

WOMEN'S HEALTHCARE

AUSTRALASIA



Annual Report

2014/15



Association and Service Provider Details

Women's Hospitals Australasia Incorporated (ABN 50 065 080 239)
trading as Women's Healthcare Australasia

Registered Office:	1 Napier Close, Deakin, ACT 2600, Australia
Postal Address:	PO Box 50, Deakin West, ACT 2600, Australia
Telephone:	+61 2 6175 1900
Website:	women.wcha.asn.au
Auditor:	Kothes Chartered Accountants, 77 Main Street, Merimbula NSW 2548 (www.kothes.com.au)
Solicitor:	Meyer Vandenberg Lawyers, Level 2, 1 Farrell Place, Canberra City 2601
Accountant:	Joyce Dickson Accountants
Banker:	Commonwealth Bank of Australia

Table of Contents

EXECUTIVE REPORTS

Board of Directors	4
Presidents Report	5
WHA Team	6
CEO Report	7

ACTIVITY REPORTS

Membership	8
Advocacy	9
Benchmarking	10
Peer Support Program	11
Networking	12
Quick Queries	14
Events	15

FINANCIAL STATEMENTS

Auditor's Report 2014/15	17
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Board of Directors

President

A/Professor Michael Nicholl

Clinical Director Women's, Children & Family Health
Royal North Shore Hospital, NSW

Board Members

A/Prof Anne Sneddon

(Vice President WHA)

Consultant Obstetrician & Gynaecologist
Gold Coast University Hospital, QLD

A/Professor Graeme Boardley

(immediate past President)

Executive Director Midwifery Nursing
and Patient Support Services
King Edward Memorial Hospital

Ms Megan Burgmann

Program Director, Women's & Children's
Services, Mercy Hospital for Women

Ms Susan Gannon

Divisional Director, Women's & Children's
Division
Sunshine Hospital, VIC

Ms Leisa Rathborne

Director of Operations
Royal Hospital for Women, NSW

Ms Sue McBeath

Group Manager, Women's,
Adolescent & Children's Services
Royal Hobart Hospital, TAS

Special Purpose Members

Ms Leslie Arnott

Consumer, Executive Member
Childbirth Australia

From the President



It is my great pleasure to present the Annual Report for WHA for 2014/15.

WHA has continued to provide a strong and vibrant networking, benchmarking and advocacy community over the past year. Our community has grown substantially from 37 member hospitals in 2013/14 to 80 hospitals now. It has been wonderful to welcome so many new members, from large tertiary metropolitan services through to small rural maternity units. Every new member enriches the networking WHA provides, bringing new ideas and expertise to the daily exchanges occurring across the WHA community. Together we care for 130,000 of births occurring in Australia each year. This is nearly 60% of births in public hospitals.

With such widespread representation, WHA is now a powerful voice for best practice care for women and their families. We've made numerous submissions during the year on behalf of members to a wide range of national agencies, as you'll see detailed in this report. WHA makes it possible for us to have input to national decision-making on matters affecting maternity and women's healthcare in a way that is not possible for hospitals on their own.

WHA has always focused on making it easy for our members to connect with one another to share information and know how with the common goal of delivering excellence in clinical care for women and their babies. Building on the growth in Special Interest Groups (SIGS) from 2014, we've added an additional two new networks this year: for staff in Special Care Nurseries and for small rural maternity units. These new networks have joined the existing 10 SIGs in meeting regularly, networking on line and sharing know-how on continuous improvement challenges and successes.

Our benchmarking program has continued to develop strongly. The increased participation in both our clinical and our activity and costing benchmarking has enabled us to group like services into pools of similar size and capacity, to make for more meaningful comparisons. We've had very positive feedback from members on the new template for activity and costing reports, and have worked closely with members to help identify opportunities to strengthen costing data systems and enhance their efficiency. Comparison on clinical benchmarks have also stimulated significant discussion on how best we might strive to reduce unwarranted variation in practice and more reliably deliver evidence based care.

Our small team of dedicated staff, supported by generous and active volunteers, have done an excellent job throughout the year in facilitating our networking, delivering education, collecting and reporting on benchmarking data, and helping us to share information and resources with one another. On behalf of the Board I would like to thank our CEO Barb Vernon and her team for their commitment and hard work.

I would also like to sincerely thank my fellow Directors on the WHA Board. The Board is a highly performing group of dedicated volunteers who make a very positive contribution to the leadership of WHA on behalf of all members.

Lastly I'd like to thank all of our members, both new and longstanding, who contributed time and expertise to WHA's activities throughout the past year. The generosity of members continues to be a hallmark of WHA networking as we actively support one another to do our very best for the women and families we care for.

A handwritten signature in purple ink, which appears to read 'A. Nicholl'.

A/Prof Michael Nicholl
President
Women's Healthcare Australasia

WHA Team 2014/15

Dr Barbara Vernon	Chief Executive Officer	2011-ongoing
Julie Hale	Deputy Chief Executive Officer	2013-ongoing
Heather Artuso	Member Liaison Manager	2012-ongoing
Kelly Eggleston	Administration Assistant	2013-ongoing
Gill McGaw	Business Manager	2008-ongoing
Elijah Zhang	Benchmarking Program Officer	Oct 2014-ongoing
Beth McGaw	Benchmarking Program Officer	to Sept 2014

New members to WHA during 2014/15

Maternity managers and staff at the following hospitals were warmly welcomed into WHA networking and benchmarking activities during 2014/15:

⇒ St George Hospital

- St George Hospital, NSW
- Sutherland Hospital, NSW
- Cairns & Hinterland Hospital & Health Service, QLD, including:
 - ⇒ Atherton Hospital
 - ⇒ Cairns Hospital
 - ⇒ Innisfail Hospital
 - ⇒ Mareeba Hospital
- North Metro Hospital & Health Service, QLD, including:
 - ⇒ Royal Brisbane & Women's Hospital
 - ⇒ Caboolture Hospital, QLD
- Mackay Hospital & Health Service, QLD including
 - ⇒ Mackay Base Hospital
 - ⇒ Dysart Hospital
- South West Hospital & Health Service, QLD, including:
 - ⇒ Roma Hospital
 - ⇒ Charleville Hospital
- WA Country Health Service including:
 - ⇒ Albany Regional Hospital
 - ⇒ Bridgetown Hospital
 - ⇒ Broome Regional Hospital
 - ⇒ Bunbury Regional Hospital
 - ⇒ Busselton Hospital
 - ⇒ Carnarvon Hospital
 - ⇒ Collie District Hospital
 - ⇒ Derby Hospital
 - ⇒ Esperance Hospital
 - ⇒ Geraldton Hospital
 - ⇒ Hedland Health Campus
 - ⇒ Kalgoorlie Regional Hospital
 - ⇒ Katanning Hospital
 - ⇒ Kununurra District Hospital
 - ⇒ Margaret River Hospital
 - ⇒ Narrogin Hospital
 - ⇒ Nickol Bay Hospital
 - ⇒ Northam Hospital

From the CEO

As Michael noted in his President's report, 2014/15 has been a positive and very busy year for WHA. It has been a great pleasure to welcome numerous maternity hospitals and units into the WHA community over the past year. In addition to the hospitals listed below left, others have since joined for the 2015/16 financial year, including Westmead Hospital in Sydney, Monash Health in Melbourne and Flinders Medical Centre in Adelaide. It's great to see staff from maternity units large and small embracing the opportunity to network with and learn from peers through actively participating in WHA. All of these services bring a rich tapestry of experience and know-how to WHA's Special Interest Groups to the benefit of all participants.



We have also been very encouraged by the enthusiastic response of members to our Special Interest Groups (SIGs). We now have 12 Special Interest Groups that meet regularly and exchange valuable ideas, know-how, tools and other resources. Agenda, minutes and shared resources within each SIG are all available in the member's area of our website. A wealth of information and resources is shared within each network at face to face meetings during teleconferences and via our secure on-line forums.

Benchmarking continues to be a core element of WHA's services to members. More than 50 hospitals participated in the Maternity indicators benchmarking this year, up from 31 the year before. This strengthens the value of benchmarking members with peer services by increasing the pool of comparable services. Each member's tailored report shows at a glance their performance against the dashboard of indicators, showing trend data as well as overall positioning with other WHA members.

Participation in WHA's Activity & Costing benchmarking has also risen sharply, up from 31 to 53 participating hospitals. There has been an enthusiastic response from members to the new template we developed for these reports, with the aim of helping managers and clinicians to identify and act upon opportunities to strengthen their costing data systems, shorten length of stay where possible and enhance their efficiency in maternity and women's health patient care. Our dedicated benchmarking workshop on efficiency and costing held in July 2015 gave members a valuable opportunity to network on these issues and was positively evaluated by participants.

WHA members have actively supported advocacy on a wide range of issues in the past year, detailed overleaf. The voice of the women's healthcare sector is well and truly being sought heard by key national agencies based on the rigor and value of our submissions. I'd like to thank all staff from member hospitals who have given generously of their time and expertise to ensure WHA provides credible, reliable and convincing submissions on these important issues.

The only downside to the year was the posting of a modest loss of \$13,167 against equity of \$254,810. This result arose once a provision was made by the Auditor for staff leave entitlements, with some staff falling behind on taking sufficient leave because of their commitment to providing member services. However, with the previous year resulting in a net increase to WHA's equity of more than \$42k, the overall position of WHA over the past 2 years has been to increase its equity and long term financial sustainability.

WHA has a small team of staff who have worked tirelessly during the past year to connect with and support members to network, benchmark, share insights and have a voice in submissions. I'd like to thank all of my team—Julie Hale, Gill McGaw, Heather Artuso, Elijah Zhang, Kelly Eggleston and Beth McGaw—for their ongoing dedication, commitment and enthusiasm for WHA.

No matter how hard our small team works, WHA would achieve nothing without the input of our members. I'd like to thank all of our members who are so generous with their time and expertise for the benefit of others in the WHA community. Special thanks also to the WHA Board of Directors, and especially to President, Michael Nicholl, for their guidance and leadership throughout the past year. I look forward to the year ahead.



Dr Barbara Vernon

Membership

Membership to WHA is open to any hospital or healthcare facility providing women's health services, including maternity, gynaecology and/or neonatology services. Membership subscriptions are categorised according to the number of births per annum (p.a.).

2014/15 WHA Members

Australian Capital Territory

- Calvary Hospital
- Centenary Hospital for Women & Children

New South Wales

- Ryde Hospital
- Royal Hospital for Women
- Royal North Shore Hospital
- St George Hospital, NSW
- Sutherland Hospital, NSW

Northern Territory

- Alice Springs Hospital
- Royal Darwin Hospital

Queensland

- Gold Coast Hospital
- Gympie Hospital
- Ipswich Hospital
- Mater Health Services
- Nambour Hospital
- The Townsville Hospital
- Atherton Hospital
- Cairns Hospital
- Caboolture Hospital
- Clermont Multi-purpose Health Service
- Charleville Hospital
- Dysart Hospital
- Innisfail Hospital
- Mackay Hospital & Health Service
- Mareeba Hospital
- Proserpine Hospital
- Roma Hospital
- St George Hospital

South Australia

- Lyell McEwin Hospital
- Women's & Children's Health Network

Tasmania

- Launceston General Hospital
- Mersey Hospital
- North West Regional Hospital
- Royal Hobart Hospital

Victoria

- Ballarat Health Services
- Bendigo Health
- Box Hill Hospital
- Healesville Hospital
- Angliss Hospital
- Frankston Hospital
- Mercy Hospital for Women
- Werribee Mercy Hospital
- The Women's Hospital Parkville
- The Women's Hospital Sandringham
- Sunshine Hospital
- St Vincent's Private Hospital

Western Australia

- Armadale Hospital
- Bentley Health Service
- Fiona Stanley Hospital
- King Edward Memorial Hospital
- WA Country Health Service including:
 - ⇒ Albany Regional Hospital
 - ⇒ Bridgetown Hospital
 - ⇒ Broome Regional Hospital
 - ⇒ Bunbury Regional Hospital
 - ⇒ Busselton Hospital
 - ⇒ Carnarvon Hospital
 - ⇒ Collie District Hospital
 - ⇒ Derby Hospital
 - ⇒ Esperance Hospital
 - ⇒ Geraldton Hospital
 - ⇒ Hedland Health Campus
 - ⇒ Kalgoorlie Regional Hospital
 - ⇒ Katanning Hospital
 - ⇒ Kununurra District Hospital
 - ⇒ Margaret River Hospital
 - ⇒ Narrogin Hospital
 - ⇒ Nickol Bay Hospital
 - ⇒ Northam Hospital
 - ⇒ Warren District Hospital

To see the current list of WHA financial members please visit our website at women.wcha.asn.au/current-members

128,323 births took place in WHA member services during 2013/14

Advocacy

WHA played an active role in key Australian national policy making processes during 2014/15. All submissions are developed in consultation with members. Submissions made during the year include the following:

- Australian Commission on Safety & Quality in Healthcare (ACSQHC) consultation on Draft Version 2 of the National Safety & Quality in Healthcare Standards
- Independent Hospital Pricing Authority (IHPA) consultations on:
 - ⇒ Emergency Department Principal Diagnosis Short List
 - ⇒ Teaching Training & Research
 - ⇒ Development of the Australian Mental Health Care Classification
 - ⇒ IHPAs 2015-16 work program re encouraging IHPA to consider the issue of unqualified neonates
- Australian Nursing & Midwifery Accreditation Council (ANMAC) Review of Standards for Midwifery Re-Entry
- Australian College of Midwives consultation on Scope of Midwifery Practice

Copies of all WHA submissions are available on the WHA website (women.wcha.asn.au) under News and Advocacy.

Unqualified Neonates advocacy

WHA has commenced advocating for the Commonwealth Government to review the 2001 Circular on *Neonatal facilities for the treatment of newly born children approval under the Health Insurance Act 1973*, which governs the funding arrangements for 'qualified' and 'unqualified' neonates. WHA is arguing that best practice dictates that babies who are well enough to remain with their mothers while receiving medical care should do so and that hospitals should be funded to provide this care.

WHA wishes to thank all member hospitals who participated in a spot check of their neonatal patients in April 2015, to contribute information to WHA's submission to IHPA on the extent of the problem of a lack of funding for unqualified babies.

IHPA wrote to WHA in July 2015, advising that it would consider the issues raised by WHA, and that the outcome of the analysis will inform the development of the NEP for 2016/17.



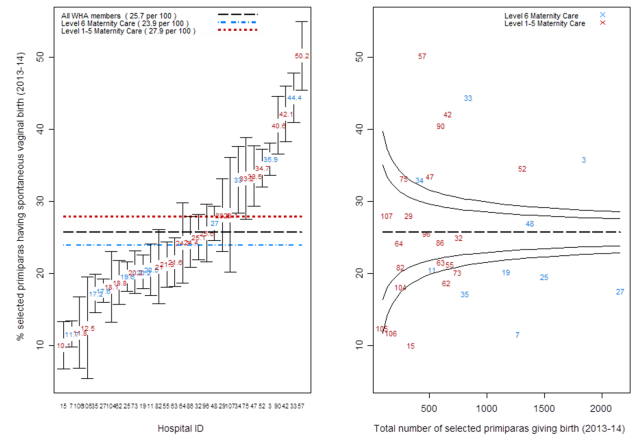
Benchmarking

Benchmarking Maternity Care Program

WHA members benchmark Maternity Care Indicators through WHA's benchmarking program. 53 member hospitals and health services participated in benchmarking for the 2013/14 data period during the 2014/15 financial year. This is up from 31 participating services in 2013/14.

Due to the increase in participating services, especially hospitals supporting 400 or less births per year, we have created a new benchmarking pool for these hospitals.

Benchmarking Maternity Care	2010-11	2011-12	2012/13	2013-14
Very large Maternity Units (<4,000 births p.a.)	10	7	8	8
Large Maternity Units (2,000-4,000 births p.a.)	15	13	14	12
Medium Maternity Units (400-2,000 births p.a.)	4	5	6	13
Small Maternity Units (>400 births p.a.)	0	1	3	20
Total	29	26	31	53

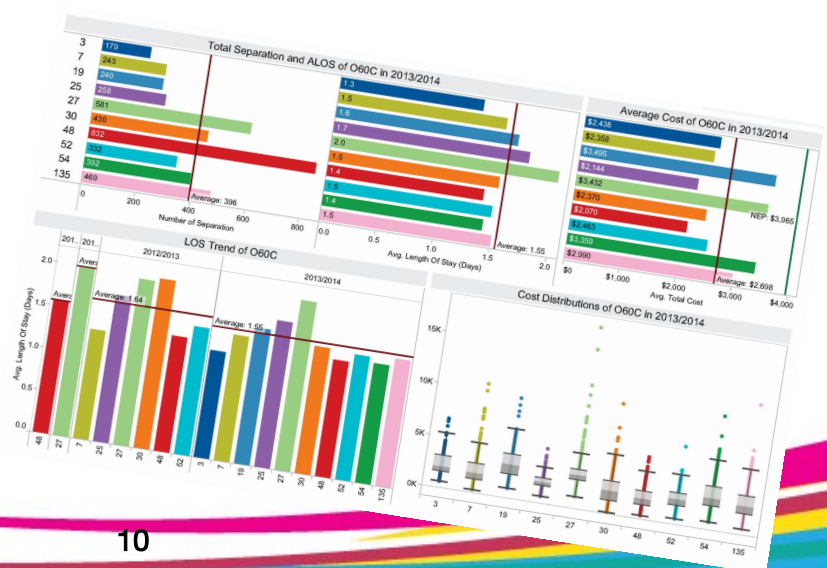


Activity & Costing Benchmarking

For some years, WHA provided Activity & Costing benchmarking capability for all members through its Benchmarking portal. This has now been updated to the Tableau portal which is available to member hospitals, it can be used to make comparisons on costs, throughput and length of stay on all maternity & women's health related DRGs and all levels of complexity.

WHA continued to develop the template for our tailored reports to members that outline costs for selected DRGs that are of high priority to women's services. Findings from these reports have been discussed in a number of our Special Interest Groups, as well as in one to one meetings with participating members. Feedback from members indicates that these reports help illuminate issues with the costing data as well as helping to highlight opportunities to enhance efficiency.

In July 2015 WHA hosted our dedicated benchmarking meeting on efficiency and costing. The meeting was well attended and provided members with the opportunity to discuss strategies to reduce service costs, such as implementing or expanding Maternity Group Practice, understanding the impact of the proposed changes to the Vaginal Delivery DRGs and implementing the new outpatient categories to support appropriate funding of clinical service delivery.



Peer Support Program

Launched in November 2013, the Peer Support Program is an innovative new WHA initiative aimed at supporting our members to bring performance benchmarking data to life in the workplace.

The Peer Support Program recognises that quality improvement requires more than a benchmarking report and annual benchmarking workshop. Clinicians at your service need to be engaged in identifying the quality improvement opportunities identified by benchmarking data, and in committing to practice or policy changes aimed at achieving measurable improvements in performance over time.

The Peer Support Program helps your team to reflect upon benchmarking data (whether from WHA's *Benchmarking Maternity Care* reports, or other sources) and to identify and agree upon priorities for improvement with the assistance of independent but sympathetic Peer Advisors from similar sized WHA member hospitals elsewhere in Australia and New Zealand.

“WHA’s Peer Support Program recognises that no single service excels in every area of practice. Excellence is something that requires continuous commitment and effort, inspired by new ideas and approaches from elsewhere as much as from the passion of colleagues at home.”

Prof David Ellwood,
MFM Specialist at Gold Coast University Hospital
& Clinical Advisory to the WHA Benchmarking Maternity care Program

Networking

WHA membership makes you part of an instant community of liked minded healthcare professionals who share a passion for excellence.

WHA enables members across Australia and New Zealand to network with others in similar fields through various Special Interest Groups (SIGs) and networking days. WHA networks are dynamic, multidisciplinary and solution focused, with individuals working together to share information and knowledge to inspire and strive for excellence in the care they provide.

SIGs meet regularly by teleconference, and network in between meetings by email and via our Online Forums. A number of SIGs also meet face to face for one day each year.

Networking opportunities are open to all WHA member hospitals and healthcare services.

WHA Special Interest Group Fast Facts:

- We currently support **12** Special Interest Groups on a range of topics related to maternity and women's healthcare
- During 2014/15 we facilitated more than **40** SIG meetings
- Our Special Interest Groups incorporate more than **900** individual members across Australia and New Zealand

Directors of Obstetrics & Gynaecology

This Special Interest Group networks through email and periodic phone or face to face contact around WHA meetings like our Insight Forums. Recently this group have been discussing use of pessary's and gel in induction of labour and support for medical staff following adverse events.

Executives of Nursing & Midwifery

This SIG is an active network of leaders in nursing and midwifery across WHA's membership who meet face to face at least once each year, and regularly by teleconference. Most recently this group has been discussing labour suite design, electronic maternity records and the issue of unqualified babies.

Birth Suite

Previously known as the Maternity Unit Managers SIG, the Birth Suite SIG was established to better enable members to network on topics of mutual interest. This group has been discussing unqualified babies, innovations in birth suite design, and strategies to reduce first time Caesarean Sections.

Women's Health

The women's health SIG covers a broad range of topics. Most recently this group has been discussing how you equip staff to work in a mixed & varies Gynae outpatients service, endometriosis, endometriosis and cancer treatments.

Clinical Education

This SIG provides an opportunity for clinicians to discuss key subjects like maintaining competence, water birth, and the use on on-line resources to deliver education.

Aboriginal & Torres Strait Islander Care

The aim of the SIG is to support WHA member health services to share information, expertise and resources related to efforts to enhance both the experience of maternity care by Aboriginal and Torres Strait Islander women and their families, as well as outcomes of care for these women and their babies. Recent research has been shared, as has information on how successful partnerships between communities & the health sector to deliver care to women.

Maternity Group Practice

This SIG provides a forum for interested members to share experience on the development, implementation, ongoing management and evaluation of MGPs. The group is multidisciplinary and includes services with low risk and all risk models. The group actively shares a wide range of information & resources on everything from the business case to establish an MGP through to retaining staff, systems for supporting an effective group practice, and practical resources to support offsite consultations with women.

Quality & Safety in Maternity Care

This group comprises executives, people responsible for quality & safety of care, together with senior clinicians including Directors of Obstetrics & Gynaecology and senior midwives. The SIG's work is informed by the WHA benchmarking maternity care data, enabling it to identify and focus on sector wide trends as well as on the learning's to be gained from services that are performing particularly strongly on particular indicators. The two key projects being driven by this group are induction of labour, and reducing first time caesarean section rates.

Allied Health Leaders

This SIG meets regularly by teleconference and has discussed the implementation of the NDIS, benchmarking allied health services across facilities, and Supervision of Allied Health Assistants.

Special Care Nurseries

This SIG is open to neonatologists, midwives, nurses and allied health professionals working in or with a Special Care Nursery in a member health service. The Group is open to staff from both WHA and CHA member hospitals. It has been discussing such issues as models of care, training and retention of staff, redesign of facilities to be family friendly, use of CPAP and high flow oxygen and a range of other topics of mutual interest to participants.

Preventing Infection

This SIG meets to discuss issues relating to infection prevention in the paediatric setting. Members regularly participate in surveys and are active in sending and responding to queries and information sharing. Recent projects have focused on implementing the National Standards. While this has been a long standing CHA group, membership was recently opened to WHA members.

Small Rural Health Services

Small services across the country have been discussing the spread of telehealth, recruitment & retention in the small service setting and providing Maternity Group Practice in the small service setting. This group has set interesting challenges for future work around establishing how small a service is a viable service.

Quick Queries

WHA membership means staff from member hospitals can quickly and easily access information and support from their peers. The WHA Office facilitates the distribution of queries from members through our networks in order to support and inform members.

Queries are emailed directly to WHA members, or posted directly onto our Online Forum. All responses and queries are recorded on secure online forums, which can be accessed by members only.

Visit the Online Forums:

wcha.freeforums.org

Our Online Forums :

- **12** Discussion Forums for a variety of dedicated clinical specialties
- have over **250** participants in those Forums
- have more than **1,600** posts on **400+** topics

What's in store?

WHA is committed to strengthening networking between members, particularly when the health care industry is facing new challenges every day.

Perioperative care re emergency and elective caesarean secti

by Likelly » 25 Sep 2015 03:17

The WHA have received a question from Mater Health Service see below, and I would appreciate your assistance.

"At Mater we are exploring how to provide the safest perioperative care to all women who have both emergency and elective CSs. Please can you ask members who provides post anaesthetic recovery and midwifery care for mothers and babies in their facilities?"

Last edited by Likelly on 25 Sep 2015 03:19, edited 1 time in total.

Re: Perioperative care re emergency and elective caesarean s

by Likelly » 25 Sep 2015 03:18

Royal North Shore Hospital Response.

At Royal North Shore Hospital midwifery staff provide the post anaesthetic care for women who have an emergency or elective CS in our Birth Unit. We have an operating theatre and 3 bed post anaesthetic care unit within the Birth Unit. We are supported with a RN to recover the woman who has a general anaesthetic.

We are happy to share or provide any further information as the Mater would like

Re: Perioperative care re emergency and elective caesarean s

by Likelly » 25 Sep 2015 03:19

Alice Springs Hospital

At ASH, the perioperative staff provide immediate post op care, but the midwife allocated to go to OT with the woman also stays with the mother and baby in recovery until able to return to ensure breastfeeding and skin to skin contact are maintained as much as possible.

Royal North Shore Hospital

Midwifery staff provide the post anaesthetic care for women who have an emergency or elective CS in our Birth Unit. We have an operating theatre and 3 bed post anaesthetic care unit with 1/2 are supported with a RN to recover the woman who has a general anaesthetic.

Launceston General Hospital Tasmania

post anaesthetic recovery is provided by a registered nurse from the operating suite and a registered nurse/midwife attends the elective and emergency caesarean sections and cares for the mother in recovery.

Nambour Hospital

we provide skin to skin in theatre and recovery for all women as able. Occasionally due to the busy nature of BirthSuite the women having emergency Caesareans may have less time. The midwife is the primary carer for the baby and recovery nurses are the primary carer for the mother

Model of Care/Management Pathway/Policy for twins/multiple

by Likelly » 20 Oct 2015 23:26

CTG and Observations

by wcha » 02 Mar 2015 02:26

Perinatal Loss Coordinator

by Likelly » 18 Oct 2015 21:55

Organisation Structure

by Likelly » 25 Oct 2015 21:52

Consent Forms for Vit K and Hep B

by wcha » 15 Sep 2015 23:47

Perioperative care re emergency and elective caesarean secti

by Likelly » 25 Sep 2015 03:17

Wound care post LUSCS

by wcha » 09 Jul 2015 06:18

Midwifery Clinics - Outpatients (antenatal)

by wcha » 10 Aug 2015 00:50

Postnatal Home Visiting

by wcha » 04 Aug 2015 06:08

Obstetric Emergency

by wcha » 22 Jul 2015 00:19

Cord Blood and Tissue for Private Banking

by wcha » 14 Jul 2015 01:52

Catheters for cervical ripening query

by wcha » 16 Apr 2015 04:12

Midwife initiated pathology and ultrasound ordering

by Mandy Compton » 16 Jul 2015 01:55

Induction of Labour online Booking system

by wcha » 14 Jun 2015 23:39

ED or EC Presentations and Triage Summary

by wcha » 23 Jun 2015 02:00

neonatal identification

by E.Fisher » 31 Mar 2015 10:39

Intentional Rounding

by wcha » 21 May 2015 00:35

GP Alignment (accreditation) program

by wcha » 14 May 2015 05:56

BMI cut off for services

by wcha » 23 Sep 2014 00:22

baby alarm systems

by Julie hale » 13 May 2015 02:39

partogram

by Mandy Compton » 01 May 2015 03:48

Caesarean Section Surgical Site Infections

What our members say:

What our members say:

"This has been a fantastic exercise and I am so grateful for your help. It has allowed me to benchmark with little fuss."

Events

WHA hosts a number of high quality events each year to provide education opportunities to our members.

Throughout 2014/15 we hosted a number of face to face meetings, as well as a number of webinars on topics that our members told us were of interest to them.

2014/15 Webinar Topics

- Health Records—presented by MIGA
- iRecords: Is there an App for that? - presented by MIGA
- Criteria Led Discharge
- If you torture clinical data long enough it will confess

All past webinars are available for viewing on the WHA website: women.wcha.asn.au

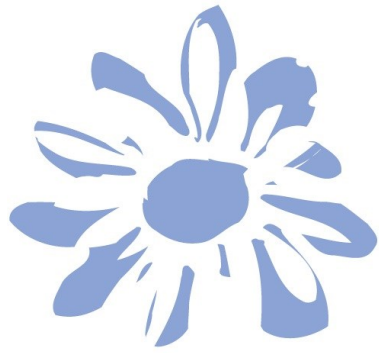
Face to face networking

In addition to teleconference meetings, we also hosted a number of face to face meetings for our Special Interests Groups and members.

During 2014/15 we hosted the following meetings:

- Quality & Safety in Maternity Care Insight Forum, November 2014
- CEO's of women's hospitals face to face meeting, February 2015
- Maternity Group Practice Insight Forum, May 2015
- Executives of Nursing & Midwifery face to face meeting, May 2015





WOMEN'S
HEALTHCARE

AUSTRALASIA

Financial Report 2014/15





WOMEN'S
HOSPITALS

AUSTRALASIA
INCORPORATED

A.B.N. 50 065 080 239

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2015

CONTENTS

	PAGE NO
Board Report.....	2
Financial Statements:	
• Income Statement	3
• Statement of Financial Position	4
• Notes to & Forming Part of the Financial Statements.....	5 - 6
Statement by the Board	7
Auditor's Independence Declaration	8
Independent Audit Report to the Members	9

WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

BOARD REPORT

Your Board members submit the financial report of the Women's Hospitals Australasia Incorporated for the financial year ended 30 June 2015.

Board Members

The names of Board members throughout the year and at the date of this report are:

Role	Name
President	Dr Michael Nicholl
Vice President	Dr Anne Sneddon Ms Jane Waite (resigned July 2014)
Board Members	Ms Leslie Arnott A/Prof Graeme Boardley Ms Megan Burgmann Ms Susan Gannon Ms Sue McBeath Ms Leisa Rathborne Ms Maree Reynolds (appointed November 2014) Ms Dale Fisher (resigned November 2014) Ms Trish Strachan (resigned November 2014)

Principal Activities

The principal activities of the Association during the financial year are concerned with supporting women's hospitals and health services to achieve excellence in clinical care through advocacy, networking and the sharing of knowledge and evidence underpinning best practice.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

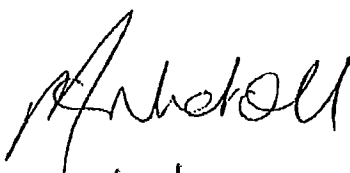
The deficit of the Association for the financial year ended 30 June 2015 after providing for income tax amounted to \$13,167 (2014: \$42,639 surplus).

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or state of affairs of the association in future financial years.

This report is provided in accordance with a resolution of the Board and is signed for and on behalf of the members of the Board by:

Board Member



Dated this day of

4/11/2015

Board Member



WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

**INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
INCOME		
Subscriptions	235,889	223,376
Recoveries from Associated Organisations	290,040	325,402
Sponsorship	20,750	10,500
Webinars, conference and clinical meeting income	59,634	10,358
Projects	-	49,613
	<u>606,313</u>	<u>619,249</u>
OTHER INCOME		
Interest Received	12,332	13,158
Donations	4,000	16,500
Other Revenue	9,200	1,600
	<u>25,532</u>	<u>31,258</u>
	<u>631,845</u>	<u>650,507</u>
EXPENDITURE		
Accountancy Fees	3,600	3,300
Advertising	-	1,500
Auditing	4,950	5,300
A & C Benchmarking	844	-
Bank Charges	1,833	1,530
Computer Expenses	15,930	13,811
Conference & Forum Expenses	35,709	5,072
Depreciation	5,591	9,580
Electricity	1,452	1,477
Insurance	9,676	7,524
Interest Paid	2	-
Meeting Costs	3,064	2,683
Office Expenses	1,869	1,470
Postage	469	824
Printing & Stationery	2,206	3,224
Projects	6,640	33,144
Rent	15,108	15,108
Salaries & Wages	480,308	447,405
Staff Training & Welfare	1,108	283
Subscriptions	-	1,103
Sundry Expenses	-	33
Superannuation Contributions	44,322	41,952
Telephone	4,771	4,528
Travelling Expenses	5,560	7,017
	<u>645,012</u>	<u>607,868</u>
(Deficit) / surplus before income tax	<u>(13,167)</u>	<u>42,639</u>
Retained surplus at the beginning of the financial year	<u>266,977</u>	<u>224,338</u>
Retained earnings at the end of the financial year	<u>253,810</u>	<u>266,977</u>

The above statement should be read in conjunction with the accompanying notes

WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

STATEMENT OF FINANCIAL POSITION**AS AT 30 JUNE 2015**

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	517,987	472,020
Trade and other receivables	3	29,441	17,343
Accrued Income		479	-
Prepayments		17,732	10,880
TOTAL CURRENT ASSETS		<u>565,639</u>	<u>500,243</u>
NON-CURRENT ASSETS			
Property, plant and equipment	4	<u>12,195</u>	<u>6,507</u>
TOTAL NON-CURRENT ASSETS		<u>12,195</u>	<u>6,507</u>
TOTAL ASSETS		<u>577,834</u>	<u>506,750</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	5	68,622	76,138
Accrued Expenses		9,686	4,687
Income in Advance		245,716	158,948
TOTAL CURRENT LIABILITIES		<u>324,024</u>	<u>239,773</u>
TOTAL LIABILITIES		<u>324,024</u>	<u>239,773</u>
NET ASSETS		<u>253,810</u>	<u>266,977</u>
EQUITY			
Retained surplus		<u>253,810</u>	<u>266,977</u>
TOTAL EQUITY		<u>253,810</u>	<u>266,977</u>

The above statement should be read in conjunction with the accompanying notes

WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

1 Statement of Significant Accounting Policies

The association was incorporated on 13 April 1994 (A 02403) under the *Associations Incorporation ACT 1991 (ACT)*. It is registered with the Australian Business Register - Australian Business Number 50 065 080 239. The association is registered for Goods and Services Tax purposes. The association is income tax exempt under authority from the Australian Taxation Office and is registered as a charity with the Australian Charities and Not-for-profits Commission. It is an Australian Registered Body (ARBN 065 080 239).

The financial report is a special purpose report, which has been prepared, for distribution to members to satisfy the accountability requirements of the *Associations Incorporation ACT 1991 (ACT)* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Association's Board has determined that the Association is not a reporting entity. The financial statements have been prepared in accordance with the requirements of the following Australian Accounting Standards: AASB 1031: Materiality, AASB 110: Events After Balance Date. No other accounting standards including Australian Accounting Interpretations or other pronouncements of the Australian Accounting Standards Board have been applied.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of these statements are as follows:

Income Tax

The Association has reviewed its income tax status and have assessed the Association to be exempt from income tax under section 50-10 of the Income Tax Assessment Act, 1997. Consequently, no provision for taxation has been made in the financial statements.

Plant and Equipment

All plant and equipment is initially measured at cost and is depreciated over their useful lives to the association. The carrying amount of plant and equipment is reviewed annually by the Board to ensure it is not in excess of the recoverable amount. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have not been discounted in determining recoverable amounts.

Depreciation:

The depreciation method and useful life used for items of plant and equipment reflects the pattern in which their future economic benefits are expected to be consumed by the association. Depreciation commences from the time the asset is held ready for use. The depreciation method and useful life of assets is reviewed annually to ensure they are still appropriate.

Impairment of Assets

At the end of each reporting period, plant and equipment and intangible assets are reviewed to determine whether there is any indication that those assets have suffered an impairment (deficit). If there is an indication of possible impairment, the recoverable amount of any affected asset (or group of related assets) is estimated and compared with its carrying amount. The recoverable amount is the higher of the asset's fair value less costs to sell and the present value of the asset's future cash flows discounted at the expected rate of return. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount and an impairment (deficit) is recognised immediately in profit or (deficit).

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits held at call with banks.

Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue. Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

All revenue is stated net of the amount of goods and services tax (GST).

WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 50 065 080 239

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (continued)

1 Statement of Significant Accounting Policies (continued)

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the balance sheet.

	2015 \$	2014 \$
2 Cash and Cash Equivalents		
Cash on Hand	14	28
Cash at Bank	517,973	471,992
	<u>517,987</u>	<u>472,020</u>
3 Trade and Other Receivables		
Current		
Sundry Debtors	772	9,300
Trade Debtors	25,107	7,721
Input Tax Credits	3,562	322
	<u>29,441</u>	<u>17,343</u>
4 Plant and Equipment		
Plant & Equipment	92,183	80,904
Less: Accumulated Depreciation	(79,988)	(74,397)
Total Plant and Equipment	<u>12,195</u>	<u>6,507</u>
5 Accounts Payable and Other Payables		
Current		
Other Creditors	10,809	27,292
GST Payable	14,477	19,092
Provision for Employee Entitlements	43,336	29,754
	<u>68,622</u>	<u>76,138</u>

WOMEN'S HOSPITALS AUSTRALASIA LIMITED

ABN: 60 086 080 239

STATEMENT BY THE BOARD

The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements. In the opinion of the Board the financial statements as set out on pages 3 to 6:

1. Presents a true and fair view of the financial position of Women's Hospitals Australasia Incorporated as at 30 June 2015 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Women's Hospitals Australasia Incorporated will be able to pay its debts as and when they fall due.
3. Satisfies the financial reporting requirements of the *Associations Incorporation ACT 1991 (ACT)* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:

Board Member



Dated this day of

4/11/2015

Board Member





ABN 36 472 755 795

**AUDITOR'S INDEPENDENCE DECLARATION TO
WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED**

As auditor of Women's Hospitals Australasia Incorporated for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

KOTHES
Chartered Accountants

S.N. BYRNE
Partner

CANBERRA, 28 September 2015



ABN 36 472 755 795

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WOMEN'S HOSPITALS AUSTRALASIA INCORPORATED (NON-REPORTING)**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Women's Hospitals Australasia Incorporated (Non-reporting) (the association), which comprises the statement of financial position as at 30 June 2015 and the income statement for the year ended, a summary of significant accounting policies, other explanatory notes and the statement by members of the Board.

Board's Responsibility for the Financial Report

The Board of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the *Associations Incorporation Act 1991* ACT and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and are appropriate to meet the needs of the members. The Board's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report. The financial report has been prepared for distribution to members for the purpose of fulfilling the Board's financial reporting under the *Associations Incorporation Act ACT 1991* and the *Australian Charities and Not-for-profits Commission Act 2012*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Audit Report

In our opinion the financial report of Women's Hospitals Australasia Incorporated (Non-reporting) presents fairly, in all material aspects the financial position of Women's Hospitals Australasia Incorporated (Non-reporting) as at 30 June 2015 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of the *Associations Incorporation Act, ACT, 1991* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

KOTHES
Chartered Accountants

SIMON BYRNE
Partner
CANBERRA, 28 September 2015

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WHA seeks to enhance the health and wellbeing of women and babies by supporting women's hospitals and health services to achieve excellence in clinical care, through benchmarking, advocacy, networking and knowledge sharing.

