proposition

2.1 Qscan firmly believes in delivering high quality "value" to our referrers and patients alike. This section outlines the "value" which we have delivered to Logan "beyond the price", and also those innovations we are either currently working upon or will initiate should Qscan be successful in winning an extension of the current reporting contract.

2.2 The Qscan business is built upon a very precise "value proposition" which guides the actions within the business. The "value proposition" comprises:

- World's best Consultant Radiologists with a broad range of complimentary specialisations in all fields of Diagnostic and Interventional Radiology;
- Linked by 100Mbps data lines which allow our Radiologist team to consult and report instantaneously from any geographic location within the Qscan network;
- Supported by highly trained and experienced Radiographers, Nurses, Imaging Modality Heads and Clinical team members;
- Engaging the most up to date highest specified Diagnostic and Interventional Radiology equipment providing an unmatched level of patient care and diagnostic accuracy;
- Utilising a Radiology Information System that enables the smooth and rapid management of each patient and imaging study from initial booking through to report production. Linking current and comparison digital images and secure electronic dispatch of results to referring clinicians;
- The provision of Qpacs a secure web based PACS image viewing system at referring practitioners' sites enabling fast and efficient, cost effective, image retrieval and review at any time;
- A customer service team providing support to our clinical team, patients and referrers.



2.4.1.4 A **marketing plan** has been developed in conjunction with key people within Logan Medical Imaging which will be launched in early February. Brochures are being created to support a campaign specifically targeting key referrers; all of whom have an existing relationship with Qscan.

2.4.1.5 It should be noted that roughly 34% of all MRI bookings at Logan are made from referrals bearing the Qscan logo. This confirms our commitments to Logan Hospital:

- i) Qscan do not have "funded magnets" at our sites at Annerley nor Windsor, thus we have not redirected referrals to our own sites. Our "funded" competitors may not prove as willing;
- ii) The Qscan marketing initiatives with including Logan Hospital are having a positive impact on generating private revenue;
- iii) That we will continue to support Logan Hospital in this initiative and recognise the significance in funding further improvements;

2.4.1.6 **We also propose providing a Qscan funded team member** to work at the Logan site. We have provided Karisma administrative support (refer section 2.2.5 of Appendix A) and would like to continue to do so, providing assistance with private patient bookings, ensuring the appropriate billing of private work and co-ordinating with the Radiologists to ensure the timely reporting and appropriate film and report delivery. They would also generate and distribute the KPI reports to both the Logan director and to the Qscan partners.

2.4.1.7 To support the provision of **Reporting** specified in Part D Schedule 4 Key Performance Indicator Reporting there are costs that would need to be borne by the Logan Hospital Medical Imaging Department. **To provide these reports the Logan Hospital Medical Imaging Department would need to add the Business Report Studio (BRS) module to the current Karisma RIS.** The costs of doing so comprise:

- A server to be purchased and installed in the QH network, which we have been advised will cost the department \$10,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS licence fees are costed at an initial \$20,000 payment, and then ongoing maintenance of \$2,000 per annum. Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital.
- BRS would require the employment of a software analyst/developer to determine the reporting needs; develop and test the reports for the Director of Medical Imaging. Qscan will bear this cost. The report templates will remain the intellectual property of Qscan however.
- Queensland Health IT also advise an additional IP address costing \$300 would be required and Qscan will bear this cost whilst it continues to provide reporting services to Logan Hospital. This would allow Qscan to provide ongoing support to Logan in terms of report development.
- A Microsoft Server licence costing \$2000.
- A full list of the BRS reporting templates developed for Logan by Qscan (these remain the intellectual property of Qscan) comprise:
 - Period Views by Modality by Time Period
 - Patient Fee Analysis
 - Referrer Fee Analysis
 - Performance Report by Group, Sub-Group by Item
 - Daily Typing Statistics

2.4.2.4 We have recently achieved **improved high speed access to Queensland Health** and have already used this to facilitate in hours reporting of studies at Logan Hospital which have been specifically referred to Radiologists within our group, for example, MRI examinations of the rectum for tumour staging referred to Dr Steven Drew and MRI CNS cases referred to Dr Hal Rice and Dr James Fitzgerald. To our knowledge, no other group in Queensland can currently match our data network or harness the clinical benefits this yields.

2.4.2.5 **The benefits of this approach** can be summarised as follows:

- Makes available to Logan Medical Imaging all members of the Qscan team for specialised, sub-speciality reporting;
- Allows off-site FTE's to be brought to bear in coping with reporting volumes as needed by Logan;
- Allows report production by off-site typists, if required.
- Increased the number of Radiologists who can pick up and report on urgent cases. For example, should there be an urgent CT, two Plain Films and an Ultrasound which all need to be immediately reported upon, there are eleven Radiologists throughout the Qscan network who can do so.

2.4.2.6 Through **Worklist Integration** the potential exists to significantly improve our service to the doctors and patients of Logan Hospital by integration of the Logan Hospital work list with the QScan work list. Qscan would like to make use of the depth of sub-specialties available within its ranks of Radiologists. Qscan do undertake remote reporting work for Logan within our network of practices, this is achieved by simultaneously having open both Karisma for Qscan and Logan, and then both the GE PACS and Synapse. This workflow is cumbersome and not ideal. Our common worklist proposal with a single PACS/RIS solution would improve workflow significantly.

The following diagram is a representation of how the Karisma RIS would look with a common worklist. Note the following:

- An urgent Logan case is depicted, and a Qscan Radiologist located at our Cleveland practice is reporting this case. We would introduce report prioritisation into the Logan workflow which would ensure immediate reporting from within the Logan/PMI/Qscan network.
- Notice a!! Logan inpatient and emergency scans are being reported on this common worklist.
- There is a Logan MRI brain case on the common worklist and one of Qscan Neuroradiologists is shown as undertaking the reporting from our Annerley practice.

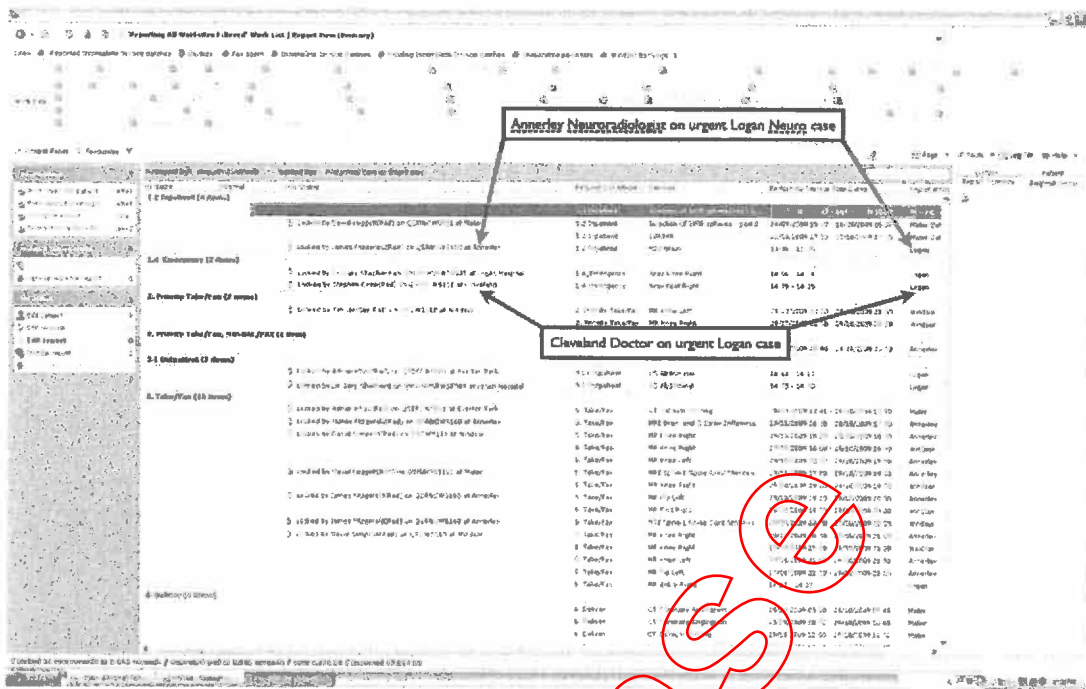


Figure 4 A common worklist comprising Logan/Redcliffe/Bayside and Qscan offers significant benefits in terms of faster, priority based report turnaround AND also access to subspecialty reporting from the 26 Qscan doctors.

- For this to occur it is optimal that images be sent into Qscan's PACS system – this gives the advantage of leveraging Qscan's high speed network to allow any radiologist at any of Qscan's practices access to report the images. Due to this Qscan is able to match the best radiologist for the type of examination performed and easily add resources to assist in reporting at times of high reporting load. The authorised report would then be returned from Qscan's Karisma RIS via HL7 message transfer to Logan's Karisma RIS.
- Qscan uses a single RIS worklist viewable to all Radiologists. This gives Qscan radiologists the advantage of full visibility of the workload across all sites. Qscan Radiologists can pick examinations that suite their own particular subspecialty skill set. The workload is distributed to all reporting sites so that no one site is ever back logged with waiting reports.
- The current IPsec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds (10Mbps+), greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- The Image Sent workflow would be on reception of DICOM images into Qscans PACS a HL7 ORM message would be formed using the DICOM header. This HL7 message is sent to Qscan's Karisma RIS. This prompts appearance of the case on the Qscan reporting work list. Images are reported using Qscan's Karisma RIS by the most appropriate radiologist at whatever location they are reporting from on the day. On authorisation of the case a HL7 R01 message is sent back to Logan's Karisma RIS where it is integrated back into Logan's information systems via Karisma.
- This would effectively place all Qscan's reporting and typing resources at the hospital's disposal. Instead of 2 onsite radiologists working through the

- 2.4.2.11 No other private practice in Queensland can match Qscan's expertise in Interventional Radiology.

Guidelines for Credentialling for Interventional Radiology

TIER A

Basic diagnostic angiography and interventional techniques - angiography, nephrostomy, abscess drainage and biopsy. This is in keeping with the training requirements of the RANZCR and any individual with RANZCR or equivalent qualifications may perform these procedures.

TIER B

1. All neuro-interventional procedures intracranial and extracranial
2. All vascular interventional procedures other than basic diagnostic angiography, i.e. stents, angioplasty, thrombolysis, thrombectomy, atherectomy, embolisation, retrieval of foreign bodies and laser and mechanical angioplasty
3. Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography, i.e. thrombolysis, angioplasty, stents, atherectomy, pulmonary embolism/thrombolysis and caval filter insertion
4. Biliary intervention including T.I.P.S.
5. Thoracic intervention, i.e. embolisation of AVMs, bronchial stents, occlusion of broncho-pleural fistulae and bronchial artery embolisation
6. Gastro-intestinal intervention, i.e. oesophageal and duodenal stents, percutaneous gastrostomy, gastrointestinal vascular procedures other than diagnostic angiography, i.e. embolisation, chemo-embolisation and transplant intervention.
7. Urological intervention, i.e. renal artery embolisation, angioplasty or stenting, percutaneous nephrolithotomy
8. Gynaecological - fallopian tube recanalisation, embolisation of fibroids, temporary aortic occlusion
9. Orthopaedic - percutaneous vertebroplasty, percutaneous discectomy In view of the small number of formal training sites so far established, accreditation for these procedures should be based on proof of a certain number of procedures performed as follows:

- 2.4.2.12 In accordance with the tender requirements for **Clinical Governance**, we plan to nominate a radiological clinical director, or other such title as deemed acceptable to the hospital, with specific responsibility for liaison and appropriate involvement in clinical and administrative issues in relation to the provision of radiological services at Logan Hospital. It is anticipated, that this person will be the principal contact with the Hospital and Department with regard clinical issues related to service provision.

- 2.4.2.13 **Resident and Registrar Training** will remain an ongoing focus with further improvements. Qscan played a pivotal role in the Logan Hospital Radiology Department receiving accreditation for Intern/RMO training for 2010 and Radiology Registrar training in 2007. We remain strongly committed to training of junior staff and have been active in clinical meetings and resident teaching sessions at the hospital. Expanded onsite requirements under the term of the tender would allow extension of these. In particular, Qscan would like to offer regular Paediatric Radiology and Orthopaedic Clinical meetings, if required.

- 2.4.2.14 The additional onsite reporting and consultation time required under the tender will allow greater liaison with clinical sections such as the Emergency Department to facilitate establishment of **Imaging Guidelines and Protocols**

for appropriate use of Diagnostic Imaging. This will also allow opportunity to perform clinical audits to track efficacy and impact of any guidelines.

- 2.4.2.15 Qscan undertakes to fully comply with Queensland Health standards regarding fatigued doctors. Qscan will not have fatigued doctors reporting, but will have doctors available until 10pm and then a further doctor available after this time.

2.4.3 Information Technology Initiatives

The use of IT allows Qscan to leverage its clinical strengths in supporting the Logan Hospital.

- 2.4.3.1 The current IT interface with Queensland Health is a secure network access point via IPSec connectivity. Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Full details of our Information Technology may be found in **Appendix C: Information Technology**. Qscan propose to leverage the IT interface to provide:

- a) **Karisma and BRS Support** (refer section 3.3).
- b) **increased availability of Sub-Specialist Reporting** (refer section 3.4);
- c) a **Common Work List** (refer section 3.5);

- 2.4.3.2 **Voice Recognition** is an opportunity for improved performance and Qscan is implementing Speechmagic reporting for Karisma. Our experiences with this can be utilised in assisting with the set up of Voice Recognition at Logan Hospital. Qscan have been used as a test site by Karisma for Voice Recognition so our experience and relevance to Logan would be of considerable value.

- Qscan use the Speechmagic product and full product details may be found at the Nuance website, the link is www.nuance.com/healthcare.
- Qscan use the healthcare version which includes a full range of medical terminology.
- Speechmagic is a "predictive" speech recognition program, it anticipates the next word based on prior dictations.
- An interesting Case Study showing the impact of Speechmagic following implementation may be found at <http://speechrecognition.wordpress.com/2008/01/08/interesting-radiology-case-study/>
- The benefits we are realising at this early stage comprise:
 - Reduction in transcription errors.
 - Increased throughput where templates are used.
 - Will allow Qscan to cap the number of typists needed, and once fully implemented will allow reduction in typist FTE.
 - Ability to immediately authorise a report once dictation is complete.

- 2.4.3.3 The **Karisma RIS from Kestral** is identical to that Qscan use in its own practices and also in a large number of public hospital sites in Australia and New Zealand. Kestral's flagship product, Karisma, is an intuitive, best of breed Radiology Information System (RIS) harnessing the high-end power of Microsoft SQL Server while offering a simple to use interface. All clinical data collected by Karisma is stored in an SQL database; giving you quick and reliable access to all your information needs. Karisma comes equipped with integrated accounting, reporting, voice recognition, digital dictation, document scanning, desktop-level

Picture Archiving and Communication System HL7 Connect (PACS) integration and a host of other beneficial standard features. Innovations Qscan can deliver to Logan Hospital as a result of our appointment as a Karisma development site comprise:

- We have provided, and will continue to do so, a **high level of Karisma support** to the Logan Medical Imaging team;
- Qscan are a development testing site, and we have driven the implementation of new features in both Karisma and the BRS reporting product. We have highlighted the importance of BRS to Logan in section 3.3. By continuing to work closely with Logan **we can ensure that Karisma is capable of meeting our ongoing requirements**;
- Should we succeed with the Redlands tender we could provide a **common RIS/PACS solution** across both hospital sites with significant integration benefits.

RTI Release

3. The Importance of Sub Specialty Radiology

3.1 The importance of Sub-Speciality Radiology is a core aspect of what Qscan offers to Logan Hospital and to Queensland Health. **Subspecialty reporting is the standard of care in Medical Imaging, it is the "essence in delivering quality outcomes"**. Current Radiology and Radiology management literature addresses the benefits of subspecialty radiology reporting in maximizing optimal patient outcomes, and leveraging maximal benefit from the investment made by Logan Hospital in the Synapse PACS and the Karisma RIS, both of which are powerful tools when utilized in a secure, collaborative Qscan network.

"More effective use of technology will facilitate better integration of newer practice models in diagnostic radiology. Electronic connection of radiologists at various sites by linked PACS provides the opportunity for utilizing radiologist expertise of the highest level ".Alderson, PO. A Balanced Sub-specialisation Strategy for Radiology in the New Millennium AJR 2000; 175:7-8

"Further sub-specialization of radiologists will become necessary, given the sheer immensity of radiologic knowledge and the rate at which it is growing. Such sub-specialisation will be most useful when it parallels the organization of specializations within the nonradiologic disciplines, as such focus will provide a solid foundation for intensive collaboration between medical specialist and imaging specialist". Krestin, GP. Maintaining Identity in a Changing Environment: The Professional and Organizational Future of Radiology1 March 2009 Radiology, 250, 612-617.

"Radiology must move to strongly embrace sub-specialisation as a means to offer referring clinicians, maximal benefit to patients under their care and reduction of diagnostic and treatment errors". Atlas SW. Embracing sub-specialisation: the key to the survival of radiology. J Am Coll Radiol. 2007;4(11:752-3). At Logan this is particularly relevant give the rapid and ever-increasing number of specialist referring clinicians.

"Subspecialty reporting is more common in practices of younger radiologist demographics, practices in which radiologists are fellowship trained, and practices which are strongly geared towards MRI and interventional radiology", all of which are characteristics of Qscan radiologists. Geoffrey G. Smith, James H. Thrall, Michael J. Pentecost, Howard B. Fleishon, Harry C. Knipp, Mark J. Adams, Carol M. Rumack, Albert L. Blumberg, Richard T. Hoppe, Jonathan H. Sunshine, James W. Moser, Sub-specialisation in Radiology and Radiation Oncology. J Am Coll Radiol 2009;6:147-159. 2009

3.2 How can Qscan claim to provide the best Subspecialty Radiology services in Queensland?

- 3.2.1 Qscan has the most comprehensive list of subspecialty fellowship trained Radiologists in Queensland. This broad range of expertise is harnessed by allowing our radiologists instant access to a central PACS/RIS database through which all imaging modalities are instantly available for reporting anywhere on our imaging network.
- 3.2.2 This enables the 'right test to be performed at the right location and to be reported by the right radiologist'. No other radiology provider in Queensland can boast this level of reporting service.
- 3.2.3 Our demonstrated excellence in subspecialty reporting services has allowed Qscan to install and run to capacity two non rebated clinical MRI units in Brisbane. Qscan performs over 7,500 non rebated MRI services per annum, despite operating in direct competition with 7 nearby Medicare rebated magnets located at St Andrew's, Royal Brisbane and Women's Hospital, Wesley Hospital,

Mater Public Hospital, Mater Private Hospital, Princess Alexandra Hospital and Greenslopes Private Hospital.

3.24 Qscan offers Queensland's only private Interventional Neuroradiology service through Qscan's practice at the Mater Private Clinic and the Cardiovascular Unit at the Mater Private Hospital. Our expert interventional neuroradiologists Dr Leggett and Dr Rice were instrumental in setting up the interventional neuroradiology services at the Princess Alexandra and Gold Coast Hospital's respectively and continue to run and teach within the QHealth facilities.

3.3 What does this mean for Logan Hospital?

3.3.1 Around the clock access to leading subspecialist reporting services.

3.3.2 More accurate clinical reporting and greater opportunities for service expansion, particularly in the fields of interventional imaging, vascular access procedures, Musculoskeletal and Neuro MRI, Paediatric Imaging and Cardiac CT.

3.3.3 Opportunities for growth in Medical Imaging Private practice billing utilising Qscans network of Specialist referrers and medical liaison officers.

3.3.4 Opportunities for more Clinical case conference meetings attended by subspeciality radiologists and Hospital specialists to improve patient outcomes and service delivery.

3.3.5 Smoothing of reporting and typing workload peaks by providing greater availability of subspecialty reporting radiologists and typists effectively expanding the local hospital radiologist and typing pool to include the resources of the entire Qscan network

3.4 Our Doctors and their Subspecialty comprise the following:

In the previous section we discussed the importance of Sub-Specialty Radiology. The following is a summary of the experience of the Qscan Radiologists:

Dr Eric Sclavos
Subspecialty

Radiology Training
Fellowship

Positions

Managing Partner
Nuclear Medicine
Positron Emission Tomography (P.E.T.)
Oncology Imaging
Princess Alexandra Hospital
The Prince Charles Hospital
The Wesley Hospital (PET)
Managing Partner Qscan
Director of Radiology Training Brisbane
South (26 Registrars)
Staff Radiologist and Nuclear Medicine specialist
PAH
Chair of RANZCR Queensland Radiology Registrar
Recruitment
Member of RANZCR Curriculum
Member Radiology Informatics Program Qld Health



Dr Hal Rice
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Neuroradiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
Mt Sinai Hospital, New York USA
Deputy Director of Medical Imaging at Gold Coast
Hospital Southport
Director and Councilor RANZCR College Council
Treasurer of RANZCR
Chair of RANZCR Workforce Advisory Board
Chair of RANZCR Independent Radiologists Group
Member of RANZCR CPD committee
Member of RANZCR QUDI Advisory Board
Member of RANZCR e-Radiology Reference Group
Radiologist Qscan Radiology Clinics



Dr David Leggett
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Northwestern Memorial Hospital, Chicago, USA
Staff interventional radiologist Princess
Alexandra Hospital
Director of interventional neuroradiology services
PAH
Interventional radiologist Mater Private Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Hansen
Subspecialty

Radiology Training
Fellowship

Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Toronto General Hospital; Peter Munk
Cardiac Centre, Canada
Director of Cardiac Imaging Research TPCH
Chair Cardiovascular Special Interest
Group RANZCR
Executive Conjoint committee for Recognition
of Training in CT Coronary Angiography
Radiologist Qscan Radiology Clinics



Dr Stephen Drew
Subspecialty

Radiology Training
Fellowship
Positions

Partner
Abdominal and Pelvic Imaging
Royal Brisbane and Women's Hospital
New York University Medical Center, New York, USA
Visiting Medical Officer Princess Alexandra Hospital
Radiologist Qscan Radiology Clinics



Dr David Simpson
Subspecialty

Radiology Training
Fellowship

Position

Partner
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Adrian Khoo
Subspecialty
Radiology Training
Fellowship
Positions

Partner
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Tim Hooper
Subspecialty

Radiology Training
Fellowship
Position

Partner
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention
Royal Brisbane and Women's Hospital
Hospital for Special Surgery, New York, USA
Visiting Medical Officer Royal Brisbane and Women's
Hospital
Radiologist Qscan Radiology Clinics



Dr Mark Burgin
Subspecialty

Radiology Training
Fellowship
Position

Partner
Neuroradiology
Musculoskeletal MRI and ultrasound
Sports medicine
Musculoskeletal intervention
Princess Alexandra Hospital
The Alfred Hospital, Melbourne
Radiologist Qscan Radiology Clinics



Dr James FitzGerald **Partner**
Subspecialty **Neuroradiologist**
Interventional Radiologist
Musculoskeletal MRI and ultrasound,
Sports medicine
Musculoskeletal intervention

Radiology Training
 Fellowship
 Positions

Royal Brisbane and Women's Hospital
 University of Rochester New York USA
 Visiting Medical Officer Royal Brisbane and Women's
 Hospital
 Radiologist Qscan Radiology Clinics



Dr Gary Shepherd **Partner**
Subspecialty **Musculoskeletal MRI and ultrasound**
Sports medicine
Musculoskeletal intervention

Radiology Training
 Fellowship
 Position

Princess Alexandra Hospital
 Qscan Radiology Clinics
 Radiologist Qscan Radiology Clinics



Dr Tom Hess **Associate**
Subspecialty **Paediatric Radiologist**

Radiology Training
 Fellowship
 Positions

Princess Alexandra Hospital
 British Columbia Children's Hospital, Vancouver
 Canada
 Paediatric Radiologist, Royal Children's and
 Mater Children's Hospitals
 Radiologist Qscan Radiology Clinics



Dr Laetitia deVilliers **Associate**
Subspecialty **Neuroradiologist**
Interventional Neuroradiologist
Interventional Radiologist

Radiology Training
 Fellowship
 Positions

Princess Alexandra Hospital
 Princess Alexandra Hospital
 Mt Sinai Hospital, New York USA
 Staff Specialist Radiologist Princess Alexandra
 Hospital
 Radiologist Qscan Radiology Clinics



Dr Joseph Wong
Subspecialty
Physician Training
Fellowship

Positions

Associate
Nuclear Medicine and Bone Densitometry
Christchurch, New Zealand
The Prince of Wales Hospital, Sydney
Guy's and St Thomas' Hospitals, London
Consultant Nuclear Medicine Physician, Qscan
Radiology Clinics
Consultant Nuclear Medicine Physician,
Northcoast Nuclear Medicine



Dr Kendal Redmond
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Interventional Radiologist
Interventional Neuroradiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Brown University, Providence, Rhode Island, USA
Staff interventional radiologist Princess Alexandra
Hospital
Radiologist Qscan Radiology Clinics



Dr Anthony Litzow
Subspecialty

Radiology Training
Fellowship
Position

Associate
MRI
Princess Alexandra Hospital
Princess Alexandra Hospital
Radiologist, Qscan Radiology Clinics



Dr Stanley Ngai
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
The Prince Charles Hospital
Royal Brisbane and Women's Hospital
Princess Alexandra Hospital
Staff Specialist Radiologist, Princess Alexandra
Hospital
Radiologist and Nuclear Medicine Specialist,
Qscan



Dr Lora Medoro
Subspecialty
Radiology Training
Fellowship

Positions

Associate
MRI
Princess Alexandra Hospital
The Prince Charles Hospital
Mater Private and Greenslopes Hospitals
Consultant Radiologist Qscan Radiology Clinics



Dr Jane Crossin
Subspecialty
Radiology Training
Fellowship

Position

Associate
Cardiothoracic Radiologist
Edinburgh, Scotland, United Kingdom
Mount Sinai, Toronto Western and
Princess Margaret Hospitals, Toronto, Canada
Radiologist Qscan Radiology Clinics



Dr Tanya Wood
Subspecialty
Radiology Training
Fellowship
Positions

Associate
Cardiothoracic Radiologist
Royal Brisbane and Women's Hospital
The Prince Charles Hospital
Staff Specialist Radiologist The Prince Charles
Hospital
Radiologist Qscan Radiology Clinics



Dr Phillip Law
Subspecialty

Radiology Training

Fellowship
Positions

Associate
MRI
Nuclear Medicine
Nepean Hospital
Royal Prince Alfred Hospital
Princess Alexandra Hospital
Princess Alexandra Hospital
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Consultant Radiologist Qscan Radiology Clinics



Dr Peter Jackson
Subspecialty
Radiology Training
Fellowship

Positions

Associate
Nuclear Medicine
Princess Alexandra Hospital
Princess Alexandra Hospital
Guy's and St Thomas's Hospital London, UK
Nuclear Medicine Fellow, Princess Alexandra
Hospital
Radiologist, Qscan Radiology Clinics



Dr George Koulouris
Subspecialty

Radiology Training
Fellowship

Positions

Associate
Musculoskeletal MRI and Ultrasound
Sports medicine
Musculoskeletal intervention
The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Thomas Jefferson University Hospital,
Philadelphia, Pennsylvania
Founder Melbourne Radiology Clinics
Subspecialist teleradiology consultant Qscan
Radiology Clinics



**Dr Ash Jhamb
Subspecialty**

Radiology Training
Fellowship

Positions

**Associate
Neuroradiologist
Interventional Radiologist**

The Alfred Hospital Melbourne
The Alfred Hospital Melbourne
Vancouver General Hospital, Canada
Apollo Hospital , New Delhi, India
Staff Specialist Radiologist Royal Brisbane and
Women's Hospital
Consultant Radiologist Queensland Diagnostic Imaging

**Dr Todd Malone
Subspecialty**

Radiology Training
Fellowship
Positions

**Associate
MRI
Women's Imaging**

Royal Brisbane and Women's Hospital
Mater Private and Greenslopes Hospital
Consultant radiologist Queensland XRay, Townsville
Consultant radiologist Qscan Radiology Clinics, Jan 2010

**Dr Jennie Roberts
Subspecialty**

Radiology Training
Fellowship
Positions

**Associate
Neuroradiologist
Paediatric Radiologist**

Royal Brisbane and Women's Hospital
Great Ormond Street, London, UK
Staff Specialist Radiologist Royal Brisbane and
Women's Hospital
Supervisor of Radiology Registrar Training
Royal Brisbane and Women's Hospital

RTI REVIEWED

4. Qscan Reporting Sites and Contact Details

WINDSOR

Homezone, 142 Newmarket Road,
Windsor 4030
Ph: 07 3357 0333
Fax: 07 3357 0300

ANNERLEY

Shop 7/310 Ipswich Road,
Annerley 4103
Ph: 07 3357 0388
Fax: 073357 0380

MATER PRIVATE CLINIC

Suite 6/ Level 6, 550 Stanley Street
South Brisbane 4101
Ph: 07 3357 0361
Fax: 07 3010 5791

EVERTON PARK

456 South Pine Road,
Everton Park 4053
Ph: 07 3355 4422
Fax: 073355 4943

CLEVELAND

177 Bloomfield Street,
Cleveland 4163
Ph: 07 3821 1766
Fax: 07 3821 1100

RTI Release

APPENDIX C: Information Technology

RTI Release

Appendix C Information Technology

The use of IT is a vital element in delivering "value" to Queensland Health, to referrers and to patients. Qscan invests considerable resources in terms of dollars, time and people to ensure the utilisation of world's best technology and protocols.

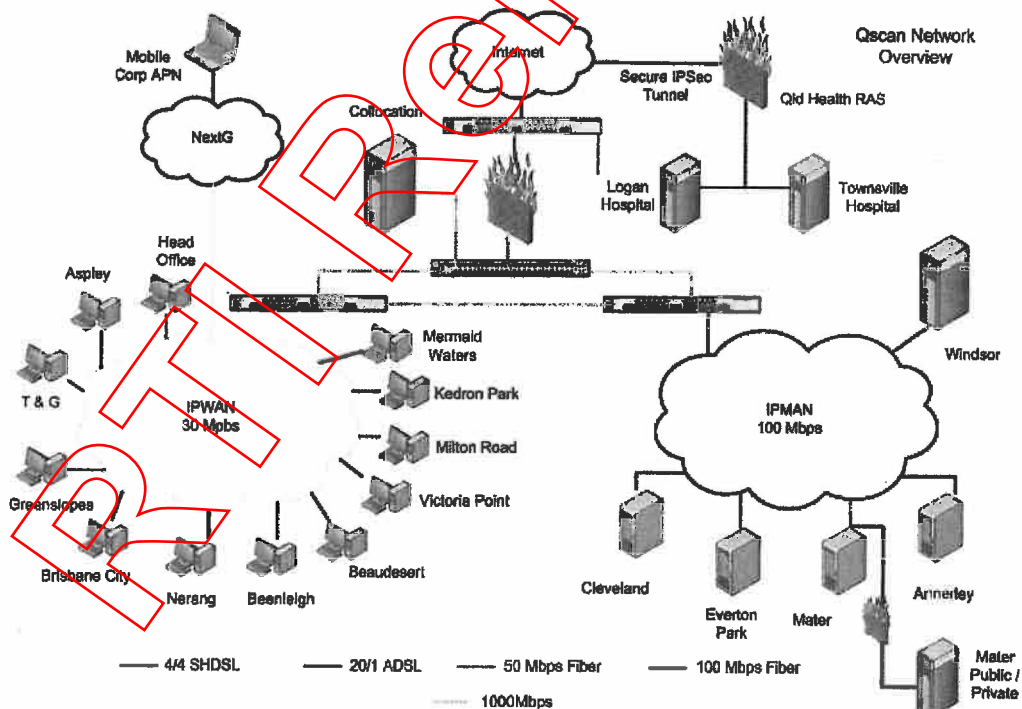
The purpose of this section is to provide a high level of detail to Queensland Health in answering the various specific questions in Schedule E related to IT.

More specifically it is intended to clearly demonstrate that:

- Qscan meets the needs of the current tender specifications;
- Qscan has been historically proactive in working with Queensland Health in facilitating and improving IT based radiology reporting services;
- Qscan has strong relationships with the IT team at Queensland Health.

1.0 Current IT Infrastructure with Queensland Health and Logan/Townsville

1.1 The current system uses a secure IPSec tunnel connection to Queensland Health Remote Access Services. Qscan have a 100 Mbps connection to the internet that the connection runs on providing very fast connectivity. Currently Qscan connects to Townsville and Logan Hospital resources. The IPSec tunnel is already in place, configured and reliable - to add additional Queensland Health network destinations only requires adjustment of firewall rules at each end.



1.2 Qscan uses Watchguard firewalls and both Qscan and Queensland Health firewalls are configured to allow access only to the resources that are required. The connection uses advanced encryption and security settings for maximum security for the transmission of clinical information.

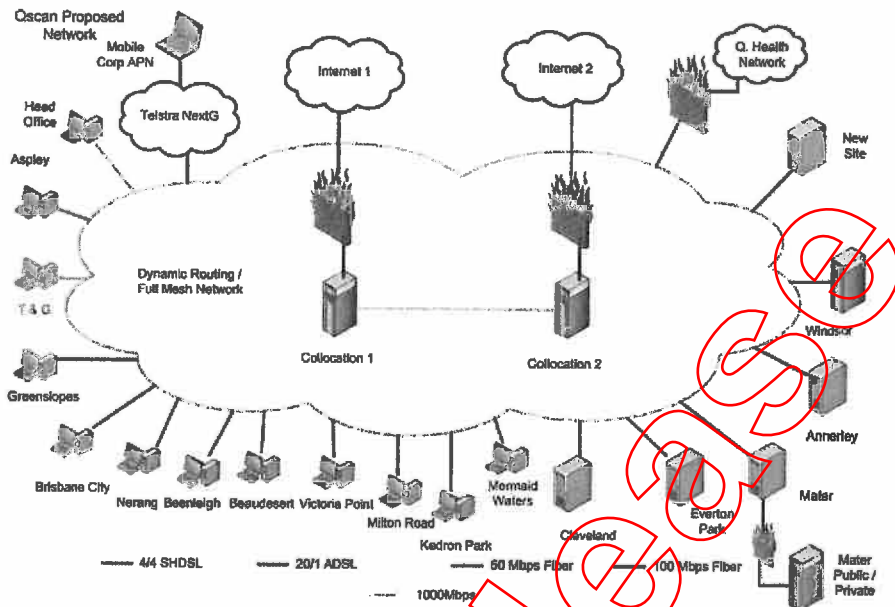
- 1.3 Qscan is evaluating Checkpoint enterprise firewalls as potential candidates to upgrade Qscan's current network edge security.** Qscan currently use *Watchguard* firewalls and *Sophos* for endpoint/email/internet security. The project's goal is to redesign Qscan's firewall structure to add increased reliability, security, and resiliency while increasing the security and functionality of remote access to provide simple but secure reliable connection methods for Qscan's remote access staff. Qscan acknowledges the excellent security architecture that Queensland Health maintains and Qscan intends to be absolutely compatible with Queensland Health by aligning security architectures. Qscan will proceed with this implementation irrespective of the outcome of the tender.
- 1.4 Qscan has a highly skilled IT team that monitor the connection from Qscan's end to maintain a very stable and reliable connection.** All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- 1.5 Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. Monitoring shows that 99.89% up time has been achieved on the IPsec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- 1.6 Qscan maintains best practice in the areas of patient privacy and confidentiality.** The management of personal information held by Qscan is in accordance with The Privacy Amendment (Private Sector) Act 2000, Information Privacy Act 2009 (Qld)'s 9 National Privacy Principles (NPP) and 11 Information Privacy Principles (IPP) and Part 7 of the Health Services Act 1991 (Qld). The current IPsec tunnel **uses the recommended Queensland Health encryption levels** which comprise Advanced Encryption Standard (AES), Secure Hash Algorithm (SHA), Diffie-Hellman key exchange, Encapsulating Encryption Payload (ESP).

2.0 Future IT Infrastructure with Queensland Health and Redcliffe

2.1 Qscan is fully committed to the ongoing improvement in radiology services and agree that IT is vital in the facilitation of efficient and effective radiology reporting workflows. Schedule E page 72 paragraph 2 specifically asks Qscan what processes will be employed to work with Queensland Health. Our response is as follows:

- 2.1.1 Qscan have a **strong working relationship at multiple levels** within Queensland Health (as a result of many of our partners continuing to hold appointments in the public hospital network) and also with the various IT teams supporting the hospital network;
- 2.1.2 **Queensland Health has invited Qscan to participate in a number of radiology IT projects**, the latest of which is the QRIS Project (refer Appendix C section 2.4 for details). Qscan will continue to support Queensland Health where asked to do so;
- 2.1.3 **Qscan has also instigated a number of radiology IT projects in conjunction with Queensland Health** which comprise:
 - 2.1.3.1 Upgrading the line speed between Qscan and Logan Hospital (refer Appendix A section 2.4.3.1);
 - 2.1.3.2 Implementation of Business Report Studio to provide Logan with enhanced reporting (refer Appendix A section 2.4.1.7);
 - 2.1.3.3 The proposal in this tender response to utilise a Common Worklist (refer Appendix A section 2.4.2.6);
 - 2.1.3.4 The proposal in this tender response to include Redcliffe in the current Voice Recognition project which Qscan are currently implementing (refer Appendix A section 2.4.3.2 for details).
- 2.1.4 **Qscan intends to remain fully committed to both continuing to work with Queensland Health either in supporting its' initiatives and in bringing to their attention initiatives we think are of value.** We would be entirely supportive of a periodic meeting between various elements of Queensland Health and Qscan to formalise the generation, communication and ongoing support for IT and other initiatives.

2.2 Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.



Qscan is reviewing its entire network as part of its process of continual improvement. The aim is to restructure the network to a more scalable and resilient design.

The proposed new network design consolidates Qscan's network into a single dynamically routed mesh.

This provides the following advantages:

- Increased bandwidth abilities within the network core.
- Elimination of potential bottlenecks in the current design before they become problems.
- Better redundancy in the network with multiple paths to all destinations eliminating central single points of failure.
- Automatic route redirection in the event of a link failure with no loss of connectivity to the end user.
- Two offsite facilities with data replication to each site provide full disaster recovery of all key business systems with little to no downtime of systems.
- Multiple internet facilities with different providers maintains communications in the event of a complete provider failure.

2.3 Qscan, Kestral and Queensland Health have been working together on the **QRIS project**. This is a key Queensland Health initiative where Qscan and Kestral were invited to participate given our proven willingness to assist, and our unique combination of radiology and IT expertise. The QRIS project is addressing the following:

- 2.3.1 Describes the ORU inbound report data that is to be exchanged between other systems and QRIS
- 2.3.2 Prescribes the HL7 message subset for achieving reliable operation of the QRIS
- 2.3.3 Provides a high level overview of the communication and integration options available to facilitate this exchange of data

3.0 Qscan IT and Queensland Health Interfaces and Support

This section outlines the interfaces with Queensland Health information systems, networks, communication systems and IT support per Schedule E page 72 paragraph 1.

3.1 Qscan is a Kestral Karisma development site, and thus has provided Logan with **level 1 application support and administrative support** in terms of training and business process. Qscan intend to continue to work directly with Logan via the invitation of the Director of Imaging Services.

3.2 Administrative support at Logan has comprised:

- 3.2.1 Identification and recovery of old examinations that had not been invoiced. This resulted in the recovery of \$42,162 in revenue for Logan.
- 3.2.2 Implemented new workflow to ensure all examinations are captured and invoiced.
- 3.2.3 Put into place an end of day process, which ensure Medicare batching is performed daily with a faster payment turnaround.
- 3.2.4 Updated the workcover rates in Karisma to reflect the last schedule increase.
- 3.2.5 Currently reviewing the service types within the system and checking that all items are correct.
- 3.2.6 Providing Karisma training and workflow documentation.

3.3 Qscan currently manages its side of the connection **in conjunction with Queensland Health Remote Access Services**. QH is supplied with contact details for Qscan IT staff. Qscan monitor connections to QH for breaks in service.

3.4 Qscan has **formalised the process of who to contact at Logan** in regards to downtime associated with network, RIS and PACS through Haeiey Reeves at Logan.

3.5 Qscan's **IT team collectively have multiple tertiary and industry qualifications** and certifications between them in both Medical Imaging Technology and general Information Technology. The team is experienced in general RIS operations (Specifically in Karisma), PACS management, use and configuration, Firewall rules and VPN connection creation, general network management and have successfully connected with large security conscious companies in the past such as GE, Siemens and Mater Private/Public networks.

4.0 Electronic Reporting and Workflow

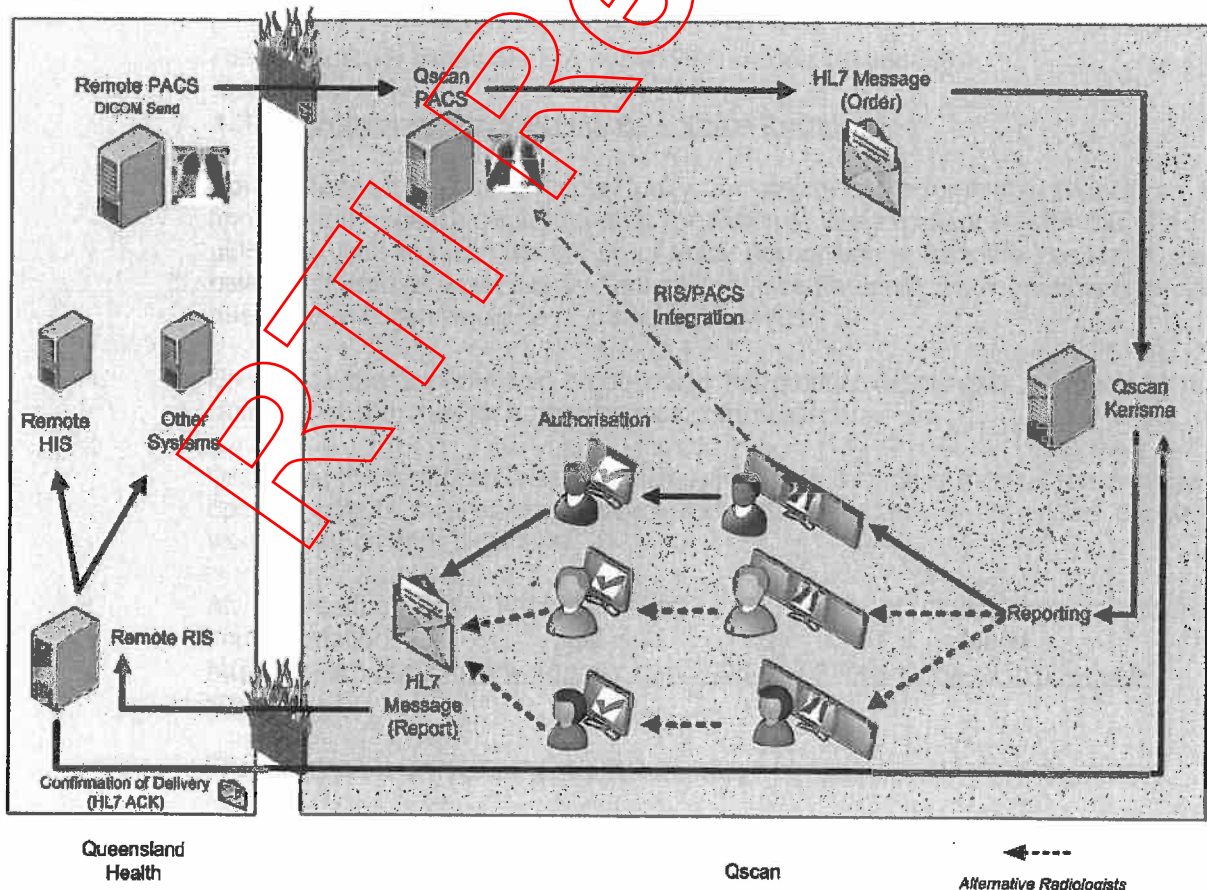
4.1 Qscan have reviewed the Environment and Workflow in Part B section 5 of the Specification and can confirm that we currently meet and will continue to do so the requirements listed.

4.2 Qscan already provide Logan Medical Imaging with access to our Radiologists with a broad range of sub-speciality skills via our high speed data link. We propose to expand this through a common worklist which will deliver even greater benefits to Logan comprising:

- The common worklist is able to be viewed by all Radiologists allowing specialised reporting, beyond the Radiologists available on-site;
- It would allow us to provide typing resources using our pool of typists if required by Logan Hospital (we would need to agree on a cost per report for this);
- It would increase report turnaround significantly. Under the Qscan single worklist model 99% of reports are completed the same day, and we use BRS to monitor and measure this performance;
- Would allow immediate reporting of Category 1 radiographs on Saturdays as we have Radiologists at attendance at both Annerley and Windsor, and quite possibly Redcliffe once we open that facility;

4.3 Management Qscan comply fully with the Electronic Reporting and Workflow outlined in Part B pages 13 and 14.

4.3.1 On-site reporting as per current workflow



5.0 System Performance and Redundancy

In responding to Section E page 71 paragraph 10, Qscan have a number of processes within the practice to mitigate against failures which has resulted in maximum system availability.

5.1 For off-site and overflow reporting Qscan rely on the high speed data communications line between Redcliffe and Queensland Health, and then to our Telstra co-location. Based on the last three years we can report a high level of system availability as follows:

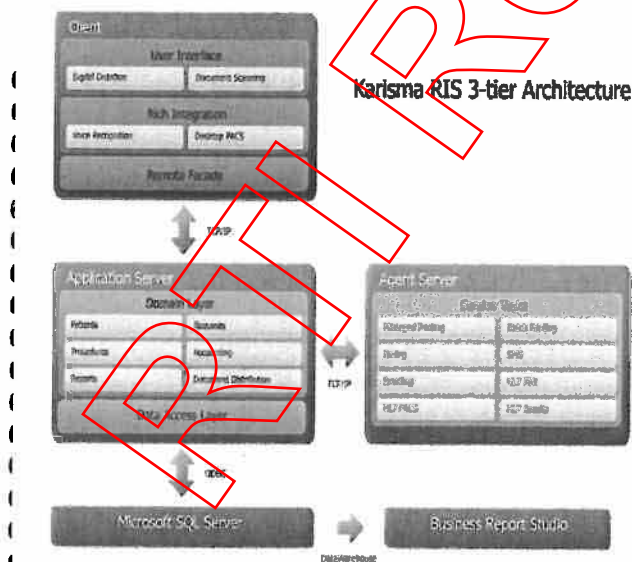
- Qscan monitors its network and network connections for connectivity 24/7. Processes are in place that if connectivity is lost Qscan staff contact Remote Access Services if required. Qscan IT staff are on-call 24/7 and can be called upon if needed by Queensland Health or Logan Hospital team members if a problem with connectivity to Qscan is identified. In the past it has been Qscan making contact with Queensland Health where our systems have alerted us to a problem.
- Qscan has a highly skilled IT team that monitor the network connection to ensure a stable and reliable connection. All Qscan's services and connections are actively monitored and graphed to allow proactive maintenance of emerging issues before they occur and active notification (Email and SMS) of unpredictable events. As such **Qscan's high speed reporting lines have achieved 99.99% uptime.** This is above the contracted Telstra 99.95% performance.
- Qscan's team have a proven track record of successfully working with Queensland Health Remote Access Services staff to resolve issues as they occur. **Monitoring shows that 99.89% up time has been achieved on the IPSec tunnel connection to Queensland Health.** This could be improved to 99.99% as per Qscan's other High speed connections if a direct connection with Queensland Health was obtained.
- Qscan maintains secure offsite backups of all of its critical business data including PACS and RIS data.
- The network connections to all sites used for reporting maintain dual uplink fibre with automatic fail over in the event that one of the lines of fibre is cut. In the event of a double failure Qscan has the ability to quickly deploy wireless technology to regain basic functionality.
- Qscan currently use Watchguard firewalls, and are evaluating Checkpoint enterprise devices to align more closely with Queensland Health's security architecture. Qscan uses Sophos for endpoint, internet and email protection. Details are outlined in Appendix C sections 1.2 and 1.3.
- **An option which we strongly recommend is direct connectivity to further increase speed and system reliability.** The current IPSec tunnel solution routes encrypted traffic over the internet – this is subject to normal internet disruptions and variable reliability. To best provide the connectivity required to distribute images to Qscan's PACS a direct connection should be commissioned – this would enable fast connection speeds , greater reliability (Set Service Level Agreements on connecting technology) and superior security (Point to Point connection minimises possibility of interception).
- Continue to leverage the strong working relationships with the Queensland Health IT team and also Remote Access Services. This support comprises:
- Qscan IT is rostered on a 24 hours by 7 days per week basis to provide support;

6.0 Karisma RIS

6.1 Background on Kestral the developer of the Karisma RIS.

- Kestral is one of the very few companies in Imaging / radiology market that provides a local RIS which is locally developed for the Australian and New Zealand market.
- Kestral has offices in Perth, Melbourne and Sydney with plans to open offices in New Zealand to look after our customers across the Tasman.
- Kestral has been in business since 1990 and in that time has supplied RIS systems to customers in WA, SA, Victoria , NSW , QLD and NZ.
- In broad terms , Kestral has taken a different approach to meeting the needs of the radiology market that is based on listening to the users and what they need as a management tool for their practice workflow. The Kestral Windows based platform is highly flexible and can be customized to suit the particular needs of individual practice requirements.
- Kestral offers its customer a high degree of flexibility that's built into the Karisma software, which ensures the capability to offer a RIS solution to meet your needs to day, and offers a high level of added value at an affordable price.
- Kestral supports its customer base in different ways, firstly at an account level Kestral offers technical support from its offices in Sydney, Melbourne and Perth, and secondly the Kestral management team is responsible for meeting customer needs and expectations.

6.2 Overview of the Karisma RIS



6.19

Midlands	KARISMA	Waikato District Health Board Hamilton Hospital HAMILTON NZ Bay of Plenty District Health Board Tauranga Hospital TAURANGA NZ
Murray Bridge Soldiers Memorial Hospital	RIS	Swanport Road MURRAY BRIDGE S.A. 5243
Northland District Health Board, New Zealand	KARISMA	Whangarei Hospital WHANGAREI NEW ZEALAND - and 3 smaller hospitals
Northern Sydney and Central Coast Area Health Service	RIS	Royal North Shore Hospital Reserve Road ST LEONARDS NSW 2065 Ryde Hospital RYDE NSW
North Western Adelaide Health Service	RIS	The Queen Elizabeth Hospital 28 Woodville Road WOODVILLE S.A. 5011 <u>Additional Site:</u> The Lyell McEwin Health Service, Elizabeth S.A.
Peninsula Health Care Network	RIS	Frankston Hospital Hastings Road FRANKSTON VIC 3199
Peter MacCallum Cancer Centre	KARISMA	1 A'Beckett Street MELBOURNE VIC 3000
Riverland Regional Health Service Inc	RIS	Maddern Street BERRI S.A. 5343
Royal Adelaide Hospital	RIS	North Terrace ADELAIDE S.A. 5000
Royal Children's Hospital	RIS	Flemington Road PARKVILLE VIC 3052
Royal Melbourne Hospital	KARISMA	Flemington Road PARKVILLE VIC 3052

South East Radiology	KARISMA	Nowra District Hospital Standish Medical Centre 33 Berry Street NOWRA NSW 2541 Bowral District Hospital BOWRAL NSW Bega Hospital BEGA NSW Shell Harbour Hospital SHELL HARBOUR NSW
St Vincent's Hospital Melbourne	RIS	41 Victoria Parade FITZROY VIC 3065
St Vincent's Hospital Sydney	KARISMA	Victoria Street DARLINGHURST NSW 2010
The Bendigo Hospital	RIS	Arnold Street BENDIGO VIC 3550
Western Health	RIS	Western Hospital 148 Gordon Street FOOTSCRAY VIC 3011 <u>Additional Site</u> Bell Radiology - Sunshine Hospital, SUNSHINE VIC
Women's and Children's Hospital - South Australia	RIS	72 King William Road NORTH ADELAIDE S.A. 5006
X-Ray Specialist Services - Albury	KARISMA	Albury Base Hospital Medical Imaging Department Borella Road ALBURY NSW 2640

APPENDIX D: Billing

RTI Release

APPENDIX D: SAMPLES OF INVOICES AND REPORTS

These are a sample of current reports. Please note that PMI/Qscan can generate reports to meet specific requirements using the Business Report Studio module within the Kestral Karisma RIS.

Sample of Invoice

Premier Medical Imaging Pty Ltd

PO Box 222 RBH Post Office Qld 4029
Ph: 07 3357 0333, Fax: 07 3357 0300
ABN: 41 110 308 962

Logan Hospital
Director of Medical Imaging Services
PO Box 4096
Loganholme Qld 4129

Tax Invoice
Invoice #: 00000200
Date: 6/12/2009

On-Call Teleradiology for the period 30/11/09 - 6/12/09 (see attached log)

Priority Levels	Qty	Rate	Amount	Code
Urgent	18	\$xxx	\$x,xxx	GST
Priority	25	\$xxx	\$x,xxx	GST
Intermediate	9	\$xxx	\$x,xxx	GST
Routine	0	\$xxx	\$x,xxx	GST

Subtotal \$xx,xxx
GST \$x,xxx
Total \$xx,xxx

EFT payments can be made to:
Premier Medical Imaging Pty Ltd
CBA
BSB: 064-128
Account #: 10188229

* Please fax your remittance to (07) 3358 1913
or email invoices@qscan.com.au

Sample of Report

**Premier Medical Imaging Pty Ltd
On-Call Log**

PO Box 222
RBH Post Office Qld 4029

Contact: Dr Eric Sclavos 0413 444 566
PH: 07 3357 0333
Fax: 07 3357 0300

Date	Day	ExamTime	Request Conditions	Patient			Exam	Fee
30-Nov-09	Monday	5:44 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain Pre + Post	\$xxx
30-Nov-09	Monday	5:53 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	6:06 PM	2 Intermediate	confidential	confidential	(Mister)	CT Pulm Angio	\$xxx
30-Nov-09	Monday	6:11 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain + Facial Bones	\$xxx
30-Nov-09	Monday	6:50 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
30-Nov-09	Monday	7:10 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
30-Nov-09	Monday	9:39 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	12:57 AM	2 Intermediate	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
1-Dec-09	Tuesday	8:53 PM	2 Intermediate	confidential	confidential	(Mister)	CT Spiral Angio	\$xxx
1-Dec-09	Tuesday	10:40 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
2-Dec-09	Wednesday	4:31 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	5:37 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	8:52 PM	2 Intermediate	confidential	confidential	(Mrs)	CT Abdo Pelvis Post Contrast	\$xxx
2-Dec-09	Wednesday	9:54 PM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
2-Dec-09	Wednesday	10:08 PM	2 Intermediate	confidential	confidential	(Mister)	CT Abdo Renal Colic	\$xxx
3-Dec-09	Thursday	9:00 PM	0 Urgent	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
4-Dec-09	Friday	9:36 PM	2 Intermediate	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx
4-Dec-09	Friday	9:48 PM	2 Intermediate	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	1:57 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	2:25 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	8:15 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	8:30 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	9:00 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:30 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	9:35 AM	2 Intermediate	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	10:00 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:15 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:35 AM	1 Priority	confidential	confidential	(Mister)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	10:36 AM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	10:36 AM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	10:45 AM	0 Urgent	confidential	confidential	(Mrs)	CT Brain	\$xxx
5-Dec-09	Saturday	12:03 PM	1 Priority	confidential	confidential	(Mrs)	CT Abdo Pre + Post	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mister)	CT Facial Bones	\$xxx
5-Dec-09	Saturday	2:29 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	3:04 PM	2 Intermediate	confidential	confidential	(Ms)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	3:04 PM	0 Urgent	confidential	confidential	(Ms)	CT Abdo Pelvis Post Contrast	\$xxx
5-Dec-09	Saturday	4:07 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	4:07 PM	0 Urgent	confidential	confidential	(Mister)	CT Extremities	\$xxx
5-Dec-09	Saturday	4:59 PM	0 Urgent	confidential	confidential	(Mrs)	CT Abdo Renal Colic	\$xxx
5-Dec-09	Saturday	4:59 PM	1 Priority	confidential	confidential	(Mrs)	CT Cervical Spine	\$xxx
5-Dec-09	Saturday	5:29 PM	1 Priority	confidential	confidential	(Mrs)	CT Pulm Angio	\$xxx
5-Dec-09	Saturday	8:06 PM	1 Priority	confidential	confidential	(Mister)	CT Brain CT Cervical Spine	\$xxx
5-Dec-09	Saturday	8:20 PM	1 Priority	confidential	confidential	(Mister)	CT Brain	\$xxx
5-Dec-09	Saturday	8:52 PM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	5:02 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
6-Dec-09	Sunday	8:59 AM	1 Priority	confidential	confidential	(Mister)	CT Abdo Renal Colic	\$xxx
6-Dec-09	Sunday	11:49 AM	0 Urgent	confidential	confidential	(Mister)	CT Brain	\$xxx
6-Dec-09	Sunday	11:50 AM	1 Priority	confidential	confidential	(Mrs)	CT Brain	\$xxx
6-Dec-09	Sunday	12:26 PM	0 Urgent	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx
6-Dec-09	Sunday	2:45 PM	1 Priority	confidential	confidential	(Mister)	CT Abdo Pelvis Post Contrast	\$xxx

	Fee/report	Total Fee	\$xxx,xxx
0 Urgent	18 \$xxx	\$x,xxx	
1 Priority	25 \$xxx	\$x,xxx	
2 intermediate	9 \$xxx	\$x,xxx	
3 Routine	0 \$xxx	\$x,xxx	
Total Reports	52	\$xx,xxx	

APPENDIX P: Pricing Options

RTI Release

APPENDIX P2: Interventional

RTI Release

Appendix P2 Interventional for Redcliffe

JUSTIFICATION FOR THIS PRICING OPTION

Interventional services are historically underpriced under the MBS item numbers. It would thus require multiples of the full MBS scheduled fee for the interventional services proposed by the Redcliffe Hospital to actually fund the man hours required as per the tender document.

We instead propose to offer the services of an Interventional Radiologist at a fixed hour rate of s.47(3)(b) hour for the proposed fifteen hours a week. (Current QH contract VMO rate) Should this be accepted this would allow the Redcliffe Hospital to benefit as a result of the MBS fees for the interventional procedure being reduced to s.47(3)(b) and allow the oncall CT rates to be reduced to s.47(3)(b) of the MBS schedule. It would also allow the general in hours reporting fees for CR, Ultrasound and MRI to be reduced to s.47(3)(b) of the MBS scheduled fee.

It allows PMI to benefit from the certainty of knowing the period that an interventionalist would be required, thus removing the uncertainty should a discrepancy arise from actual interventional procedures numbers rather than predicted numbers from the tender document.

Choosing this pricing option would allow the Redcliffe Hospital to benefit from the certainty of knowing that it will be receiving the benefit of PMI's interventional radiology credentials, which we are confident no other practice in the Queensland private or public sector can match. Our interventional service, with six Tier A trained Interventional Radiologists, can cope with all interventional radiology services currently required by Logan Hospital as well as any for which a requirement may arise during the term of the contract.

As stated above, as well as the reduction in the % of the MBS scheduled fee as completed within the current schedule of prices, we propose an to charge an hourly rate of s.47(3)(b) hour for fifteen hours per week to fulfil the onsite services (Interventional services) attendance requirement.

This is the preferred schedule of prices which PMI/Qscan strongly recommend to Queensland Health for a number of reasons:

- Option 2 motivates the increase in interventional services available to the community who are relying upon Redcliffe Hospital and Queensland Health to provide them with convenient access to high quality and highly professional clinical services;
- Option 2 binds all of the other requirements and various initiatives which was the original intent of Queensland Health in the tender process. It does not detract, it adds considerable value instead.
- Option 2 also discounts the after hours, on-call rate at s.47(3)(b) of Medicare;
- Option 2 was not placed within PART E as PMI/Qscan were afraid that it would be deemed non-compliant and we would be excluded from the tender, hence we developed a fully compliant version which is known as Option 1 and appears in the body of PART E.

CHANGES TO CONDITIONS IN PL510

No changes to any other conditions contained in PL510 Part E.

SCHEDULE OF PRICES – PART 1 REPORTING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 - Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films			s.47(3)(b)	

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009



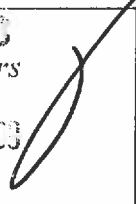

 MSPLD
 Tender Offers
 18 DEC 2009

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General				
Subgroup 2 – Cardiac				
Subgroup 3 - Vascular				
Subgroup 4 – Urological				s.47(3)(b)
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films				s.47(3)(b)

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009


 HSP/13
 Tender Offers
 18 DEC 2009


(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Imaging Procedure	% of MBS Scheduled Fee			
	Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 11 – Ultrasound				
Subgroup 1 – General	s.47(3)(b)			
Subgroup 2 – Cardiac				
Subgroup 3 – Vascular				
Subgroup 4 – Urological				
Subgroup 5 – Obs & Gynae				
Subgroup 6 – Musculoskeletal				
Group 12 – Computerised Tomography				
Group 13 – Diagnostic Radiography				
Plain Films	s.47(3)(b)			

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

RTI RELEASED
 TENDER
 Tender Offers
 18 DEC 2009
 19

SCHEDULE OF PRICES – PART 2 OFF-SITE IMAGING SERVICES

(A) BUSINESS DAYS DURING NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Procedure	Imaging	% of MBS Scheduled Fee			
		Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography					
Subgroup	10	s.47(3)(b)			
Mammography					
Group 14 – Nuclear Medicine Imaging					
Group 15 – Magnetic Resonance Imaging					

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

RTI REQUEST

TENDER
Tender Offers

18 DEC 2009

01

(B) BUSINESS DAYS OUTSIDE NORMAL WORKING HOURS

*Business Day means a day which is not a Saturday, Sunday or bank or public holiday at the relevant Hospital
Normal Working Hours means between 8.30am and 5.00pm*

Diagnostic Procedure	Imaging	% of MBS Scheduled Fee			
		Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography					
Subgroup	10	s.47(3)(b)			
Mammography					
Group 14 – Nuclear Medicine Imaging					
Group 15 – Magnetic Resonance Imaging					

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

RTI Release

Tender Offer
18 DEC 2009

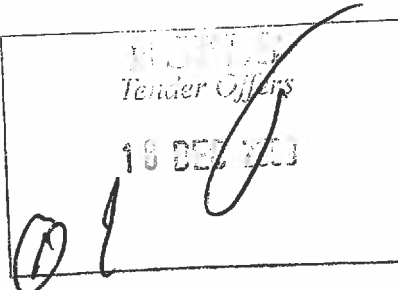
①

(C) DURING WEEKENDS AND PUBLIC HOLIDAYS

Diagnostic Procedure	Imaging	% of MBS Scheduled Fee			
		Urgent (30 minutes)	Priority (4 hours)	Intermediate (24 hours)	Routine (3 Business Days)
Group 13 – Diagnostic Radiography					
Subgroup	10	s.47(3)(b)			
Mammography					
Group 14 – Nuclear Medicine Imaging					
Group 15 – Magnetic Resonance Imaging					

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

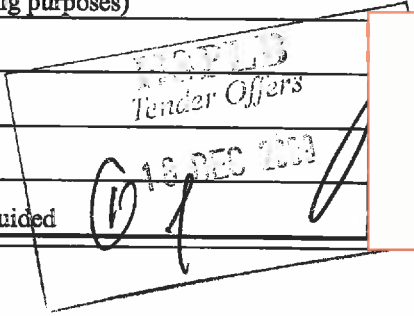
RTI Released

TENDER
 Tender Offers
 18 DEC 2009


SCHEDULE OF PRICES – PART 3 ON-SITE IMAGING SERVICES

(A) SCHEDULED SESSION TIMES

GROUP 13 – DIAGNOSTIC RADIOGRAPHY		
Item No	Procedure	% of MBS Scheduled Fee
Subgroup 7 – Radiographic examinations of urinary tract		
58706	Intravenous Pyelography	s.47(3)(b)
58715	Retrograde Pyelogram, Nephrostogram	
58718	Cystogram, Urethrogram	
58721	Micturating Cystourethrogram	
Subgroup 8 - Radiographic examination of alimentary tract and biliary system		
58909	GI Swallow, Meal, Follow Through	s.47(3)(b)
58916	Small Bowel Series	
58921	Barium/Gastrografin Enema	
58927	T-Tube Cholangiogram	
Subgroup 12 - Radiographic examination with opaque or contrast media		
59712	Hysterosalpinogram (HSG)	s.47(3)(b)
59718	Venogram (arm/leg)	
59724	Myelogram (cervical, thoracic, lumbar)	
59733	Sialogram	
59739	Sinogram, Fistulogram	
59751	Arthrogram	
Subgroup 15 - Fluoroscopic examination		
60503	Lumbar Puncture	s.47(3)(b)
60503	Joint Injections (facet jt, hip etc)	
	Nerve Root Block (Fluoro/CT Guided)	
Subgroup 13 - Angiography		
60000	Angiography - head & neck	s.47(3)(b)
60012	Angiography - thorax	
60024	Angiography - abdomen	
60036	Angiography - peripheral	
Subgroup 17 - Interventional techniques + surgical procedures (*radiology and surgical MBS numbers to be used for billing purposes)		
61109	Cholangiogram – Percutaneous	s.47(3)(b)
	Gastromy Tube Insertion	
	Nephrostomy – Percutaneous	
	Insertion of Stent/Drain - Fluoro/US/CT Guided	



 HOPES
 Tender Offers
 18 DEC 2013

	Drainage/Aspiration - Fluoroscopy/US/CT Guided	s.47(3)(b)
	Biopsy - Fluoroscopy/US/CT Guided	
	Catheter Insertion - PICC	
	Catheter Insertion - Central Venous	
	Catheter Insertion - Hickman's/Portocath	
35300	Angioplasty	
35306	Vascular Stent Insertion	

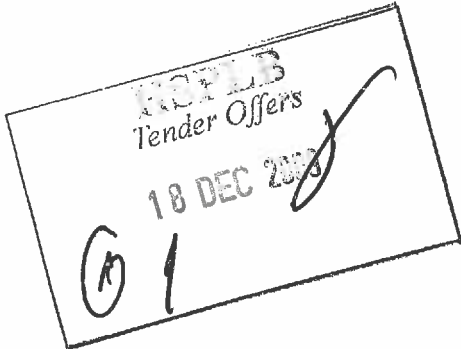
Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

RTI Releases

RECEIVED
 Tender Offers
 18 DEC 2009
Ol

SCHEDULE OF PRICES – PART 4 RADIOLOGIST SERVICES

Clause No in Part 4 of Schedule 2	Time for Provision of Services	Hourly Rate Offered
4.2(a)(i)	Sessions (Clinical consultation/advice)	s.47(3)(b)
4.2(a)(ii)	Sessions (Meetings/education)	
4.3(b)	Continuation of Scheduled Sessions	
4.3(c)(i)	Additional Sessions	
4.3(c)(ii)	Genuine Medical Emergency	
List any conditions that apply to the hourly rates offered.		Hourly Rate doubled for after hours call in to Redcliffe Hospital for interventional work Any call in for a genuine medical emergency will be charged at a minimum of 2 hours

Variations to the Hourly Rate	
<p>State the basis upon which any variations to the hourly rate will be calculated.</p>	

Offerer's Name:	Premier Medical Imaging Pty Ltd
Date:	18 th December 2009

RTI Release