

METHODOLOGY BRIEF · 20 WEEKS · 8 DELIVERABLES

Enterprise Imaging Strategy Assessment

Vendor neutral, for Australian and Australasian hospital groups.

Methodology brief

A twenty week, vendor neutral assessment for Australian and Australasian hospital groups running a Vendor Neutral Archive (VNA), Universal Viewer, or Enterprise Imaging Strategy procurement. Built for evaluators who need to read the methodology, the deliverables, and the team before they put a briefing in their calendar.

This brief is the same document we use to brief our own delivery team. It is shared with prospective clients under no obligation, no charge, and no marketing follow up.

Executive summary

Most enterprise imaging environments in multi-site Australian healthcare are the result of two decades of decisions that made sense individually and do not make sense together. Multiple PACS, RIS, CVIS and specialty imaging platforms. Multiple storage and archive models. Fragmented clinical viewing experiences across the EMR, specialty systems and operational workflows. Inconsistent disaster recovery, backup, lifecycle management and cybersecurity maturity. Increasing volumes of DICOM and non DICOM imaging data across radiology, cardiology, endoscopy, theatre, ophthalmology, dermatology, dental, digital pathology, clinical photography, point of care ultrasound, home care, community care and AI generated imaging.

The Trucell Enterprise Imaging Strategy Assessment is twenty weeks, eight named deliverables, and one explicit guarantee: every recommendation is sourced on merit, not on margin, because Trucell does not resell or implement a proprietary VNA, Universal Viewer, or enterprise archive platform.

By executive review at week twenty, your steering committee has an evidence based current state, a future state architecture, a VNA and Universal Viewer recommendation with three architecture options and a trade off matrix, a five year financial and total cost of ownership (TCO) model, a phased twenty four month implementation roadmap, a risk register with critical and high risks sequenced for closure, and a target operating and governance model. Each deliverable is independently usable. Your CFO can act on the TCO model the same week your Digital and Technology team starts the technical assessment review.

The engagement scales from five to forty sites. Below five sites the assessment is usually overscoped and a shorter PACS and RIS focused review is more appropriate. Above forty sites the discovery phase is phased to keep the steering cadence usable for your executive team.

Engagement at a glance

Duration: Twenty weeks from kickoff to executive handover. Realistic for environments of five to forty sites. Phasable for larger groups.

Deliverables: Eight named artefacts (see *Deliverables* below). Each independently usable.

Phases: Five, with workstreams two and three running in parallel from week three.

Workstreams: Three parallel discovery streams — technical, clinical workflow, and operational and commercial.

Steering cadence: Fortnightly steering meeting from week two. Weekly written status report from week three. Friday working session every week from week ten through week eighteen so the strategy is co authored with your Digital and Technology and clinical informatics teams.

Commercial shape: Fixed fee, milestone billed against the five phase methodology. Variations to scope are handled by a written change request signed by your steering committee.

Vendor neutrality: Trucell does not resell or implement a proprietary VNA, Universal Viewer, or enterprise archive platform. Partner relationships with infrastructure or security vendors are declared on engagement.

The five phases

Phase 01 · Discovery and stakeholder engagement · weeks 1 to 3

Kickoff, governance setup, executive interviews, clinical and Digital and Technology workshops, document inventory, read only environment access where in scope. A named principal consultant runs the discovery, supported by a senior healthcare technology architect, a clinical informatics lead, and a security engineer. Stakeholder map covers executive leadership, radiology, cardiology, endoscopy, theatre, ambulatory, home and community care leads, Digital and Technology, infrastructure, cyber and privacy, clinical informatics, procurement and commercial.

Exit checkpoint: Signed scope confirmation, stakeholder map, governance terms of reference, steering committee approval to proceed.

Phase 02 · Technical and architecture deep dive · weeks 3 to 8

Site visits where required, platform inventory across PACS, RIS, CVIS, specialty imaging, archives, viewers and integrations. Security posture review aligned to ISO 27001:2022, the ASD Essential Eight, ACSC Information Security Manual and applicable Australian Privacy Act obligations. Disaster recovery, backup and lifecycle review. Cloud and hybrid readiness assessment. Capacity and growth forecasting. Data flow analysis. Network and performance dependencies.

Exit checkpoint: Technical assessment report draft circulated to your D and T leadership for review.

Phase 03 · Clinical workflow and specialty mapping · weeks 4 to 10

Radiology, cardiology, endoscopy, theatre and procedural imaging, ambulatory, home care, community care and virtual care imaging workflows mapped. Universal viewer and EMR integration assessment. Specialty domains assessed: clinical photography, point of care ultrasound, wound management, mobile imaging, ophthalmology, dermatology, oncology, digital pathology, dental and AI generated imaging artefacts. Cross site image access and clinical collaboration patterns documented.

Exit checkpoint: Clinical workflow assessment report draft circulated to your clinical leadership for review.

Phase 04 · Strategy and roadmap synthesis · weeks 10 to 16

Target operating model. Enterprise architecture. VNA and Universal Viewer architecture options, presented as three options with a trade off matrix covering capability, cost, migration complexity, vendor risk, AI readiness and clinical fit. TCO modelling across capex, opex, storage growth, migration cost, decommissioning and vendor rationalisation. ROI sensitivity modelled three ways. Phased twenty four month roadmap with sequencing, dependencies, a sequenced procurement schedule and resourcing.

Friday working session every week from week ten through week eighteen. Your D and T and clinical informatics teams attend. The strategy is co authored in the room, not handed over at the end.

Exit checkpoint: Strategy document and roadmap draft, with three architecture options costed and sequenced.

Phase 05 · Executive review and handover · weeks 16 to 20

Executive briefing pack, board paper, finance review, procurement schedule. Knowledge transfer to your Digital and Technology and clinical informatics teams. Reference handover material so your existing teams (or any future implementation partner of your choosing) can act on the strategy without further dependency on Trucell.

Exit checkpoint: All eight deliverables signed off. Steering committee close out. Optional ninety day post engagement check in.

The eight deliverables

Each deliverable is independently usable. The numbering reflects the order they are typically referenced in executive review.

1. **Executive briefing pack.** Twenty page board ready document. Current state, strategic gaps, recommended target state, financial envelope, sequencing, risk and recommended next steps. Designed to be read by a board director who has fifteen minutes.
2. **Technical assessment report.** Site by site inventory of imaging platforms, archives, viewers, integrations, storage, network, disaster recovery and lifecycle posture. Includes data flow diagrams, capacity forecasts, and a technical debt register prioritised by clinical impact.

3. **Clinical workflow assessment report.** Diagnostic, cardiology, endoscopy, theatre, ambulatory, home care and virtual care imaging workflows assessed against the target state. Per workflow, includes current pain points, target state, change impact, and clinical sponsor named for the transition.
4. **Enterprise imaging strategy document.** Vision, guiding principles, interoperability framework (HL7, FHIR, DICOM, XDS I), universal viewer strategy, image lifecycle management, cloud and hybrid hosting strategy, AI and analytics readiness, specialty onboarding and governance model.
5. **VNA and enterprise archive recommendation.** Sourcing approach, migration strategy, storage optimisation, DICOM and non DICOM support model. Three architecture options scored against capability, cost, migration complexity, vendor risk, AI readiness and clinical fit. Includes recommended option with explicit reasoning.
6. **Financial and TCO model.** Five year capex, opex, storage growth, migration cost, decommissioning and vendor rationalisation. ROI sensitivity modelled three ways (conservative, base, accelerated). Includes a one page board summary.
7. **Phased implementation roadmap.** Twenty four month plan. Quick wins (months one to three). Foundational governance and architecture (months three to nine). Mid term consolidation and migration (months nine to eighteen). Long term transformation and AI enablement (months eighteen and beyond). Dependencies, resourcing, a sequenced procurement schedule, and decision gates.
8. **Risk register and governance model.** Critical and high risks closed or sequenced with named owners. Target operating model. Accountability map (RACI) across clinical, Digital and Technology, security, and procurement. Specialty onboarding governance for non radiology imaging domains.

Scope coverage

Three assessment streams run in parallel from week one. The items below map directly to the scope your procurement team is most likely to specify, so your evaluators can compare line by line against a draft statement of work.

Stream 1 · Technical

Infrastructure, hosting, and cloud readiness. Storage and archive platforms across sites. Network and performance dependencies. Security, identity, access, and audit controls. Disaster recovery, backup, and ransomware resilience. Integration and interface inventory covering HL7, FHIR, DICOM and XDS I. Data flow and lifecycle analysis. Capacity and growth forecasting.

Stream 2 · Clinical workflow

Diagnostic imaging. Cardiology and CVIS. Endoscopy and procedural imaging. Enterprise viewer and zero footprint viewer. Theatre, mobile, and clinical photography. Home care, community care, and virtual care. AI assisted imaging workflows. Cross site image access and clinical collaboration.

Stream 3 · Operational and commercial

Support models, resourcing, and shift coverage. Vendor management, licensing, and contract review. Incident, change, and problem management maturity. Operational risk and technical debt register. Service ownership and governance. Commercial and procurement posture.

Stakeholder engagement

Executive leadership. Radiology, cardiology, endoscopy, theatre and specialty service leadership. Digital and Technology and infrastructure teams. Cybersecurity, privacy and compliance teams. Clinical informatics. Home care and community care leads. Operational support and procurement.

Enterprise imaging beyond radiology

Most consulting offers stop at PACS, RIS and CVIS. Your clinicians do not. The strategy explicitly addresses enterprise imaging across the full clinical estate.

Clinical photography. Point of care ultrasound. Wound management imaging. Mobile imaging. Home care imaging. Community care imaging. Procedural and theatre imaging. Ophthalmology. Dermatology. Endoscopy. Oncology imaging. Digital pathology. Dental imaging. Non DICOM image capture. AI generated imaging artefacts.

This is the area of scope that most consulting offers ignore, and the area where your clinicians will judge the strategy.

Cybersecurity and compliance

The assessment includes a security posture review aligned to the applicable Australian framework set.

Identity, access, and audit. Role based access and least privilege, audit trails and clinical access logging, privileged role hygiene, third party access.

Data sovereignty and hosting. Hosting location, cloud compliance, third party risk, data retention and deletion policy alignment with the Australian Privacy Act.

Resilience and recovery. Backup, recovery, ransomware resilience, medical device security, encryption in transit and at rest, security monitoring and incident response.

Framework alignment. ASD Essential Eight maturity uplift mapping, ISO 27001:2022, OAIC notifiable data breach readiness, ACSC Information Security Manual alignment.

Trucell is ISO 27001:2022 certified (cert 500-27285-IS, JAS-ANZ accredited Citation Certification) and delivers Essential Eight uplift in production for Australian healthcare organisations.

Vendor neutrality

Trucell does not resell or implement a proprietary VNA, Universal Viewer, or enterprise archive platform. Every architecture option in your roadmap is sourced on merit and trade off, not on margin. Where Trucell holds partner relationships with infrastructure or security vendors, those relationships are disclosed in the assessment, and architecture recommendations are sourced on merit.

Your evaluators can read the recommendation, the alternative options considered, and the reasoning side by side. Your Digital and Technology leadership can take the strategy to any implementation partner of your choosing the day after handover.

Team

A named principal consultant leads delivery and remains on the engagement from kickoff through executive handover. Supporting team:

- **Senior healthcare technology architect** with enterprise PACS, RIS, CVIS and VNA delivery experience across multi site Australian healthcare.
- **Clinical informatics lead** with EMR integration, FHIR interoperability and clinical workflow design experience.
- **Security engineer** with ISO 27001:2022 and Essential Eight delivery experience in Australian healthcare environments.

CVs are provided with the commercial proposal under mutual NDA.

References

Three references from comparable Australian healthcare organisations are provided with the commercial proposal under mutual NDA. Public case studies are linked from trucell.com.au/industries/healthcare/. Trucell does not name reference clients in marketing material.

How to engage

Briefing. Book a 45 minute Enterprise Imaging Strategy briefing at trucell.com.au/enterprise-imaging-strategy-assessment/. Bring up to three of your team. We share an annotated copy of this methodology, walk through how the eight deliverables map to your statement of work or RFP, and answer the procurement questions you do not want to put in writing yet.

RFP response. Forward the SOW with your closing date to the contact on trucell.com.au/contact/. We confirm fit and timing inside three business days.

Commercial proposal. Fixed fee proposal after the briefing once scope is confirmed.

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