
# 2018 Annual Report

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## PRESIDENTS' REPORT

Over more than four decades, ANZICS has played a pivotal role in the support and development of intensive care in our region. Through the leadership and hard work of many visionary intensivists, the Society developed from small beginnings to become a respected and globally significant advocate across all domains of critical care practice. The outstanding success of ANZICS is especially evident through the work of CORE, CTG and showcase events such as the annual scientific meetings. These achievements are rightly a source of considerable pride and provide inspiration to all of us and especially early career intensivists. While the guiding principles and fundamental values of ANZICS remain constant, future success cannot be guaranteed through adherence to previous strategies and processes.

*"Another welcome development for intensive care is the excellent work undertaken by individual members and groups such as ANZICS-WIN to address lack of diversity and insufficient gender balance within intensive care..."*

As intensive care practice continues to evolve, so must the Society that advocates for it. ANZICS has commenced an important journey of reflection, consultation, engagement and strategic evolution. This endeavour includes seeking feedback from members, engagement with key collaborators, seeking expert professional guidance and critical evaluation of current activities, structures and processes. A key guiding principle is the essential requirement to acknowledge and build upon the past success of the Society and to remain true to our core responsibilities as advocates for intensive are practice. Our advocacy centres primarily on promoting the best possible care for critically ill patients through support for the clinicians who dedicate their professional lives to this care. Many ANZICS members will be aware of the work that is currently underway to ensure that the Society makes necessary changes required to ensure that we can continue this essential work into the future. I would encourage all ANZICS members to participate in and contribute to these efforts.

Specific processes include a review of the Society's strategic plan, a review of our structure and governance and consultation with members through surveys. Ultimately, we are little more than a collection of individual intensive care clinicians who have a shared vision of how we may work better for the benefit of our patients. It's remarkable what can be achieved through our collective efforts and it is with excited anticipation that I look forward to seeing a strong and effective Society adapt to contemporary needs and future challenges. A key issue for ANZICS is the need to expand membership to all practising intensivists; it is crucial that senior doctors practicing primarily in intensive care are members of the Society and contribute to this important aspect of professional life.

This will require demonstrating that we are an organisation that rewards membership and achieves relevant outcomes. We must also ensure we provide attractive and meaningful membership and representation for non-medical intensive care clinicians. Just as intensive care clinical practice is a multidisciplinary undertaking, ANZICS has a clear responsibility to represent all team members and will increasingly seek to engage with all clinicians working in the ICU in a manner that maximises collaboration and builds upon current structures.

During the course of the last year, one of the most obvious changes for ANZICS has been the process of selling ANZICS House and the move to new premises. This has been a major and carefully considered decision and has required a huge amount of work by the ANZICS staff and the leadership team. We are pleased with the financial outcome and new circumstances for the Society and are now enjoying the benefits of the change of scene to Camberwell. The current location works well for us, but it is anticipated that it is our long-term interests to purchase a property either in our own right, or in collaboration with a suitable partner organisation. A working group will be established to work through the various options that are possible and will provide options and recommendations to the Board for consideration over the coming years.

Another welcome development for intensive care is the excellent work undertaken by individual members and groups such as ANZICS-WIN to address lack of diversity and insufficient gender balance within intensive care.

## PRESIDENTS' REPORT *(continued)*

There clearly remains a great deal of work to be done before it could be said that necessary change has been completed, however the achievements so far are gathering momentum and have inspired greater engagement by members old and new. It is essential that if we are to achieve our full potential as a society that advocates for all intensive care clinicians, that individual members must also be supported to achieve their own full professional and personal potential.

In addition to maintaining relevance and effective performance, a current key challenge for ANZICS is the need to establish new and recurring sources of income. As can be seen in the audited financial report, the Society is currently well-placed, however the current environment is clearly very challenging, and it is a key priority to establish programs that generate reliable income for the Society such that essential work can continue.

A key priority in the next twelve months is to explore potential new strategies and relationships that are compatible with our values and goals and generate income. The Society is recognised as both expert and capable in several domains and opportunities to realise an earning potential through a key element to the success of ANZICS is the performance of its various components.

> *"On behalf of ANZICS, I would like to thank all those who dedicate themselves to this work for the Society and acknowledge that it often comes with little direct reward other than the satisfaction that accompanies the impressive outcomes that are so often achieved."*

Throughout this report, you will read of the efforts and achievements of many groups, including the Board, meeting organisers, CORE, PricE, CTG, DODC, Safety and Quality, Paediatrics, Education, and ANZICS-WIN. In addition, there are emerging groups such as those dedicated to enhancing our contribution to improving the provision of care in resource limited countries.

Each of these groups exists through the selfless and sustained efforts of busy clinicians who volunteer their time and energy to further the cause of ANZICS and those we advocate for. It should be noted that this is often at considerable personal cost to these individuals and their families.

On behalf of ANZICS, I would like to thank all those who dedicate themselves to this work for the Society and acknowledge that it often comes with little direct reward other than the satisfaction that accompanies the impressive outcomes that are so often achieved. It is not lost on any of us that much of this work occurs after hours and is completely discretionary. Moreover, there is a considerable opportunity cost, much of which is bourne by families. In addition to thanking members who work so hard for the Society, it is important to acknowledge the sacrifice of families that inevitably accompanies this work. For members who may not have previously been actively engaged in ANZICS activities, I would urge you to consider committing to one or more of our endeavours. Through your service you will experience a great deal of supportive collegiality and personal satisfaction and will also be helping reduce the load on those who have already done so much.

Finally, none of the achievements noted in this annual report would be possible without the hard work and professionalism of the ANZICS office team. Gian Sberna and the ANZICS staff provide excellent service to the organisation and routinely go far beyond the call of duty in order to achieve our remarkable outcomes. Thank you so much for your outstanding efforts.

Stephen Warrillow
President, ANZICS

## TREASURERS' REPORT

This is my fourth Treasurer's report and it continues to be a great privilege for me to hold this position on behalf of the members and to report to the membership on the current financial position and performance of our Society over the past financial year. In a challenging environment, ANZICS has delivered a sound financial result for its members. In summary, ANZICS generated a surplus of $248,994 for the 2018 financial year. A review of our operations shows subscription income of $506,930, which is up 3% on the previous year. Grant funding remained steady at $1,320,671 (which largely supports the contracted activities undertaken as part of CORE Registries). Our main educational event, the ASM held on the Gold Coast in October 2017, was very popular amongst members and the event returned a surplus of $147,027.

Additional income of $90,038 was generated from investments and term deposits and an unrealised gain of $34,172 from investments held at balance date contributed to the result. The sale of ANZICS House generated a gain of $107,780 which was recognised in the 2018 results.

Employee expenses of $1,470,536 was our largest expense category and represents 58% of total expenses. Constant effort is made to ensure employee expenses are contained but appropriately remunerate our staff who serve the members so well. Growth in this category was 4.7%. Administrative expenses were consistent with the previous years. Significant but much needed ICT development work was carried out during the year in respect of both CORE registries and for the Society itself – which resulted in total ICT expenditure of $157,838, an increase of $60,833 over the previous year. Depreciation charges increased by $22,640 to $125,904, mostly due to accounting standards which require us to depreciate our COMET software over a period of 5 years at $95,571 per year. Whilst this is a non-cash expense it does impact upon our profit result.

With respect of our financial position, ANZICS maintains cash and deposits of $4,817,450 and investments of $1,191,316 – largely driven by the sale of our former property at levers Terrace in Carlton. In contrast, we have reported commitments and liabilities at balance date of $1,153,334. Taken together, ANZICS's bottom line remains strong. Our Investment Strategy has been continually reviewed with our Investment Managers and is closely aligned with the Board's commitment to members to secure the financial future of the Society.

Our investment strategies have been designed to achieve moderate growth over time with an acceptable level of risk. To date, the portfolio continues to perform well and within expected parameters.

In order to deliver the best possible services to our members, the critical care community, and to further increase the standing of ANZICS in the medical and wider community, we need to assiduously manage our budget to be able to implement initiatives in support our strategic plans. I commend to the members of ANZICS this latest financial year result as an outstanding result given the myriad of challenges that have presented themselves this year.

The Board of Directors, Executive, Committees and in particular the staff have worked very hard to deliver a positive and encouraging result. I would also like to acknowledge the tremendous service and guidance provided by our General Manager, Gian Sberna, who continues to enhance the financial position of ANZICS. Thank you to our team and membership for a great result.

Anthony Holley
Honorary Treasurer, ANZICS

> *"In order to deliver the best possible services to our members, the critical care community, and to further increase the standing of ANZICS in the medical and wider community..."*

# ANZICS BOARD OF DIRECTORS

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Stephen Warrillow

IMMEDIATE PAST PRESIDENT
Marc Ziegenfuss

HONORARY TREASURER
Anthony Holley

HONORARY SECRETARY
David Ku

PAEDIATRICS
Johnny Millar

CENTRE FOR OUTCOME AND RESOURCE EVALUATION (CORE)
Peter Hicks

CLINICAL TRIALS GROUP (CTG)
Craig French

PRACTICE AND ECONOMICS
Mark Nicholls

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Ben Barry

TASMANIA REGIONAL CHAIR
Michael Ashbolt

VICTORIA REGIONAL CHAIR
Yasmine Ali Abdelhamid

NEW SOUTH WALES REGIONAL CHAIR
Danielle Austin

QUEENSLAND REGIONAL CHAIR
Rajeev Hegde

WESTERN AUSTRALIA REGIONAL CHAIR
Bradley Wibrow

SOUTH AUSTRALIA REGIONAL CHAIR
Vacant

## GENERAL MANAGER'S REPORT

The past 12 months has seen significant change and evolution of ANZICS – which has touched virtually every aspect of our operations. The fruits of this labour will hopefully be seen in the near term – in particular, the value of ANZICS membership will become substantially clearer and more significant. The decision to relocate our headquarters in the previous year was momentous, but well justified given several external factors. Capitalising on the value of our most prized asset prior to any further deterioration in the physical status of the facility, significant disruption to the surrounds of ANZICS house or the well-publicised downturn in the macro real estate market, has allowed us to relocate to a new site on very favourable terms, whilst providing us with the opportunity to buy into the real estate market again in the near future. I am pleased to report that we have successfully achieved our relocation with minimal downtime, and we are ready to move back into the property market when an appropriate opportunity presents itself.

The board and staff of ANZICS have also steadfastly progressed the development of our multi-year strategic plan for the society. We have defined five strategic goals for the next three years, which include to:

- Improve the value proposition of ANZICS membership
- Build a sustainable organisation
- Raise societal awareness of the value of intensive care practice and of ANZICS
- Commercialise ANZICS' expertise and capabilities
- Support intensive care outcomes for disadvantaged and diverse communities

Specific initiatives to support the delivery of each of these goals are well underway. We are striving to be the most inclusive society in all the ways we progress the delivery of our strategic goals, so we welcome and encourage your feedback. Please don't hesitate to contact me to share any ideas that you feel will positively contribute.

We will also be seeking your input via surveys and other forums to gather ideas to progress the society. Our new strategic vision accurately reflects who we are today and what we aspire to do into the future:

> *" Connecting the Intensive Care Community "*

The staff of ANZICS and I are energised with our new strategic goals and organisational vision. This vision will serve as a common rallying point for all our future endeavours. Despite having multiple backgrounds and focusses, we are single-minded in connecting the intensive care community to deliver the best possible opportunities for our members. The outstanding and internationally competitive contribution of several ANZICS Committees has further reinforced our organisation as the peak representational body for the Australian and New Zealand intensive care workforce. I commend the reports from these committee groups provided in this report for your edification.

Ongoing education for members has been, and will continue to be, an ongoing focus for ANZICS. The 2017 Annual Scientific Meeting (ASM) held on the Gold Coast was a fantastic success with over 1,100 delegates in attendance. Substantial credit for this success must go to the meeting conveners and all the presenters. We look forward to an equally successful ASM in Adelaide this year. On our horizon, the rapidly approaching World Congress on Intensive and Critical Care Medicine in Melbourne in October 2019, will undoubtedly be a highlight in the coming year.

Finally, I would like to formally acknowledge the ANZICS team for their unwavering efforts to serve the needs of our members. The professional and dedicated manner in which they have continued to support our members and key stakeholders of ANZICS during a period of significant change has been outstanding. I look forward to the continued evolution of ANZICS to further improve the value proposition of membership of our society.

Gian Sberna
General Manager, ANZICS

## MEMBERSHIP

As a society that values diversity and multi-discipline input, ANZICS membership continues to grow over the last 12 months, with significant increases in nursing and allied health membership. Engagement with younger members continues to improve also, with growing trainee membership and new fellows transitioning to Full membership.

Emphasis has also been put on increasing membership value, which has led to conversations with a variety of benefit providers that shares ANZICS values. First of which is Reho Travel, an ethical travel agency who not only offer competitive efficient service, but a peace of mind that your money is being responsibly managed at a global level. We hope to continue forming these meaningful relationships to provide members with more benefits in the coming year.

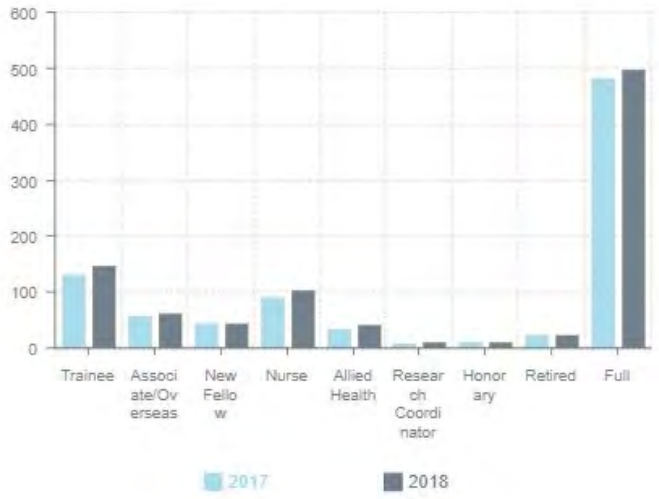
ANZICS will also continue to provide opportunities to represent our craft group at an international level, as well as platforms for members to enhance educational, research, quality and professional development. With the World Congress in Melbourne in 2019, and around 90 official international delegations, there will be significant global focus on many aspects of Australian critical care.

Clinicians around the world hoping to engage our well-known craft group, and with strategic direction to now include global collaboration on many fronts, there is no better time to be part of ANZICS. The society wants to serve not just the few at high levels, but the significant "middle class".

We will continue to pursue value for our membership, we always welcome your ideas and innovations, and we look forward to creating more opportunities for our members.

David Ku
Honorary Secretary

*"ANZICS will also continue to provide opportunities to represent our craft group at an international level, as well as platforms for members to enhance educational, research, quality and professional development..."*




| | OCTOBER 2017 | OCTOBER 2018 |
|---|---|---|
| Australia | 736 | 784 |
| New Zealand | 111 | 112 |
| Other | 29 | 36 |

# CENTRE FOR OUTCOME AND RESOURCES EVALUATION (CORE)

CORE provides registries services for the benchmarking of Intensive Care outcomes across Australia and New Zealand with inclusion of other sites beyond Austrasia. This capability is uniquely provided by ANZICS, which offers an overview across regional, state, federal and international jurisdictions.

Data submitted to the ANZICS CORE Registries supports research on a broad range of areas related to the provision of Intensive Care including: mortality, disease patterns and the effectiveness of critical care interventions, critical care workforce, auditing of quality activities, and planning for emerging issues such as pandemics or biosecurity.

## AIMS OF THE CORE ICU REGISTRIES

Provision of comparative benchmarking reports to submitting ICUs and health departments detailing variation in process measures, quality of care indicators and risk-adjusted clinical outcomes:

- Identification and analysis of outlier ICUs
- Provision of Data Quality and Education program to support submission of high quality data
- Assist researchers to identify potential areas for improvement of Intensive Care practices and patient outcomes.

## ADDING TO OUR CLINICAL TEAM

Alastair McGeorge from Auckland Hospital joined the CORE Management Committee as Associate Director of the Adult Patient Database (APD). Alastair is working with the CORE team focussing on aspects of data quality and looking at strategies to support quality data submission from the submitting units.

## CONTRIBUTIONS TO THE ANZICS CORE ICU REGISTRIES OVER TIME

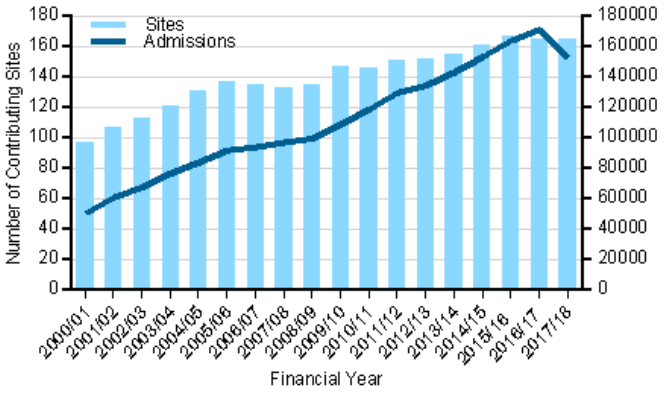



Fig 1. Contribution to ANZICS CORE Adult Patient Database (APD)

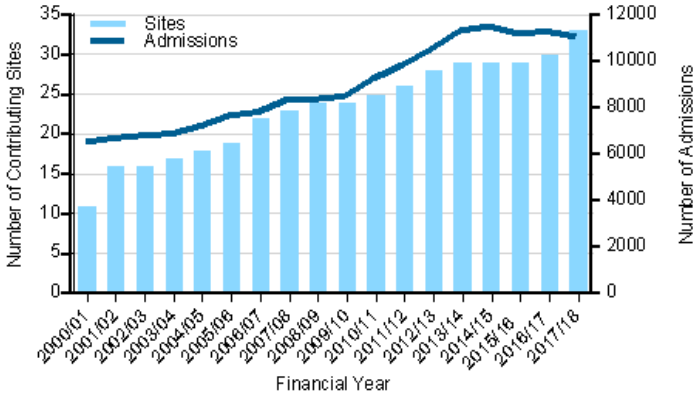



Fig 2. Contribution to ANZICS CORE Australia and New Zealand Paediatric Intensive Care (ANZPIC) Registry


Fig 3. Contribution to ANZICS CORE Critical Care Resources (CCR) Registry

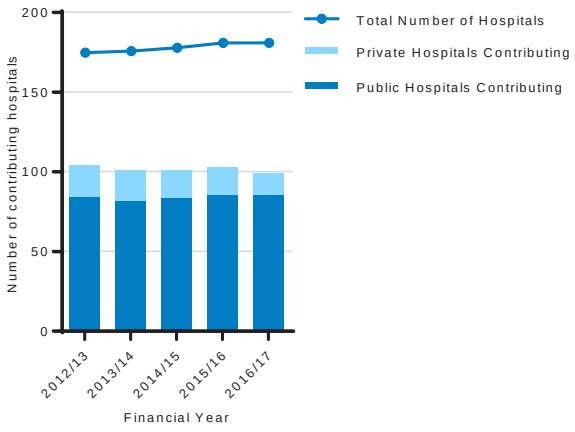



Fig 4. Contribution to Central Line Associated Bloodstream Infection (CLABSI)

## CORE *(continued)*

### CONTINUOUS IMPROVEMENT ANZICS CORE REGISTRY SERVICE

General enhancements of COMET data collection software based on requests from submitting sites. Exploration of using COMET for specific research projects and to support the Point Prevalence Studies and other audit processes that are outside the current remit of the Registries:

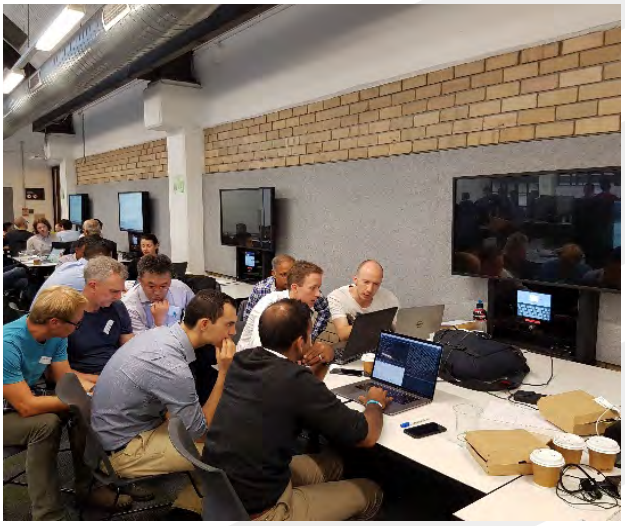
- New workforce section to the Critical Care Resources Survey to provide a profile of staffing models and shift patterns for ICU medical and nursing staff
- Inclusion of more detailed data related to interventions undertaken in the ICU
- Improved validation reports to contributing sites and validation of data submitted via Clinical Information Systems.

### OUTLIER MANAGEMENT PROGRAM

The Outlier Programme has reached its 50th assessment since its establishment in 2009 and continues to be on the forefront supporting ICU benchmarking. The Outlier Management process identified 8 Units as potential outliers with detailed review of their data undertaken. The finds were multifactorial with mix of data quality, case mix and resource issues.

### DATATHONS ARE THE NEW "BLACK"

Building on the success of the inaugural ANZICS Intensive Care held in 2017 a second event was held in April 2018 at the University of Sydney. The event was a collaboration between ANZICS, The NSW Agency for Clinical Innovation and The University of Sydney. The supporting organisations included MIT, Alfred Health, and the College of Intensive Medicine. Data hosting services were provided by Google Cloud.



The Intensive Care Datathons bring together clinicians, data scientists and innovators in healthcare to work on large databases of clinical information to answer clinically relevant questions that can make a real difference to patient outcomes. Projects undertaken by participants at the 2017 Melbourne event included:

- Assessment of transfers between ICUs throughout Australia and New Zealand
- Pregnancy related deaths in Australian and New Zealand ICUs
- Using artificial intelligence to predict mortality following cardiac arrest

In less than one year from the Melbourne Datathon, 11 teams who formed on the day have presented their findings at national and international scientific conferences with publications pending. The Datathon strengthens cross-disciplinary collaboration, promotes use of data for knowledge translation, and develops meaningful patient-centred and service-centred research. Feedback from 2018 Datathon participants:

- Importance of access to data scientists, the ability to formulate a question and to do a reasonable database search
- How a datathon works; the nature of the ICU data available; how to work more effectively in a team
- The power of large datasets / How much you can achieve if you remove the 'boring stuff' from research (applying for permissions to access data) / Power of working in teams of people with different skill sets
- Making sense of large datasets. Importance of approach to answering specific research questions.
- Value of good collaboration with data scientists, limitations of large data sets, importance of refining a question to be answered
- Getting data and organising (and cleaning) the dataset seems to be the hardest part. Input from domain experts are extremely important for the relevance of the project.

## CORE *(continued)*

### INTERNATIONAL ENGAGEMENT

ANZICS CORE participated in a datathon in Tokyo combining Australian, New Zealand, Japanese and American patient data. This follows the support provided to the Japanese Society of Intensive Care Medicine to develop a Registry that is complaint with the ANZICS APD. Some interesting cultural and organisational differences were noticed between the health systems while the patient types and outcomes were remarkably similar.

Discussions are occurring with other Asian societies who are looking for guidance from ANZICS on how to establish and maintain patient registries. We hope that this will lead to some collaborative research which will help identify areas for patient care improvement.

*" Some interesting cultural and organisational differences were noticed between the health systems while the patient types and outcomes were remarkably similar.... "*

### INFRASTRUCTURE

Following the success of hosting the COMET software and data at the AIHW we are planning to move the CORE Reporting Services to AIHW as well. They have been housed on servers at ANZICS in Carlton and with the move of our Society it is time to modernise our approach to a more robust and secure solution. This is particularly important as we consider holding patient identifiers within ANZICS CORE and look to link with other Registries.

### ACKNOWLEDGEMENT OF THE CONTRIBUTORS TO CORE

The Registry activity of ANZICS is being recognised as an exemplar across Clinical Quality Registries, this does not happen without the support of the Jurisdictional funders, the work of the data collectors and the hours of support from the CORE Management Group, and governing Committee. The collaboration with the research community continues to grow as shown by the publications that have been based on data from the Registries.

Peter Hicks
Chair, Centre for Research and Evaluation

## CORE *(continued)*

### PUBLICATIONS BASED ON ANZICS REGISTRY DATA

**ICU Admissions for Sepsis or Pneumonia in Australia and New Zealand in 2017.** Burrell A, Huckson S, Pilcher DV; ANZICS. N Engl J Med. 2018 May 31;378(22):2138-2139.

**Adverse outcomes after planned surgery with anticipated intensive care admission in out-of-office-hours time periods: a multicentre cohort study.** Morgan DJ, Ho KM, Kolybaba ML, Ong YJ; ANZICS Centre for Outcome and Resource Evaluation. Br J Anaesth. 2018 Jun;120(6):1420-1428.

**The Melbourne epidemic thunderstorm asthma event 2016: an investigation of environmental triggers, effect on health services, and patient risk factors.** Thien F, Beggs PJ, Csutoros D, Darvall J, Hew M, Davies JM, et al. Lancet Planet Health. 2018 Jun;2(6)

**Early Hyperoxia in Patients with Traumatic Brain Injury Admitted to Intensive Care in Australia and New Zealand: A Retrospective Multicenter Cohort Study.** Ó Briain D, Nickson C, Pilcher DV, Udy AA. Neurocrit Care. 2018 Jun 8.

**Sample size calculations for cluster randomised crossover trials in Australian and New Zealand intensive care research.** Arnup SJ, McKenzie JE, Pilcher D, Bellomo R, Forbes AB. Crit Care Resusc. 2018 Jun;20(2):117-123.

**Hypercapnia and hypercapnic acidosis in sepsis: harmful, beneficial or unclear?** Tiruvoipati R, Gupta S, Pilcher D, Bailey M. Crit Care Resusc. 2018 Jun;20(2):94-100.

**The systemic inflammatory response syndrome criteria and their differential association with mortality.** Kaukonen K-M, Bailey M, Pilcher D, Cooper DJ, Bellomo R. J Crit Care. 2018 Apr 7;46:29–36.

**Paediatric sequential organ failure assessment score (pSOFA): a plea for the world-wide collaboration for consensus.** Kawasaki T, Shime N, Straney L, Bellomo R, MacLaren G, Pilcher D, et al. Intensive Care Med. 2018 Apr 27;

**Effect of a National Standard for Deteriorating Patients on Intensive Care Admissions Due to Cardiac Arrest in Australia.** Jones D, Bhasale A, Bailey M, Pilcher D, Anstey MH. Crit Care Med. 2018 Apr;46(4):586–93.

**Association of Hypercapnia and Hypercapnic Acidosis With Clinical Outcomes in Mechanically Ventilated Patients With Cerebral Injury.** Tiruvoipati R, Pilcher D, Botha J, Buscher H, Simister R, Bailey M. JAMA Neurol. 2018 Mar.

**Early glycemia and mortality in critically ill septic patients: Interaction with insulin-treated diabetes.** Magee F, Bailey M, Pilcher DV, Mårtensson J, Bellomo R. J Crit Care. 2018 Mar 3;45:170–1.

**Which organ dysfunction scores to use in children with infection?** Leclerc F, Duhamel A, Leteurtre S, Straney L, Bellomo R, MacLaren G, et al. Intensive Care Med. 2018 Mar 22;

**Predicting Expected Organ Donor Numbers in Australian Hospitals Outside of the Donate-Life Network Using the Anzics Adult Patient Database.** O'Brien Y, Chavan S, Huckson S, Russ G, Opdam H, Pilcher D. Transplantation. 2018 Feb .

**Characteristics, incidence, and outcome of patients admitted to the intensive care unit with myasthenia gravis.** Al-Bassam W, Kubicki M, Bailey M, Walker L, Young P, Pilcher DV, et al. J Crit Care. 2018 Jan 7;45:90–4.

**Acute Risk Change: An innovative measure of operative adverse events and perioperative team performance.** TG Coulson, B Gregson, S Sandys, S Nashef, S Webb, M Bailey, C Reid, D Pilcher. Journal of Cardiothoracic and Vascular Anesthesia

**Patterns of organ donation in children in Australia and New Zealand.** Corkery-Lavender T, Millar J, Cavazzoni E, Gelbart B.Crit Care Resusc. 2017 Dec;19(4):296-302.

**Patient characteristics, incidence, technique, outcomes and early prediction of tracheostomy in the state of Victoria, Australia.** A Casamento, M Bailey, R Robbins, D Pilcher, S Warrillow, A Ghosh, R Bellomo. Journal of critical care 44, Dec 17, 278-284,

**Prognostic accuracy of age-adapted SOFA, SIRS, PELOD-2, and qSOFA for in-hospital mortality among children with suspected infection admitted to the intensive care unit.** Schlapbach LJ, Straney L, Bellomo R, MacLaren G, Pilcher D. Intensive Care Med. 2017 Dec 19.

**Age and other perioperative risk factors for postoperative systemic inflammatory response syndrome after cardiac surgery.** Dieleman JM, Peelen LM, Coulson TG, Tran L, Reid CM, Smith JA, Myles PS, Pilcher D. British Journal of Anaesthesia 2017 Oct; 119 (4): 637–644

**Central line-associated bloodstream infections in Australian ICUs: evaluating modifiable and non-modifiable risks in Victorian healthcare facilities.** Spelman T, Pilcher DV, Cheng AC, Bull AL, Richards MJ, Worth LJ. Epidemiol Infect. 2017 Sep 4:1-9.

**Intensity of early correction of hyperglycaemia and outcome of critically ill patients with diabetic ketoacidosis.** Mårtensson J, Bailey M, Venkatesh B, Pilcher D, Deane A, Abdelhamid YA, Crisman M, Verma B, MacIsaac C, Wigmore G, Shehabi Y, Suzuki T, French C, Orford N, Kakho N, Prins J, Ekinci EI, Bellomo RCrit Care Resusc. 2017 Sep;19(3):266-273.

**Identification and assessment of potentially high-mortality intensive care units using the ANZICS Centre for Outcome and Resource Evaluation clinical registry.** McClean K, Mullany D, Huckson S, Lint A van, Chavan S, Hicks P, et al. Crit Care Resusc. 2017 Sep;19(3):230–8.

**Understanding the cluster randomised crossover design: a graphical illustraton of the components of variation and a sample size tutorial.** Arnup SJ, McKenzie JE, Hemming K, Pilcher D, Forbes AB. Trials. 2017 Aug 15;18(1):381.

**Admission to Intensive Care for Palliative Care or Potential Organ Donation: Demographics, Circumstances, Outcomes, and Resource Use.** Melville A, Kolt G, Anderson D, Mitropoulos J, Pilcher D. Crit Care Med. 2017 Aug 11;

**Declining mortality in critically ill patients with cirrhosis in Australia and New Zealand between 2000 and 2015**. Majumdar A, Bailey M, Kemp WM, Bellomo R, Roberts SK, Pilcher D. J Hepatol. 2017 Aug 9.

**The association between peri-operative acute risk change (ARC) and long-term survival after cardiac surgery.** Coulson TG, Bailey M, Reid CM, Tran L, Mullany DV, Smith JA, et al. Anaesthesia. 2017 Jul 13.

## CLINICAL TRIALS GROUP

It has been a busy and challenging 12 months for the Clinical Trials Group. TRANSFUSE (fresher vs. standard age red cells) and ADRENAL (hydrocortisone vs. placebo in septic shock) were both published in the New England Journal of Medicine. Our groups track record, now over nearly two decades, of conducting large multicentre trials whose results influence everyday practice and improve outcomes is unparalleled: it is an achievement we all can be justifiably proud of. And the results keep on being delivered- SPICE (goal directed sedation), TARGET (augmented vs. standard dose enteral nutrition) and POLAR (prophylactic hypothermia in TBI) have completed recruitment with presentation and publication expected in the next few months.

I do wish to highlight the efforts of POLAR team. The management team, participating centres, site investigators and research coordinators demonstrated remarkable resilience and tenacity is completing this study. Traumatic Brain Injury is an incredibly challenging area to conduct research in and the team's commitment over nearly a decade demonstrates all that is great about our community. Challenges are a constant for the clinician researcher. Last year no new CTG endorsed adult study proposal received funding from the National Health and Medical Research Council (NHMRC): this is only the second time this century that has occurred. And funding will only get more difficult to obtain.

The revised NHMRC grant program will see less funding available for clinical trials via the new stream of Strategic and Leveraging Grants than under the previous project grant scheme; however opportunities for the funding of clinical trials by Medical Research Future Funds (MRFF) exists. As a Society we need engage with the broader community to highlight the need for and benefits of critical care research. Community support facilitates the development of MRFF funding opportunities targeted to our areas of expertise and interest-without it the grant programs may not align with our specialty. The CTG committee continues to engage with other bodies including the Australian Clinical Trials Alliance to prosecute our agenda.

I wish to thank all our sponsors and supports for their help over the last twelve months, the ANZICS CTG staff (Donna Goldsmith and Simone Rickerby), and final everyone in the CTG community for their fantastic effort. It is indeed an honour to be part of such a fantastic and productive community.

Craig French
Chair, Clinical Trials Group

## DEATH AND ORGAN DONATION COMMITTEE

2017/2018 proved to be a busy year for the DODC with the near completion of the fourth edition of the Australian and New Zealand Intensive Care Society (ANZICS) Statement on death and organ donation. The role of this document is to provide a basis for professional practice. The Statement is intended to provide a relevant and accessible resource for intensive care specialists (intensivists) and other health professionals involved in the determination of death and in the care of potential organ and tissue donors and their families. It encourages consistency of approach in addressing clinical issues, caring for families, and engaging with other expert opinion in Australia and New Zealand. The list of recommendations given in the statement have been developed by the ANZICS Death and Organ Donation Committee based on review of the law, medical literature and Committee consensus.

A consultation draft was sent to external stakeholders including jurisdictional representatives, medical specialties and ANZICS and CICM members. The committee is aiming to finalise the fourth edition by the 2018 ASM.

I had the pleasure of representing ANZICS and attending the 2-day global consensus on "The World Brain Death Project" and presenting on the state of Palliative / End-of-Life Care in Australia at the World Congress of Intensive Care and Critical Care Medicine in Rio de Janeiro in November 2017. At the 2-day consensus meeting there was broad agreement on the priorities for the achievement of global consensus regarding brain death determination with a particular focus on raising / establishing minimum standards for determination, both clinical criteria and ancillary testing criteria.

### END-OF-LIFE CARE WORKING GROUP (EOLCWG)

The ANZICS EOLCWG plans to review the ANZICS Statement on Care and Decision Making at the End-of-Life for the Critically Ill which was published in 2014. The EOLCWG will be consulting the ANZICS membership regarding the utility of the Statement. ANZICS receives requests to reference the Statement for the development of related educational resources. This Committee has not met during the 2017 to 2018 period.

I wish to thank all committee members, Stewart Moodie (SA, Deputy Chair), Rob Bevan (CICM), Jorge Brieva (NSW), David Cook (QLD), Rohit D'Costa (Vic), Geoffrey Dobb (WA), Ben Gelbart (Paediatric), Sarah Jones (NT), James Judson (NZ), Lucy Modra (Trainee), Helen Opdam (OTA), Chris Poynter (NZ), Stephen Streat (ODNZ),

And finally, I would like to thank the ANZICS staff for the time, effort and expertise in supporting the committee's work.

William Silvester
Chair, Death and Organ Donation Committee
and End of Life Care Working Group

# EDUCATION

A sparkling new ANZICS Education Committee came together earlier this year. The new Committee members bring valuable expertise and experience, as well as diverse representation and perspectives, to the team. We have put considerable effort into examining our core purpose and the opportunities we have for the future. Despite our diversity, we have a shared vision: to improve intensive care education by supporting an active community of interprofessional clinician educators and by enhancing access to educational resources, always with the ultimate goal of improving the care of our patients.

The ANZICS Education Committee is actively involved in the development of the interdisciplinary Australia and New Zealand Clinician Educators Network (ICU). This is a grassroots movement that promotes the role and activities of Clinician Educators and is supported by ANZICS and our collaborating organisations, including ACCCN, CICM, ICN, and SMACC. Notably, the Network is holding its first 'Unconference' on Wednesday October 10th, 2018 in Adelaide, the day before the ANZICS/ ACCCN Annual Scientific Meeting. The Unconference will involve participants actively learning and working together to tackle 'real world' issues, such as educator faculty development, workplace learning, and interprofessional education. Those interested in attending this free event (either in person or remotely) can complete an expression of interest via this link: https://litfl.org/Unconf2018_EOI.

Another key priority for the ANZICS Education Committee is to further define the scope of ANZICS within the interprofessional intensive care education space, so that we can address unmet needs and collaborate even more effectively with CICM and other organisations. We also look forward to supporting the educational content and strategies of the soon-to-be-revamped ANZICS website, ANZICS social media activities, and future courses and conferences – especially the rapidly approaching 2019 World Congress of Intensive Care.

Finally, we are beginning to lay the groundwork for novel strategies for increasing the capacity for interprofessional intensive care education across Australia and New Zealand.

Our initial focus is on the creation of a faculty development programme in 2019, most likely involving an 'incubator' for clinician educators. Watch this space!

These are exciting times in intensive care education. The ANZICS Education Committee invites all members of our community to engage with us in creating the future of intensive care education.

Chris Nickson
Chair, Education

# PAEDIATRIC REPORT

The Paediatric Committee membership and meeting frequency has declined in recent years, partly because of increased activity of associated groups such as the Paediatric Studies Group and the Registry Clinical Advisory Committee. However, there are plans to rejuvenate the Committee in the coming months and re-establish regular meetings. Paediatric involvement and representation is important for a healthy and dynamic Society that can reflect the full range of Intensive Care practice in our region.

## ANZPIC REGISTRY

Dr Tony Slater is stepping down as Director of the ANZPIC Registry to concentrate on his new appointment as Director of ICU at the Lady Cilento Children's Hospital in Brisbane. Tony has steered the Registry since its inception in 1997 and overseen its growth from a far-sighted idea to a robust and comprehensive binational database. We would like to take this opportunity to thank Tony for his sustained and Herculean efforts for the last 15 years and wish him all the best in his new post. Dr Johnny Millar will be taking over as the Director of the Registry.

Data for the 2013 Annual Report have been finalised and distributed to contributing units, with the complete report to be published shortly. The Report continues to grow; 11,000 paediatric admissions to ICUs were documented in 2013. The Report also contains more detailed data pertaining to both respiratory therapy and extracorporeal life support, reflecting evolving changes in practice.

## ANZPICR CLINICAL ADVISORY COMMITTEE

The ANZPICR Clinical Advisory Committee has met regularly over the last year and is a valuable forum in which to discuss strategic planning for the Registry, address specific questions and problems regarding data collection and interpretation and develop mechanisms to investigate data outliers. Preliminary unit-identified outcome data from each year are reviewed and discussed by the representatives from each specialist PICU prior to publication of the Annual Report. The committee also reviews data requests and research proposals. There are ongoing discussions about data linkage between the Registry (as part of CORE) and other national databases to improve access to long-term outcome data.

## PAEDIATRIC INDEX OF MORTALITY (PIM)3

The most recent iteration of the paediatric index of mortality, PIM3, has been completed using data from the Registry and from the UK PICANet and was published in late 2013. The utility of this locally-developed scoring system has been gaining increasing international recognition and is becoming more widespread. Local (Australia and New Zealand) calibrations are used for the calculation of standardised mortality ratios published by ANZPICR.
Paediatric Studies Group

The Paediatric Study Group has had a busy period, having completed a number of studies and embarking on several new projects. The committee has been stable now for a number of years and has managed to oversee a period of excellent collaboration between the 8 paediatric ICU's in Australia and New Zealand.

The Hypothermia in Traumatic Brain Injury in Children (HITBIC) study has now been completed and the manuscript is under revision for publication. This was a great collaborative project for our group and emphasized some of the difficulties in doing research in paediatric intensive care. It coincided with other trials in Canada (HypHIT) and the US (Coolkids). The HITBIC results have been presented at a number of forums (CTG Noosa, PALISI meeting in Chicago and ANZICS ASM)

Major activity in the PSG revolves around the SPICE (Sedation Practices in ICU) programme in children:

*An observational study looking at sedation practices in PICU (Baby SPICE) was completed in mid-May 2013 and was presented at the PICU World Congress in Istanbul.*

The study was supported by an unrestricted grant from Hospira® and a seeding grant from the Princess Margaret Hospital Foundation. An RCT of Early Goal Directed Sedation is being planned with an NHMRC grant application in preparation, also funded by Hospira® and the PMH Foundation.

## PAEDIATRIC REPORT *(CONTINUED)*

A Management Committee has been established to work on the grant application with assistance from the ANZIC-RC. A pilot study is about to start in 5 PICUs, results of which will aid the NHMRC grant application and hopefully lead to a phase III RCT.

The SAFE-EPIC Study was an international point prevalence study looking at fluid resuscitation in PICU that has now been completed. The PI is Marino Festa who has managed to include over 120 PICU's internationally for 2 point prevalence days. This study was funded by a seeding grant from ANZICS. The results were presented at the PICU World Congress in Istanbul this year. Other PSG studies in development or being completed include:

Inception study on transfusion practice in peri-operative congenital heart disease (CHD): A multi-centre observational inception study with the aim to describe red blood cell transfusion practice and "quality" of red blood cells transfused by clinicians, in Australasia and North America, in children with congenital heart defects (CHD). Dr. Elena Cavazzoni (Westmead Children's) is the PI. Epidemiology of Paediatric Chronic Critical Illness in Australia and New Zealand. An epidemiological study looking at the outcome of long-stay PICU patients. The PI for the study is Siva Namachivayam from Royal Children's Hospital, Victoria. This study has been completed and a manuscript is about to be submitted for publication

### MELBOURNE ASM

This year's ASM is keenly anticipated and excellent international speakers have been secured for the paediatric programme. Professor Pat Kochanek, Editor of Pediatric Critical Care Medicine and Kevin Morris, President of the UK Paediatric Intensive Care Society will both contribute to what promises to be a great couple of days in Melbourne.

Johnny Millar
Chair, Paediatrics

## PRACTICE AND ECONOMICS

ANZICS and Price are committed to a sustainable, adequately remunerated, healthy workforce that continues to deliver high quality intensive care. The committee has been focusing on the Department of Health MBS Review and Burnout.

### DEPARTMENT OF HEALTH MBS ITEM REVIEWS

The ICU/ED Clinical Committee meetings finished in 2016. The report was released last year for public consultation and we are still awaiting the report for the Medicare Benefits Schedule Review Taskforce to forward the recommendations to Government. The recommendations include a MBS item for 'goals of care' discussion and a MSAC assessment for listing an MBS item for rapid response system/code blue attendances. There has also been proposed changes to the echocardiography MBS item numbers. There is a proposal to restructure the existing echocardiography items into six new items. These changes can be seen in the Cardiac Services report.

### BURN-OUT

The Burnout Survey has commenced and we invite members to participate in this important survey investigating the frequency of occupational burnout and the workplace factors associated with it among intensivists. Your participation in this study is completely voluntary. The information you supply is not identifiable once it is submitted. The purpose of this study is to assess the current frequency and severity of features of burnout in practicing intensivists in Australia and New Zealand and to determine the associated workplace factors. This information will be used to develop strategies and advise policies aimed at prevention and assisting those who are experiencing its effects. The Practice and Economics Committee (PRICE) thanks Shona Mair, a Paediatric CICM trainee from Queensland for all her work.

Further information can be found in the enclosed participant information sheet. To access this survey please click on this link: https://www.surveymonkey.com/r/LLV575P

Mark Nicholls
Chair, Practice and Economics

## SAFETY & QUALITY

In 2017/2018 the Safety and Quality Committee has been striving to advance intensive care practice to achieve possible outcomes for patients and their families. The Committee meets regularly throughout the year, reporting back to ANZICS members via the Intensivist Newsletter. Every Australian and New Zealand region was represented this year along with a paediatric representative, a trainee representative, and a nurse from the Australian College of Critical Care Nurses and the New Zealand College of Critical Care Nurses.

The Committee finalised the results of the 2016 Rapid Response Team Registry Feasibility Survey. The aim of the survey was to obtain information regarding the potential support for and feasibility of a bi-national RRT registry and in particular what the minimum dataset for such a registry would include. In summary, the overall response rate was low which is likely to bias results in favour of enthusiastic units with established RRTs. From responding units there was broad support (>90%) for the majority of the proposed minimum data elements with the exceptions being patient identifiers (name, date of birth and hospital UR), date of hospital discharge, time of hospital discharge and time of hospital admission%. Interestingly the patient identifiers were being collected by >90% of responding units in contrast to the date and timing data elements which were collected less consistently. Although these elements did not receive >90% support, in practice patient identifiers are a requirement for clinical quality registries, to allow appropriate linkage with other registries and databases.

Furthermore, the date and time elements could be obtained through linkage with hospital administrative databases with the use of these identifiers. Less reliably collected data elements were parent unit 81%, treatment limitations pre-call 69% and treatment limitations post call 76%. The responding units currently collecting the proposed minimum dataset could form the basis of any pilot feasibility studies for a RRT registry if appropriate funding and logistic support were to be available.

The Committee worked collaboratively with ANZICS CORE to prepare an abstract and poster presentation at the 2018 Choosing Wisely National Symposium held on 25 May at the Canberra Convention Centre. The authors were able to demonstrate that ANZICS registry data variables can be used to assess the ICU related Choosing Wisely recommendations. The data indicated there has been consistently high compliance with process of care that address a number of the recommendations. The Committee will continue to optimise opportunities to evaluate and report on the Choosing Wisely recommendations using the existing data sources available through the ANZICS registries.

The Committee was also responsible for maintaining the suite of resources available to assist ICU clinicians prevent CLABSI. The Committee his currently finalising a review of the publication 'Central Line Insertion and Maintenance Guideline (April 2012)'.

I would like to acknowledge the work of A/Prof Daryl Jones and the Organising Committee including: Alex Psirides, Deepak Bhonagiri, Jonathan Barrett, Judy Currey, Ken Hillman, Liz Fugaccia, Manoj Singh, and Jenny Holmes (ANZICS), who organised the annual Safety and Quality Conference in August 2017. The event took place at the Sofitel Sydney Wentworth 7 – 8 August 2017. There were 338 registered delegates. The organising committee prepared an educational program focusing on how to make hospital systems safe for deteriorating patients, the importance of investing in patient safety and the risks associated with clinical deterioration. There was an expansion of the scope of the conference beyond rapid response systems to the broader concept of safety and quality in the in the intensive care with a strong emphasis on supporting the team. The organising committee received 46 abstract submissions, of which 18 were accepted for oral presentation during the conference.

Many of the presentations were again recorded and uploaded over time onto the ANZICS You Tube Channel https://www.youtube.com/channel/UCVU_LWubvrXrNkIrEHcv7jA. We were grateful for the generous support from Industry through sponsorship and exhibition, in particular Masimo Australia (Silver Sponsor), Edwards Lifesciences, iMD Soft, Medtronic Australasia, Nervecentre Software, Patientrack, Philips Healthcare, and Zoll Medical.

I would like to acknowledge and thank all members of the Committee for all their hard work including: Michael Ashbolt (TAS); Lewis Campbell (NT); Arthas Flabouris (SA); Craig Carr (NZ); Judit Orosz (VIC); Deepak Bhonagiri (NSW); Simon Towler (WA); Tali Gadish (Paediatrics); Mary Pinder (CICM); Gladness Nethathe (Trainee Representative); Malcolm Elliott (ACCCN) and Leah Hackney (NZCCCN). I would also like to recognise the contribution of all ANZICS members in providing feedback to the Safety and Quality committee. The Committee is open to any comments or suggestions you may have and we invite you to be in touch by contacting: safetyandquality@anzics.com.au.

John Gowardman
Chair, Safety and Quality

## WOMEN IN INTENSIVE CARE MEDICINE (WIN-ANZICS)

Over the past twelve months, the Women in Intensive Care Medicine Network formally joined ANZICS as a Standing Committee. This exciting development is a natural fit for both groups, now working together to improve the representation of women in all aspects of intensive care medicine in Australia and New Zealand. The EOI process resulted in the appointment of a fantastic committee with a broad mix of skills and experience.

The current committee comprises of:

| | |
|---|---|
| **Chair:** | Dr Lucy Modra |
| **Deputy Chair:** | Dr Sarah Yong |
| **IT Coordinator:** | Dr Tamishta Hensman |
| **Social Media Coordinator:** | Dr Sandra Lussier |
| **Events Coordinator:** | Dr Nicky Dobos |
| **ACT Representative:** | Prof Imogen Mitchell |
| **New Zealand Representative:** | Dr Kate Tietjens |
| **NT Representative:** | A/Prof Dianne Stephens |
| **NSW Representative:** | Dr Danielle Austin |
| **Paediatric Representative:** | Dr Tali Gadish |
| **Queensland Representative:** | Dr Angelly Martinez |
| **Tasmania Representative:** | Dr David Rigg |
| **Victorian Representative:** | Dr Li Tan |
| **WA Representative:** | Dr Vanessa Carnegie |

The SA Representative position is currently vacant and we welcome expressions of interest for this role (email anzics@anzics.com.au).

Dr Tamishta Hensman continues to lead the development of our website (womenintensive.org), with a growing library of resources on the gender gap in intensive care and in academic medicine, and scholarships for women pursuing research and leadership goals. We are soon to launch a metrics page, tracking contemporary data on the proportion of women working and holding leadership roles in intensive care medicine.

Last year WIN worked with the College to develop their 'Guideline for Achieving Gender Balance at CICM events'. This College endorsed document provides an evidence-based approach to improving female representation at CICM conferences, in all conference-related roles including speakers, session chairs and conference convenors.

The WIN-ANZICS Committee is working on formal proposals to improve female representation in other domains. We also have a WIN Representative (Dr Lucy Modra) sitting on the CICM Communications Course Committee, developing new content on speaking up against bullying, harassment and discrimination in the ICU.

WIN-NSW recently hosted a fantastic dinner, with Dr Mary Pinder (CICM Vice-President) presenting strategies for success in the fellowship exam. Dr Yasmine Ali-Abdelhamid (Victorian Regional Chair, ANZICS Board) and Dr Carol Hodgson (Deputy Director, ANZIC-RC) both spoke passionately about the challenges and rewards of a career in intensive care research at WIN-Victoria's networking dinner in March.

Looking ahead, WIN-Victoria is proud to be hosting Nobel-Peace Prize winner and RACS trainee chair Dr Ruth Mitchell, and neuro-intensive care researcher Dr Virginia Newcombe at our October networking dinner.

Overall, it's an exciting time to be a woman in intensive care medicine... even if we're still a minority. If you would like to get involved, please contact Lucy and Sarah at womenintensivenetwork@gmail.com.

Dr Lucy Modra, Chair &
Dr Sarah Yong, Deputy Chair
WIN-ANZICS

## VICTORIA

The past year has been very productive for Victorian ANZICS members with a strong focus on educational initiatives. The success of these initiatives was highly contingent on the efforts of all the members who contributed and the hard work of members is greatly appreciated.

The Critical Care Collaborative (CCC) was once again held in August and focused on a range of topical issues affecting ICUs in our state. The CCC was well-attended and continues to be a truly multidisciplinary event on the ANZICS calendar. Thank you to Dr Diane Kelly and Alissa Starritt for convening. Thank you also to all the members who were invited speakers.

In 2018, there has been increased attention on regional activities. The Bendigo Regional Critical Care Conference was held in May with the theme 'Risky Business: Learning from Experience'. Thank you to Dr Timothy Chimunda who was the medical lead for the conference. Plans are currently underway for the 2019 conference and ANZICS is proud to be an official event supporter in 2019. This year will also see the inaugural Bendigo Health Datathon held in September. The Bendigo Datathon is a collaborative effort of Bendigo Health, the Department of Health and Human Services (DHHS), La Trobe University, the University of Wollongong and ANZICS. The focus is 'Critical Care Recovery' and, like previous ANZICS datathons, it is set to be a highly successful event. Thank you to Dr Tim Chimunda and Dr Cameron Knott for their efforts in organising the Datathon.

Victorian ANZICS has continued to work closely this year with the Women in Intensive Care Network (WIN) and ANZICS remains unwavering in its commitment to diversity and non-discrimination. WIN was originally formed to address the gender imbalance in Australasian intensive care medicine through advocacy, research and providing networking opportunities for female intensive care doctors. Therefore, the Board was pleased to welcome WIN as a formal committee of ANZICS this year. The WIN dinner with the theme of 'Women in Research' was held in Melbourne in April. Thank you to Dr Carol Hodgson for speaking and to Dr Lucy Modra, Dr Sarah Yong and Dr Nicky Dobos for organising the dinner.

ANZICS Victoria has also continued to engage in a number of international ventures. Preparation for the 2019 WFSICCM World Congress of Critical Care to be held in Melbourne is underway. The World Congress is set to be the largest gathering of critical care societies from more than 80 countries. Thank you to Dr Stephen Warrillow for his work in convening this highly anticipated meeting. A large number of Victorian intensivists also participated in the 2018 Singapore ANZICS meeting, a joint venture with the Singapore Society of Intensive Care Medicine. Many speakers funded their own attendance in order to allow the conference to subsidise the attendance of delegates from Low and Middle Income Countries. Thank you to Dr David Ku for his role as conference convenor and to the self-funded speakers for their generosity.

While South Australia has been chosen as the venue for the 43rd ANZICS/ACCCN Annual Scientific Meeting (ASM) to be held on 11-13 October 2018 at the Adelaide Convention Centre, a significant number of Victorian ANZICS members have also worked tirelessly to organise the ASM. I sincerely thank A/Prof Adam Deane, Dr Johnny Millar and Dr Matt Maiden, who have worked alongside A/Prof Mary White and me to plan the ASM, in conjunction with the ACCCN. We anticipate an exciting and quality scientific program with a number of high profile international speakers. We hope to see many of you there.

Finally, on a clinical front, in the setting of multiple mass casualty events in Victoria in 2017, ANZICS Victoria is seeking to collaborate with the Victorian DHHS to potentially develop a critical care mobile phone application to facilitate communication between ICUs. Such an app would allow rapid information sharing in case of pandemics of communicable diseases, mass casualty emergencies or natural disasters. Thank you to Gian Sberna and Dr Jai Darvall and Dr Caleb Fisher for their work on this important ongoing project.

I would like to conclude by thanking Kimberley Haines and Dr Max Moser who serve as office-bearers on the Victorian ANZICS Regional Committee. The Victorian ANZICS Committee would also like to thank the ANZICS staff for all of their support and practical help behind the scenes over the past year. Given the high level of engagement among the ANZICS community in Victoria, it is possible that I have forgotten to specifically thank some members for their work in my report. Thank you to all of the Victorian ANZICS members who have continued to represent Victoria on the various ANZICS Committees and contributed tirelessly to local ANZICS activities.

Yasmine Ali Abdelhamid
Chair, Victoria

## TASMANIA

It has been another busy 12 months for intensive care in Tasmania. There has been a constant and high level of throughput through all units, the CICM ASM, and the commencement of cardiothoracic surgery at Calvary Hospital in Lenah Valley. In the background there has been ongoing work on state-wide health service restructure with the appointment of local clinical stream leads to facilitate change on a local hospital level. The RHH Redevelopment continues and, although does not directly involve intensive care, ANZICS will need to continue to monitor its indirect effects on patients.

Unfortunately, our Emergency Departments in Hobart and Launceston have been in the news recently for severe and continued episodes of overcrowding and ambulance ramping due to bed block. This has led to a large amount of negative publicity for the both Hospitals despite the good intentions and hard work of staff. Although somewhat insulated from emergency department issues, pressures on staff in intensive care remain high, and the underlying issue of bed block is of course not isolated to the emergency department. Hospital administrators will need to consider intensive care as part of a whole hospital response to bed block. ANZICS and Intensive care physicians should continue to advocate for patients adversely effected by bed block, and for the early retrieval of critically ill patients from the emergency department whenever possible.

Despite its relatively small size the Tasmanian Intensive care units continue to punch above their weight in research, are involved in many ANZICS-CTG trials, and make ongoing contributions to ANZICS CORE. All units maintain an ongoing strong educational focus and continue to attract trainees from both Australia and overseas. Tasmania can provide all elements of the CICM training program including senior registrar posts consistent with the colleges expectations of “on call” experience. CICM “transitional” roles are available to for the appropriate candidate. Currently, all units are accredited for CICM training with Launceston and Hobart both accredited as “general units” suitable for core training, and the NWRH for foundation and rural training.

This year Tasmania held the CICM Annual Scientific Meeting in Hobart. More than 500 delegates were treated to great academic and social programs.

This was a significant achievement for our local group of intensivists, which have continued its good work on other CICM/ANZICS/ACCCN co-badged events. We now have an Annual Tasmanian Intensive Care Educational Meeting, with the next scheduled for October with an obstetric intensive care theme.

Society membership has remained stable, and the output of our representatives on ANZICS committees is greatly valued, especially considering the small number of Intensivists in the state. I would like to formally recognise and thank them for their contributions, and hope that Tasmania will continue to be a valuable contributor to ANZICS and its subcommittees for many years to come!

Michael Ashbolt
Chair, Tasmania

## QUEENSLAND

Over the past twelve months, Queensland's main focus has been the largely successful ASM held on the Gold Coast in October. This meeting exceeded expectations, attracting 1100 delegates over the three-day conference. I would like to thank the hard work of the entire multi-disciplinary Organising Committee, led by Prof Jeremy Cohen (Adult Convenor) and Dr Phil Sargent (Paediatric Convenor) in driving this successful conference.

Industrially, we had a meeting with the member of the negotiating team of ASMOFQ (Australian Salaried Medical Officers Federation Queensland) for MOCA (Medical Officers Certified agreement) 5. This meeting was telecast across Queensland so that all the ANZICS members are given an opportunity to put forward their suggestions. It is important to ensure that the next agreement maintains the Status Quo on the "Extended hours clause".

We are negotiating for a MOCA 5 agreement that provides: a 5% salary increase per year for the three years of the agreement; increased professional development leave and allowances;indexing allowances which haven't previously been indexed; and travel provisions to support doctors working in regional public hospitals. We are likely to have further meetings with the negotiating team of ASMOFQ to get an update on the progress of the negotiations.

The Cerner ieMR (Integrated Electronic Medical Record) implementation particularly the prescribing module has created several issues in a regional ICU in Queensland. The Director of ICU expressed concern about the prescribing module of the system to the Hospital Executive. Queensland ANZICS has been in touch with the Intensivists in the regional hospital to offer them appropriate support. As a part of this, Dr Stephen Warrillow, ANZICS President, sent a well drafted letter to Mr Steven Miles, Queensland Health Minster.

Rajeev Hegde
Chair, Queensland

## NEW ZEALAND

The 2018 New Zealand ASM was held in Auckland, hosted by the Starship Children's Hospital. Our conference convenor Dr Anusha Ganeshalingham put together a great program for the three-day event under the theme "Size Does Matter". The main speakers included Northland GP Dr Lance O'Sullivan and Brisbane social worker Liz Crowe as well as many medical, nursing and allied health professionals from Starship, Auckland and around New Zealand. And on the evening of the Gala Dinner we were entertained by a memorable Q & A session with sporting super-star couple Richie and Gemma Mc Caw.

Next year's ASM will be a return to more adult intensive care, with North Shore Hospital, Auckland again taking on the role of hosting the event. We look forward to seeing many of you there for another chance to meet up with old friends, make new connections and get updated on how we do can do Intensive Care even better in 2019.

The Biennial NZ Intensive Care Research Symposia continue to successfully bring together intensive care researchers and research co-ordinators from around the Country to discuss current and future research directions. The next Meeting will be the 4th, to be held in Wellington again in late October to discuss various studies, including those sponsored by the ANZICS Clinical Trials Group.

Our membership numbers continue to increase with a total of 113 NZ members at the last count. Your continued support enables ANZICS to continue to provide the great service to the intensive care community through CORE, the CTG and other committees. And crucially, your support for the New Zealand ASM provides us with funds to support local education and research. Thank you to all of you who contribute, especially those who put in the time to organise and convene meetings and to represent NZ on the various ANZICS Committees and Working Groups.

Ben Barry
Chair, New Zealand

## NEW SOUTH WALES

New South Wales continues to present a busy and dynamic landscape for intensive care, with a number of hospitals undergoing expansion or renewal. St George Hospital opened a new ICU in November 2017. The Northern Beaches Hospital is scheduled to open in late 2018. Expansions are planned at Nepean and Prince of Wales Hospitals and the 2018 state budget included funding for a new research and education precinct at Liverpool Hospital in Sydney's west. Development of the NSW Health Scope of Clinical Practice for Intensive Care is in its final stages.

The electronic Record for Intensive Care (eRIC) continues to roll out across the state. Integration of intensive care clinical information systems such as eRIC, with other hospital eHealth programmes, presents interesting challenges that will no doubt continue with the progressive computerisation of our healthcare system.

A number of education and networking events have taken place. The ANZICS CORE Datathon was held at the University of Sydney in April and was a resounding success thanks to the hard work of conveners from ANZICS CORE - Peter Hicks, David Pilcher and Sue Huckson, and Intensive Care NSW (Agency for Clinical Innovation) - Sean Kelly, Kelly Cridland, Nhi Nguyen and Helen Badge, and many others, who all deserve congratulations.

The Women in Intensive Care Network (WIN) in NSW continues to generate networking and educational events, most recently a dinner on July 24 where Mary Pinder (CICM Vice-President) gave an illuminating presentation on techniques for passing the ICU fellowship exam. Thanks goes to Theresa Jacques and Nhi Nguyen for their ongoing efforts and collaboration in this sphere, as WIN becomes incorporated into ANZICS as a Committee, with myself standing in as NSW Representative.

Critical Care Pearls, an education series presented by Swapnil Pawar (Education Committee Vice-Chair and NSW Representative) has included monthly talks from experts in the field on topics ranging from ethics in intensive care, to ICU ecology, to the use of echocardiography for fluid assessment. These sessions are telecast live and are available online, for those unable to attend in person.

Staging weeknight meetings in Sydney requires acknowledgement of several challenges including geographic dispersion, peak-hour traffic and busy rosters. I ask all members to keep an eye open for advertised meetings and encourage your staff, including trainees, to attend these valuable and worthwhile events.

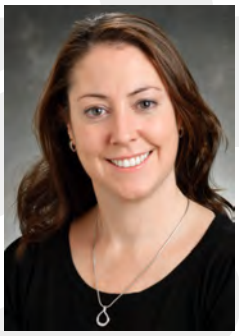
For those in rural and regional areas I encourage the use of interactive networking technology to allow us all to stay in touch.

The efforts of all members in continuing to promote the benefits and contribution of ANZICS to the intensive care community (medical, nursing and allied health) is much appreciated. Please contact me with any requests, questions or ideas as to how we can strengthen our professional networks and support members.

Looking forward at the time of writing, the ANZICS CTG Winter Forum (August 27-28) and the International Hypothermia and Temperature Management Symposium (August 28-30) promises a blockbuster week to round out winter. Although between statewide drought conditions and the late flu season, it has not quite been a typical winter season.

I would like to thank all the intensivists in NSW, including and in addition to those already mentioned, who contribute invaluable time and energy through their work on ANZICS Committees. In particular, thanks to the outgoing NSW Regional Chair Mark Nicholls, who remains active as Chair of the PricE Committee, for your support and dedicated contribution to intensive care in NSW and nationally.

Danielle Austin
Chair, New South Wales



## WESTERN AUSTRALIA

This year has seen the successful opening of the Perth Children's Hospital (finally) and the transition across from the Princess Margaret Site appeared to go well. Around the rest of the state there have been no major changes. For the trainees we have moved to a state-based system for allocation of senior registrar positions. This has allowed greater collaboration between the three major tertiary departments with the aim that all trainees get exposed to all areas of intensive care within their training. We will monitor this and may move to a similar model for junior trainees as well.

Research in Intensive Care has unfortunately had significant issues. A new interpretation of the Guardianship Act has meant that all research utilising waivers or any forms of next of kin consent has been essentially halted. The Guardianship Act is silent in WA on NOK consent and while previously research has been allowed, the new interpretation means that until amendments to the act are approved, further research will be significantly affected. ANZICS has been one of the first professional bodies to pick up on this and advocate to the Minister for Health and the Attorney General (thank you to Stephen Warrillow and Craig French for the support).

We have also had support from the College of Intensive Care as well as Emergency and Neurology Scientific Associations and consumer/patient representatives. We are all concerned that our patients have had their access to potentially beneficial research impaired and will continue to advocate for resolution of this issue.

The Intensive Care Network continues great work in the Education sphere as well as organising Trainee Presentation nights to allow presentation of formal projects. Anthony Tzannes the Education Representative has done great work in getting his airway course accredited and is well subscribed. ANZICS will continue to support and drive education opportunities.

Sacha Schweikert has taken over the CTG role as Ed Litton has moved to coordinate the Critical Care Resources Registry. Both Sacha and Ed continue to do great work. Geoff Dobb has moved back into the DODC role to assist with the next version of the Death and Organ Donation Guidelines.

I would like to thank all of the Western Australia Representatives on the ANZICS Committees for all of their work in progressing and supporting intensive care practice.

Bradley Wibrow
Chair, Western Australia

# ANZICS AWARDS

## MATT SPENCE MEDAL

The Matt Spence Award is a highly sought-after prize by Researchers interested in intensive care. The Matt Spence prize is named after the Society's first President (1975) and co-founder of the organisation, Dr Matthew Spence.

The winners of previous awards follow:

| | | |
|---|---|---|
| **1981** | Dr S Streat | **Auckland** |
| **1982** | Dr S Gatt | **Sydney** |
| **1983** | Dr R Raper | **Sydney** |
| **1984** | Dr N Gibbs | **Perth** |
| **1985** | Dr W Griggs | **Adelaide** |
| **1986** | Dr A Bersten | **Adelaide** |
| **1987** | Dr M Oliver | **Auckland** |
| **1988** | Dr P McQuillan | **Perth** |
| **1989** | Dr T Buckley | **Hong Kong** |
| **1990** | Dr C McAllister | **Sydney** |
| **1991** | Dr R Bellomo | **Melbourne** |
| **1992** | Dr S Parkes | **Adelaide** |
| **1993** | Dr R Totaro | **Sydney** |
| **1994** | *No award presented* | **NA** |
| **1995** | Dr A Davies | **Melbourne** |
| **1996** | Dr B Venkatesh | **Brisbane** |
| **1997** | Dr D Blythe | **Perth** |
| **1998** | Dr N Edwards | **Adelaide** |
| **1999** | Dr V Pellegrino | **Melbourne** |
| **2000** | Dr I Seppelt | **Canberra** |
| **2001** | Dr R Fregley | **Waikato** |
| **2001** | Dr B Mullan *(special)* | **Sydney** |
| **2002** | Dr D Collins | **Perth** |
| **2003** | Dr N Blackwell | **Cairns** |
| **2004** | Dr V Campbell | **Adelaide** |
| **2005** | Dr P John Victor | **Adelaide** |
| **2006** | Dr M Zib | **NSW** |
| **2007** | Dr A Nichol | **VIC** |
| **2008** | Dr B Tang | **NSW** |
| **2009** | Dr M Brain | **TAS** |
| **2010** | Dr R Fischer | **SA** |
| **2011** | Dr J Raj | **SA** |
| **2012** | Dr S Kelly | **SA** |
| **2013** | Dr Y Abdelhamid | **SA** |
| **2014** | Dr M Plummer | **SA** |
| **2015** | Dr P Kar | **SA** |
| **2016** | Dr T Beckingham | **SA** |
| **2017** | Dr N Glassford | **SA** |

## PAST ANZICS PRESIDENTS

| | | |
|---|---|---|
| **1975-77** | M Spence | **NZ** |
| **1977-79** | GM Clarke | **WA** |
| **1979-80** | RC Wright | **NSW** |
| **1980-81** | RC Wright | **NSW** |
| **1981-82** | RV Trubuhovich | **NZ** |
| **1982-84** | LIG Worthley | **SA** |
| **1984-86** | M Fisher | **NSW** |
| **1986-88** | J Cade | **VIC** |
| **1988-89** | TE Oh | **WA** |
| **1989-91** | JA Judson | **NZ** |
| **1991-93** | PL Blyth | **NSW** |
| **1993-95** | GA Skowronski | **SA** |
| **1995-96** | DV Tuxen | **VIC** |
| **1996-98** | GJ Dobb | **WA** |
| **1998-00** | A Bell | **TAS** |
| **2000-02** | A McLean | **NSW** |
| **2002-03** | J Santamaria | **VIC** |
| **2003-05** | D Fraenkel | **QLD** |
| **2005-07** | I Jenkins | **WA** |
| **2007-09** | P Hicks | **NZ** |
| **2009-11** | M O'Leary | **NSW** |
| **2011- 13** | M White | **SA** |
| **2013-15** | A Turner | **TAS** |
| **2015-17** | M Ziegenfuss | **QLD** |

# ANZICS AWARDS

## ANZICS HONOUR ROLL

Cameron Barrett
Anthony Bell
Rinaldo Bellomo
Jack F Cade
Bernard G Clarke
Geoffrey M Clarke
Nick J Coroneos
Geoff J Dobb
George Downward
Graeme Duke
Simon Finfer
Malcolm Fisher
William R Fuller
John E Gilligan
Gordon A Harrison
Graeme Hart
Robert Herkes
Peter Hicks
Ken Hillman
Mike Hunter
James Judson
Richard Lee
Jeff Lipman
Michael G Loughhead
David McWilliam
Valerie M Muir
John Myburgh
Ramesh Nagappan
John O'Donovan
Paul O Older
John H Overton
W Geoff Parkin
Garry D Phillips
Brad Power
Ray Raper
George Skowronski
Matthew Spence
Thomas A Torda
Ron V Trubuhovich
David Tuxen
Lindsay I Worthley
Robert Wright
Malcolm Wright
Jack Havill
Helen Opdam
John Santamaria

## RAMESH NAGAPPAN EDUCATION AWARD

| | | | |
|---|---|---|---|
| Melbourne | 2014 | Gerard Fennessy | VIC |
| Auckland | 2015 | Cameron Knott | VIC |
| Perth | 2016 | Adam Deane | VIC |
| Gold Coast | 2017 | Chris Nickson | VIC |

## ANNUAL SCIENTIFIC MEETING ORATION

In 2002, the ANZICS Board agreed to award an 'Oration Medal'. The Oration is presented on the final day of the Annual Scientific Meeting. Previous presenters include the following medical specialists.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Perth | 2002 | Malcolm Fisher | NSW | Melbourne | 2010 | Anthony Bell | TAS |
| Cairns | 2003 | Lindsay Worthley | SA | Brisbane | 2011 | Brad Power | WA |
| Melbourne | 2004 | Jack Cade | VIC | Adelaide | 2012 | Neil Matthews | SA |
| Adelaide | 2005 | Bob Wright | NSW | Hobart | 2013 | Felicity Hawker | VIC |
| Hobart | 2006 | Stephen Streat | NZ | Melbourne | 2014 | Simon Finfer | NSW |
| Rotorua | 2007 | Geoffrey Parkin | VIC | Auckland | 2015 | George Skowronski | NSW |
| Sydney | 2008 | Frank Shann | IC | Perth | 2016 | Geoff Dobb | WA |
| Perth | 2009 | David Tuxen | VIC | Gold Coast | 2017 | John Santamaria | VIC |

# ANZICS ANNUAL REPORT 2018

# FINANCE REPORT

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

# DIRECTOR'S REPORT

The Directors present their report together with the financial report of the Australian and New Zealand Intensive Care Society (the "Society" or "ANZICS") for the financial year ended 30 June 2018 and the auditor's report thereon.

**Directors**

The names of each person who has been a director of the Society during the year and to the date of this report are:

Dr Stephen Warrillow *President*
Dr David Ku *Hon. Secretary*
Dr Yasmine Ali Abdelhamid
Dr Danielle Austin *(appointed 2 Nov 2017)*
Dr Craig French
Dr Peter Hicks
Dr Mark Nicholls
Dr A Deane *(resigned 12 Oct 2017)*
Dr Marc Ziegenfuss *Immediate Past President*
Dr Anthony Holley *Hon. Treasurer*
Dr Michael Ashbolt
Dr Ben Barry
Dr Rajeev Hegde
Dr Kenneth John Millar
Dr Bradley Wibrow

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

**The short and long term objectives of the Society**

Our purpose

***"To achieve the best possible outcomes for patients and their families by advancing intensive care practice."***

Short term objectives

- Increased provision and facilitation of professional education, leadership in medical settings, clinical research and analysis of critical care resources.
- Increased membership across the Society including both individual clinicians and units.
- Develop and expand the Society's existing repositories of intensive care clinical and resource data.
- Encourage and support intensive care research through the Clinical Trials Group and patient databases.
- Maintain a high level of membership and increased activity.

Long term objectives

- Improve the value proposition of ANZICS membership.
- Build a sustainable organization.
- Raise social awareness of the value of intensive care practice and of ANZICS.
- Commercialise ANZICS' expertise and capabilities.
- Support intensive care outcomes for disadvantaged and diverse communities.

**Strategy for achieving objectives**

To achieve these objectives the Society has adopted the following strategies:

- The Society is focused on increasing its membership through engagement of medical and other professionals.
- The Society has committed to the expansion and improvement of its current functions through the scoping of developmental projects and initiatives.
- The Society recognises the important role and functions of its staff and members and strives to ensure the retention of both important groups through a commitment to development, engagement and communication.

**Principal activities**

The principal activity of the entity during the year was to provide services including advocacy, research and education to its members and stakeholders.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## DIRECTOR'S REPORT

*(Continued)*

**How the principal activities achieve our objectives**

The principal activities have assisted the Society in the development and achievement of the agreed objectives through the facilitation and provision of opportunities for increasing the Society's profile, engagement with members and stakeholders and increased activity through a range of methods. The performance of the Society is measured against: (a) Membership levels: individual and unit (through the Clinical Trials Group); (b) Number of educational meetings and events conducted; (c) Involvement in industry related issues and matters; and (d) Number of publications assisted or published.

**Qualifications, experience and special responsibilities of the directors**

**Dr S Warrillow**
*Qualifications:* MBBS/FCICM/FRACP
*Experience:* Director since Mar 2010
*Special Responsibilities:* Vice President

**Dr M Ziegenfuss**
*Qualifications:* FCICM/FRCS
*Experience:* Director since Feb 2008
*Special Responsibilities:* President

**Dr D Ku**
*Qualifications:* MBBS/FCICM
*Experience:* Director since Nov 2016
*Special Responsibilities:* Hon. Secretary

**Dr A Holley**
*Qualifications:* MBBCh/BSc/FACEM/FCICM
*Experience:* Director since Dec 2010
*Special Responsibilities:* Hon. Treasurer

**Dr Y Ali Abdelhamid**
*Qualifications:* MBBS/FRACP/FCICM
*Experience:* Director since Dec 2015
*Special Responsibilities:* Chair – SA Region

**Dr M Ashbolt**
*Qualifications:* *BMed Sci*/MBBS/FCICM/FACEM
*Experience:* Director since Feb 2017
*Special Responsibilities:* Chair – TAS Region

**Dr D Austin**
*Qualifications:* *MBBS (Hons)/FRACP/FCICM*
*Experience:* Director since Nov 2017
*Special Responsibilities:* Chair – NSW Region

**Dr B Barry**
*Qualifications:* MBBS/FRCA/FCICM
*Experience:* Director since Nov 2013
*Special Responsibilities:* Chair – NZ Region

**Dr C French**
*Qualifications:* MBBS/FANZCA/FCICM
*Experience:* Director since June 2015
*Special Responsibilities:* Chair – Clinical Trials Group

**Dr R Hegde**
*Qualifications:* MBBS/MD/EDICM/FCICM
*Experience:* Director since Oct 2014
*Special Responsibilities:* Chair – QLD Region

**Dr P Hicks**
*Qualifications:* MBchB/FCICM
*Experience:* Director since Jun 2017
*Special Responsibilities:* Chair – CORE Management

**Dr K Millar**
*Qualifications:* MBChB/PhD/FRACP/FCICM
*Experience:* Director since Feb 2012
*Special Responsibilities:* Paediatric Representative

**Dr M Nicholls**
*Qualifications:* MBBS/FRACP/FCICM
*Experience:* Director since Oct 2014
*Special Responsibilities:* Chair – NSW Region/PricE

**Dr B Wibrow**
*Qualifications:* MBBS/FACEM/FCICM
*Experience:* Director since Feb 2016
*Special Responsibilities:* Chair – WA Region

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## DIRECTOR'S REPORT

*(Continued)*

**Directors' meetings**

During the financial year, 3 meetings of directors were held. Attendances by each director were as follows:

| Directors | Number eligible to attend | Number attended |
|---|---|---|
| Dr Y Ali Abdelhamid | 3 | 2 |
| Dr M Ashbolt | 3 | 3 |
| Dr D Austin | 2 | 2 |
| Dr B Barry | 3 | 3 |
| Dr A Deane | 1 | 1 |
| Dr C French | 3 | 3 |
| Dr R Hegde | 3 | 3 |
| Dr P Hicks | 3 | 3 |
| Dr A Holley | 3 | 2 |
| Dr D Ku | 3 | 3 |
| Dr KJ Millar | 3 | 3 |
| Dr M Nicholls | 3 | - |
| Dr S Warrillow | 3 | 3 |
| Dr B Wibrow | 3 | 2 |
| Dr A Chapman (as proxy for Dr B Wibrow) | 1 | 1 |
| Dr M Ziegenfuss | 3 | 3 |

**Amount which each class of member is liable to contribute if the Society is wound up**

The Society is incorporated under the Corporations Act 2001 and is a company limited by guarantee. Every member of the Society undertakes to contribute to the property of the Society in the event of the same being wound up while he/she is a member, or within one year he/she ceases to be a member, for payment of the debts and liabilities of the Society (contracted before he/she ceases to be a member) and of the charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves, such amount as may be required, not exceeding $20. The liability of members at balance sheet date was limited to $18,260 (2017: $17,720) being 913 (2017: 886) members with a liability limited to $20 each.

**Auditor's independence declaration**

The lead auditor's independence declaration for the year ended 30 June 2018 has been receive and can be found on page 33 and forms part of the director's report.

This Directors' Report is signed in accordance with the resolution of the Board of Directors.

Dr Stephen Warrillow
President
Dated this 30th day of August 2018

Dr Anthony Holley
Hon.Treasurer

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

**AUDITOR'S INDEPENDENCE DECLARATION**
**UNDER SUBDIVISION 60-C SECTION 60-40 OF**
**AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT 2012**
**TO THE DIRECTORS OF AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

(i) 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

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

C.W. Stirling & Co.
Chartered Accountants

John A Phillips
Partner

Dated this 30th day of August 2018
Melbourne.

Liability limited by a scheme approved under Professional Standards Legislation

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

| | Note | 2018 $ | 2017 $ |
|---|---|---|---|
| Revenue from ordinary activities | 2 | 2,649,764 | 2,275,345 |
| Other income | 2 | 150,402 | 47,628 |
| Employee expenses | | (1,470,536) | (1,404,351) |
| Conference and meeting expenses | | (405,898) | (206,895) |
| Administration expenses | | (203,832) | (192,405) |
| IT and consultant expenses | | (157,838) | (97,005) |
| Depreciation and amortisation expense | | (125,904) | (103,264) |
| Travel and committee expenses | | (114,200) | (122,542) |
| Awards, sponsorships and scholarships | | (38,727) | (29,500) |
| Other expenses from ordinary activities | | (34,237) | (25,435) |
| **Profit for the year** | 1(b) | 248,994 | 141,576 |
| **Other comprehensive income** | | | |
| **Items that will not be reclassified subsequently to profit or loss:** | | | |
| Gain on revaluation of land and building | | - | 720,754 |
| **Total other comprehensive income for the year, net of income tax** | | - | 720,754 |
| **Total comprehensive income for the year** | | **248,994** | **862,330** |

The accompanying notes form part of these financial statements.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## STATEMENT OF FINANCIAL POSITION
## AS AT 30 JUNE 2018

| | Note | 2018 $ | 2017 $ |
|---|---|---|---|
| **Current Assets** | | | |
| Cash and cash equivalents | 4 | 4,817,450 | 1,682,065 |
| Trade and other receivables | 5 | 57,593 | 53,121 |
| Other current assets | 6 | 165,574 | 125,646 |
| Total current assets | | 5,040,617 | 1,860,832 |
| **Non-Current Assets** | | | |
| Financial assets | 7 | 1,191,316 | 569,882 |
| Property, plant and equipment | 8 | 22,909 | 3,214,590 |
| Intangible assets | 9 | 363,515 | 426,087 |
| Total non-current assets | | 1,577,740 | 4,210,559 |
| **Total Assets** | | 6,618,357 | 6,071,391 |
| **Current Liabilities** | | | |
| Trade and other payables | 10 | 805,634 | 578,430 |
| Employee benefits | 11 | 346,482 | 254,248 |
| Total current liabilities | | 1,152,116 | 832,678 |
| **Non-Current Liabilities** | | | |
| Employee benefits | 11 | 1,218 | 22,684 |
| Total non-current liabilities | | 1,218 | 22,684 |
| **Total Liabilities** | | 1,153,334 | 855,362 |
| **NET ASSETS** | | 5,465,023 | 5,216,029 |
| **Equity** | | | |
| Reserves | 12 | - | 1,537,477 |
| Retained earnings | | 5,465,023 | 3,678,552 |
| **TOTAL EQUITY** | | 5,465,023 | 5,216,029 |

The accompanying notes form part of these financial statements.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## STATEMENT OF CASH FLOWS
## FOR THE YEAR ENDED 30 JUNE 2018

| | Note | 2018 $ | 2017 $ |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Receipt of grants | | 1,226,184 | 1,134,450 |
| Cash receipts from members and customers | | 1,433,346 | 1,272,388 |
| Interest received | | 38,203 | 37,302 |
| Payments to suppliers and employees | | (2,591,616) | (2,363,606) |
| Net cash from operating activities | 13 | 106,117 | 80,534 |
| **Cash flows from investing activities** | | | |
| Proceeds from sale of land and building | | 3,622,906 | - |
| Payment for property, plant and equipment | | (18,272) | (8,425) |
| Payment for intangible assets | | (32,999) | (117,719) |
| Income from financial assets | | 36,445 | 28,053 |
| Payment for available-for-sale financial assets | | (638,899) | (58,165) |
| Proceeds from disposal of available-for-sale financial assets | | 60,087 | 114,855 |
| Net cash used in investing activities | | 3,029,268 | (41,401) |
| Net increase in cash and cash equivalents | | 3,135,385 | 39,133 |
| Cash and cash equivalents at beginning of financial year | | 1,682,065 | 1,642,932 |
| Cash and cash equivalents at end of financial year | 4 | 4,817,450 | 1,682,065 |

The accompanying notes form part of these financial statements.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## STATEMENT OF CHANGES IN EQUITY
## FOR THE YEAR ENDED 30 JUNE 2018

| | Retained earnings $ | Asset revaluation reserve $ | Total $ |
|---|---|---|---|
| Balance at 1 July 2016 | 3,536,976 | 816,723 | 4,353,699 |
| Profit attributable to the Society | 141,576 | - | 141,576 |
| Gains on revaluation of land and building | - | 720,754 | 720,754 |
| **Balance at 30 June 2017** | 3,678,552 | 1,537,477 | 5,216,029 |
| Profit attributable to the Society | 248,994 | - | 248,994 |
| Transfer of reserve to retained earnings upon sale of asset | 1,537,477 | (1,537,477) | - |
| **Balance at 30 June 2018** | 5,465,023 | - | 5,465,023 |

The accompanying notes form part of these financial statements.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

The financial statements are for Australian and New Zealand Intensive Care Society (the "Society") as an individual entity, incorporated and domiciled in Australia. The Society is a not-for-profit company limited by guarantee. The registered office and principal place of business of the Society is 277 Camberwell Road, Camberwell, Victoria, 3053.

### 1. Summary of significant accounting policies

### Basis of accounting

The Society applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards.*

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 30 August 2018 by the directors of the company.

### Accounting policies

### (a) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. Subscriptions, sponsorships, fees from conferences and meetings, grants and donations relating to the reporting period are recognised as income. Subscriptions, sponsorships, fees from conferences and meetings, and grants received for periods not within reporting period are recorded as income in advance.

Non-reciprocal grant revenue is recognised in the profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Interest rate revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

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

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

### 1. Statement of significant accounting policies (continued)

**(b) Taxation**

No provision for income tax has been raised as the Society is endorsed as an income tax exempt charity under Division 50 of the Income Tax Assessment Act 1997.

**(c) Property, plant and equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and impairment losses.

Property

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings. In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Depreciation

The depreciable amount of all fixed assets including buildings, but excluding freehold land, is depreciated on either a straight line or diminishing value basis over the asset's useful life to the entity commencing from the time the asset is held ready for use.

The estimated useful lives in the current and comparative periods are as follows:

| Class of asset | Useful life |
|---|---|
| • Buildings | 40 years |
| • Plant and equipment | 3 – 25 years |

The asset's residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting date.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

Australian and New Zealand Intensive Care Society

ABN 81057 619 986

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

**1. Statement of significant accounting policies (continued)**

**(d) Financial instruments**

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the equivalent to the date that the Society commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest rate method.

The effective interest rate method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

*(i) Financial assets at fair value through profit or loss*

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

*(ii) Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

**1. Statement of significant accounting policies (continued)**

*(iii) Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Society's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

*(iv) Available-for-sale investments*

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

*(v) Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the Society assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments: indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

**1. Statement of significant accounting policies (continued)**

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Society no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged or cancelled, or have expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

**(e) Impairment of non-financial assets**

At the end of each reporting period, the Society assesses whether there is any indication than an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying value. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard. Where it is not possible to estimate the recoverable amount of an individual asset, the Society estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**(f) Employee benefits**

Provision is made for the Society's liability for employee benefits arising from services rendered by employees to the end of the reporting date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on government bonds with terms to maturity that match the expected timing of cash flows.

**(g) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of three months or less.

**(h) Trade and other payables**

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

**(i) 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 Taxation 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 statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

**1. Statement of significant accounting policies (continued)**

**(j) Intangible assets**

COMET software development

Costs that are directly attributable to the development of COMET software are recognised as an intangible asset and are amortised to the Income Statement over a period of five years.

Website development

Costs that are directly attributable to the development of the website are recognised as an intangible asset and upon commissioning of the new website will be amortised to the Income Statement over a period of five years.

**(k) Comparative figures**

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

**(l) Critical accounting estimates and judgments**

The directors evaluate estimates and judgments incorporated into the financial statements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Society.

Key estimates

*Valuation of freehold land and buildings*

The freehold land and buildings were independently valued at 21 February 2017 by Opteon. The valuation was based on the fair value less costs of disposal. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties. The valuation resulted in a revaluation increment of $720,754 being recognised for the year ended 30 June 2017.

**(m) New and amended Accounting Standards**

Accounting Standards issued by the AASB that are not yet mandatorily applicable to the company, together with an assessment of the potential impact of such pronouncements on the company when adopted in future periods, are discussed below:

AASB 15: Revenue from Contracts with Customers (applicable to annual reporting periods beginning on or after 1 January 2018, as deferred by AASB 2015-8: Amendments to Australian Accounting Standards – Effective Date of AASB 15).

When effective, this Standard will replace the current accounting requirements applicable to revenue with a single, principles-based model. Apart from a limited number of exceptions, including leases, the new revenue model in AASB 15 will apply to all contracts with customers as well as non-monetary exchanges between entities in the same line of business to facilitate sales to customers and potential customers.

The core principle of the Standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for the goods or services. To achieve this objective, AASB 15 provides the following five-step process:

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

**1. Statement of significant accounting policies (continued)**

- identify the contract(s) with a customer;
- identify the performance obligations in the contract(s);
- determine the transaction price;
- allocate the transaction price to the performance obligations in the contract(s); and
- recognise revenue when (or as) the performance obligations are satisfied.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented per AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors (subject to certain practical expedients in AASB 15); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. There are also enhanced disclosure requirements.

Although the directors anticipate that the adoption of AASB 15 may have an impact on the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

AASB 16: Leases (applicable to annual reporting periods beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard are as follows:

- recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-of-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components;
- inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
- application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
- inclusion of additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although the directors anticipate that the adoption of AASB 16 will impact the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

| | 2018 $ | 2017 $ |
|---|---|---|
| **2. Revenue and other income** | | |
| Revenue: | | |
| Grants | 1,320,671 | 1,264,017 |
| Subscriptions | 506,930 | 491,268 |
| Surplus from ASM | 147,027 | 18,189 |
| Conferences and meetings | 370,840 | 223,127 |
| Sponsorship | 168,122 | 135,050 |
| | 2,513,590 | 2,131,651 |
| Other revenue: | | |
| Interest received – cash and cash equivalents | 29,218 | 43,616 |
| Investment dividends and distributions | 60,820 | 30,581 |
| Sundry income | 46,136 | 69,497 |
| | 136,174 | 143,694 |
| Total revenue | 2,649,764 | 2,275,345 |
| Other income: | | |
| Gain on sale of land and building | 107,780 | - |
| Gain on disposal of investments held | 8,450 | - |
| Unrealised gain on investments held | 34,172 | 47,628 |
| Total other income | 150,402 | 47,628 |
| Total revenue and other income | 2,800,166 | 2,322,973 |
| **3. Profit for the year** | | |
| **a Expenses** | | |
| Employee benefits expense | | |
| – contribution to defined contribution superannuation funds | 117,096 | 113,034 |
| Depreciation and amortisation | 125,904 | 103,264 |
| Loss on disposal of investments | - | 13,376 |
| **b Significant revenue and expenses** | | |
| Gain on sale of land and building | 107,780 | - |
| **4. Cash and cash equivalents** | | |
| Cash on hand | 300 | 300 |
| Cash at bank | 1,134,038 | 682,065 |
| Cash on short term deposit | 3,683,112 | 999,700 |
| | 4,817,450 | 1,682,065 |
| **5. Trade and other receivables** | | |
| Trade receivables | 22,773 | 22,210 |
| Other receivables | 34,820 | 30,911 |
| | 57,593 | 53,121 |
| **6. Other current assets** | | |
| Prepayments | 165,574 | 125,646 |

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

| | 2018 $ | 2017 $ |
|---|---|---|
| **7. Financial assets** | | |
| Available for sale financial assets | | |
| - investments in listed Australian securities | 558,749 | 308,670 |
| - investments in managed funds | 632,567 | 261,212 |
| | 1,191,316 | 569,882 |
| **8. Property, plant and equipment** | | |
| Land and buildings | | |
| Freehold land – at valuation (i)(ii) | - | 2,200,000 |
| Buildings – at valuation (i)(ii) | - | 1,000,000 |
| Less accumulated depreciation | - | (8,853) |
| | - | 991,147 |
| Total land and buildings | - | 3,191,147 |
| Plant and equipment | | |
| Plant and equipment - at cost | 99,464 | 131,323 |
| Less accumulated depreciation | (76,555) | (107,880) |
| Total plant and equipment | 22,909 | 23,443 |
| Total property, plant and equipment | 22,909 | 3,214,590 |

(i) The freehold land and buildings were sold at auction on 9 March 2018. Settlement and completion of the sale transaction occurred 25 June 2018.

(ii) Asset revaluation: The freehold land and buildings were independently valued at 21 February 2017 by Opteon. The valuation was based on the fair value less costs to sell. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current demand for land and buildings in the area and recent sales data for similar properties. The valuation resulted in a revaluation increment of $720,754 being recognised for the year ended 30 June 2017.

Movements in carrying amounts

| | Freehold land and buildings (a) $ | Plant and equipment $ | Total $ |
|---|---|---|---|
| **2018** | | | |
| Balance at 1 July 2017 | 3,191,147 | 23,443 | 3,214,590 |
| Additions | - | 18,272 | 18,272 |
| Disposals | (3,173,887) | (5,733) | (3,179,620) |
| Depreciation for the year | (17,260) | (13,073) | (30,333) |
| Balance at 30 June 2018 | - | 22,909 | 22,909 |
| **2017** | | | |
| Balance at 1 July 2016 | 2,494,584 | 42,323 | 2,536,907 |
| Additions | - | 8,426 | 8,426 |
| Revaluation increment | 720,754 | - | 720,754 |
| Depreciation for the year | (24,191) | (27,306) | (51,497) |
| Balance at 30 June 2017 | 3,191,147 | 23,443 | 3,214,590 |

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

| | 2018 $ | 2017 $ |
|---|---|---|
| **9. Intangible assets** | | |
| COMET software development - at cost | 477,855 | 477,855 |
| Less accumulated amortisation | (147,339) | (51,768) |
| Total COMET software development | 330,516 | 426,087 |
| | | |
| Website development - at cost | 32,999 | - |
| Less accumulated amortisation | - | - |
| Total website development | 32,999 | - |
| | | |
| Total intangible assets | 363,515 | 426,087 |

Movements in carrying amounts

| | COMET Software $ | Website $ | Total $ |
|---|---|---|---|
| **2018** | | | |
| Balance at 1 July 2017 | 426,087 | - | 426,087 |
| Additions | - | 32,999 | 32,999 |
| Depreciation for the year | (95,571) | - | (95,571) |
| Balance at 30 June 2018 | 330,516 | 32,999 | 363,515 |
| | | | |
| **2017** | | | |
| Balance at 1 July 2016 | 360,136 | - | 360,136 |
| Additions | 117,719 | - | 117,719 |
| Depreciation for the year | (51,768) | - | (51,768) |
| Balance at 30 June 2017 | 426,087 | - | 426,087 |

| | 2018 $ | 2017 $ |
|---|---|---|
| **10. Trade and other payables** | | |
| Trade creditors | 20,580 | 101,746 |
| Sundry creditors and accruals | 117,231 | 61,664 |
| GST Payable | 353,661 | - |
| Grants received in advance | 25,121 | 42,750 |
| Subscriptions received in advance | 243,116 | 215,968 |
| Sponsorship & registrations received in advance | 45,925 | 156,302 |
| | 805,634 | 578,430 |
| | | |
| *Financial liabilities at amortised cost classified as trade and other payables* | | |
| Trade and other payables | | |
| - Total current | 805,634 | 578,430 |
| - Total non-current | - | - |
| | 805,634 | 578,430 |
| Less deferred income | (314,162) | (415,020) |
| Financial liabilities as trade and other payables | 491,472 | 163,410 |

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

| | 2018 $ | 2017 $ |
|---|---|---|
| **11. Employee benefits** | | |
| Current | | |
| Provision for annual leave | 123,856 | 103,905 |
| Provision for long service leave | 222,626 | 150,343 |
| | 346,482 | 254,248 |
| Non-current | | |
| Provision for long service leave | 1,218 | 22,684 |

Provision for employee benefits

Provision for employee benefits includes amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave that have vested due to employees having completed the required period of service. Based upon past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next twelve months. However, these amounts must be classified as current liabilities since the Society does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been disclosed in Note 1(f).

| | 2018 $ | 2017 $ |
|---|---|---|
| **12. Reserves** | | |
| Asset revaluation reserve | - | 1,537,477 |
| Balance at the beginning of the year | 1,537,477 | 816,723 |
| Add: Revaluation increment | - | 720,754 |
| Less: Transferred to retained profits upon sale of land and buildings | (1,537,477) | - |
| Balance at the end of the year | - | 1,537,477 |

The asset revaluation reserve records the revaluations of non-current assets.

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

| | 2018 $ | 2017 $ |
|---|---|---|
| **13. Notes to the Statement of Cash Flows** | | |
| Reconciliation of cash flow from operations with profit after income tax | | |
| Profit from ordinary activities | 248,994 | 141,576 |
| Add/(less) non-cash items: | | |
| Depreciation and amortisation | 125,904 | 103,264 |
| Investment income reclassified | (60,820) | (30,581) |
| (Gain) loss on disposal of land and buildings | (107,780) | - |
| (Gain) loss on write down of plant and equipment | 1,494 | - |
| (Gain) loss on disposal of investments | (8,450) | 13,376 |
| Unrealised (gain) loss on investments held | (34,172) | (47,628) |
| Change in assets and liabilities | | |
| (Increase)/decrease in trade and other receivables | 19,903 | 16,829 |
| (Increase)/decrease in other current assets | (39,928) | (91,294) |
| Increase/(decrease) in trade and other payables | (109,796) | (18,705) |
| Increase/(decrease) in provisions | 70,768 | (6,303) |
| Net cash used in operating activities | 106,117 | 80,534 |

**14. Related Parties**

Directors

The following persons held the position of Director of the Society during the financial year:
Dr Stephen Warrillow, Dr Marc Ziegenfuss, Dr David Ku, Dr Anthony Holley, Dr Yasmine Ali Abdelhamid, Dr Michael Ashbolt, Dr Danielle Austin, Dr Ben Barry, Dr Adam Deane, Dr Craig French, Dr Rajeev Hegde, Dr Peter Hicks, Dr Kenneth John Millar, Dr Mark Nicholls, Dr Bradley Wibrow

Directors provided their services to the Society at no cost. There were no transactions with Directors during the financial year.

**15. Key management personnel compensation**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Society, directly or indirectly, including any director (whether executive or otherwise) of that company is considered key management personnel. The totals of remuneration paid to key management personnel of the company during the year are as follows:

| | 2018 $ | 2017 $ |
|---|---|---|
| Short-term employee benefits | 392,296 | 364,982 |
| Post-employment benefits | 36,788 | 33,552 |
| Other long-term benefits | - | - |
| Key management personnel compensation | 429,084 | 398,534 |

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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

### 16. Financial risk management

The Society's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amount for each category of financial instruments, measured in accordance with *AASB 139: Financial Instruments: Recognition and Measurement* as detailed in the accounting policies to these financial statements, are as follows:

| | 2018 $ | 2017 $ |
|---|---|---|
| Financial assets | | |
| Cash and cash equivalents | 4,817,450 | 1,682,065 |
| Trade and other receivables | 57,593 | 53,121 |
| Available-for-sale financial assets | 1,191,316 | 569,882 |
| **Total financial assets** | 6,066,359 | 2,305,068 |
| | | |
| Financial liabilities | | |
| Financial liabilities at amortised cost: | | |
| - trade and other payables | 491,472 | 163,410 |
| **Total financial liabilities** | 491,472 | 163,410 |

Refer to Note 17 for detailed disclosures regarding the fair value measurement of the company's financial assets.

### 17. Fair value measurements

The Society has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition. The Society does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

| | Note | 2018 $ | 2017 $ |
|---|---|---|---|
| Recurring value measurements | | | |
| *Financial assets* | | | |
| Available for sale financial assets | | | |
| - investments in listed Australian securities (i) | 7 | 558,749 | 308,670 |
| - investments in managed funds (i) | 7 | 632,567 | 261,212 |
| | | 1,191,316 | 569,882 |
| *Non-financial assets* | | | |
| - freehold land (ii) | 8 | - | 2,200,000 |
| - buildings (ii) | 8 | - | 991,147 |
| | | - | 3,191,147 |

(i) For investments in listed securities and managed funds, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.

(ii) For freehold land and buildings, the fair values are based on an independent valuation which used comparable market data for similar properties.

### 18. Events subsequent to reporting date

Since the end of the financial year, there are no events or transactions which could render any particulars included in the financial statements to be misleading or inaccurate.

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018**

## 19. Contingent liabilities

There are no contingent liabilities as at 30 June 2018 (2017: $Nil).

| | 2018 $ | 2017 $ |
|---|---|---|
| **20. Capital and leasing commitments** | | |
| Operating lease commitments | | |
| Non-cancellable operating leases contracted for but not recognised in the financial statements. | | |
| Payable – minimum lease payments: | | |
| - not later than one year | 93,199 | - |
| - later than one year and not later than five years | 189,025 | - |
| - later than five years | - | - |
| | 282,224 | - |

The property lease commitments are a non-cancellable operating lease contracted for but not capitalised in the financial statements with a three-year lease term with an option to lease for a further three years. Increases in lease commitments are 4.0% per annum.

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## DIRECTORS' DECLARATION

The Directors of the Australian and New Zealand Intensive Care Society (the "Society") declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 34 - 51, are in accordance with the *Australia Charities and Not-for-profits Commission Act 2012* and:

   (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   (b) give a true and fair view of the financial position of the Society as at 30 June 2018 and of its performance for the year ended on that date; and

2. There are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Dr Stephen Warrillow
President

Dr Anthony Holley
Hon. Treasurer

Dated this 30th day of August 2018.

# INDEPENDENT AUDIT REPORT TO MEMBERS OF THE AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

## Report on the Audit of the Financial Report

### Opinion

We have audited the financial report of Australian and New Zealand Intensive Care Society, which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Australian and New Zealand Intensive Care Society has been prepared in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012,* including:

I. giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance for the year then ended; and

II. complying with Australian Accounting Standards and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

Liability limited by a scheme approved under Professional Standards Legislation

## INDEPENDENT AUDIT REPORT TO MEMBERS OF THE AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

*(Continued)*

**Auditor's Responsibilities for the Audit of the Financial Report (continued)**
As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

C. W. Stirling & Co
Chartered Accountants

John Phillips
Director

Dated this 30th day of August 2018.
Melbourne.

Liability limited by a scheme approved under professional standards legislation

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Appendix One

# ANNUAL GENERAL MEETING

**4.45pm Friday 13th October 2017**
**Arena 1B, Gold Coast Convention & Exhibition Centre, Gold Coast, Queensland**

## DRAFT MINUTES

### 1. WELCOME, PRESENT & APOLOGIES — *President*

***Present***

Dr Marc Ziegenfuss (President)
Dr Stephen Warrillow (Vice President)
Dr Anthony Holley (Hon Treasurer)
A/Prof Adam Deane (Hon Secretary)
Dr Michael Ashbolt
Dr Jonathan Barrett
Dr Ben Barry
Dr Neeraj Bhadange
Dr Nikki Blackwell
Dr Jonathan Buckmaster
Dr Jeremy Cohen
Dr David Cook
Dr David Cooper
Dr David Crosbie
A/Prof Adam Deane
Dr Naomi Diel
Dr Graeme Duke
Dr Katrina Ellem
Dr Craig French
Dr Elizabeth Fugaccia
Dr David Gattas
Dr Ben Gelbart
Dr Rajeev Hegde
Dr Robert Henning
Dr Gill Hood
Dr Ian Jenkins
Dr Amod Karnik
Dr Myrene Kilminster
Dr Cameron Knott
Dr David Ku
A/Prof Christopher MacIsaac
Dr Steven McGloughlin
Dr Tony Mullens
Dr Mark Nicholls
A/Prof David Pilcher
Dr Sam Radford
Dr Mahesh Ramanan
Dr Raymond Raper
Dr David Rigg
Dr John Santamaria
Dr Siva Senthuran
Dr Geoff Shaw
A/Prof George Skowronski
Dr Ruwan Suwandarathne
Dr Richard Totaro
Dr Shane Townsend
Dr David Tuxen
A/Prof Andrew Udy
Dr Bradley Wibrow
Dr Sarah Yong

***Apologies***

Dr Jonathan Casement
Prof Geoff Cutfield
Prof John Myburgh
Hon Dr Brian Pezzutti
Dr Ian Seppelt
Dr Wade Stedman
Dr Ron Trubuhovich

***In Attendance***

Brent Kingston *(Minutes)*
Gian Sberna (ANZICS General Manager)

MZ welcomed all to the meeting and noted the apologies received for the AGM.

### 2. MINUTES OF PREVIOUS MEETING — *President*

Marc Ziegenfuss (MZ) proposed the minutes of the previous AGM, held Friday 21st October 2016 be accepted as a true and accurate record of the meeting.

**Motion:** The minutes are accepted as a true and accurate record of the meeting.
**Proposed:** Marc Ziegenfuss
**Seconded:** David Pilcher

***Motion Carried***

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## 3. PRESIDENT'S REPORT

MZ updated on the past 12 months as ANZICS President.

It was announced that the Women in Intensive Network (WIN) are new a subcommittee of ANZICS, advising of the need for change and facilitation of gender equity. MZ highlighted that there is not only a need to address this at a representational level, but also at a foundational level.

The networking component of conferences should not be underrated, advising that the ability to engage and share experiences can be invaluable.

It was highlighted that ANZICS has lost its way in terms of the current ASM demographic and engaging the newer workforce and millennials. MZ advised that there is a realisation from within the Society to succession plan for the future, particularly in the specialised areas such as CORE, CTG etc. The addition of Trainee's to each of these Committees enables corporate knowledge and stability into the future.

It was noted that ANZICS does not self-promote the activities of the Society and its Committees, particularly those efforts that are completed behind the scenes. The best advocates of the Society are those that are actively involved from within and it isn't until the what does ANZICS do question is raised do people understand.

MZ advised that the recent Expressions of Interest for workforce and wellbeing are currently still open. The aims of this group is to create a position statement on how to protect our craft group. MZ advised of the need to strengthen the collaboration with the nursing contingent and to further enhance the presence of ANZICS in the ICU community.

MZ thanked the group for the opportunity of fulfilling the ANZICS Presidency, the fellow Board Members that have served along with Gian Sberna and the Central Team at ANZICS House.

## 4. TREASURER'S REPORT

AH presented the Treasurer's Report to the ANZICS Membership.

The profit margin for 2016/2017 was significantly less, this was due to the decrease in income received from grants. Expenses were refined during the year, resulting in a positive surplus.

The total comprehensive income for the year reflects a figure of $862,000, compared to $380,000 in 2016. This large increase is solely attributed to the mandatory revaluation of ANZICS House.

The main points of revenue for the Society were:

- CORE Funding
- Conferences
- Membership Subscriptions

Current total assets of the Society are $5.2 million, with the liabilities $855,000, mainly due to monies outstanding, along with long service leave and staff salaries etc.

The forthcoming financial year forecasts a breakeven result, with potential for this to increase following the result of the 2017 ASM.

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**Motion:** The 2016/17 Financial Report was accepted as a true and accurate record by the ANZICS Membership.
**Proposed:** Anthony Holley
**Seconded:** Marc Ziegenfuss

**5. ELECTION OF OFFICE BEARERS**
MZ updated on the nominations received for the ANZICS Office-bearer positions, advising that the following positions received interest as follows:

**President:** Stephen Warrillow
**Honorary Treasurer:** Anthony Holley
**Honorary Secretary:** David Ku

MZ called for the membership to ratify the ANZICS Office-Bearer positions.

**Motion:** The nomination received for ANZICS President from Stephen Warrillow be accepted and ratified by the ANZICS Membership.
**Proposed:** Marc Ziegenfuss
**Seconded:** Rajeev Hegde

Unanimous vote in support of the ratification.

**Motion:** Anthony Holley's nomination for ANZICS Honorary Treasurer be accepted and ratified by the ANZICS Membership.
**Proposed:** Marc Ziegenfuss
**Seconded:** Rajeev Hegde

Unanimous vote in support of the ratification.

**Motion:** David Ku's nomination for the role of Honorary Secretary be accepted and ratified by the ANZICS Membership.
**Proposed:** Marc Ziegenfuss
**Seconded:** Rajeev Hegde

Unanimous vote in support of the ratification.

**6. EXECUTIVE COMMITTEE PROPOSAL TO THE MEMBERSHIP**
MZ advised the Executive and the Board have been deliberating the sale of ANZICS House for a number of years. This recently received the full support of the ANZICS Board and to source an alternative location or to potentially co-locate with CICM.

GS presented information on impending concerns with regards to the sale of ANZICS House providing the Society with an ideal time to capitalise on value of the property. The current facility is approximately 45 years old and is beginning to require more significant works. The concrete on the building façade is beginning to require maintenance with an increasing need to replace areas on the upper floors. The buildings air-conditioning system is nearing a full replacement, initial quotes have come in at approximately $120,000.

Directly opposite the property a large-scale redevelopment has been approved, this will see two, ten storey student apartment buildings constructed. This will see restricted access to the laneway where the office is located, affecting logistics of entering and exiting. Due to the plan including the demolition of the current property and the creation of underground foundations, this is likely to increase the cracks appearing on structure of ANZICS House. ANZICS House presently has fantastic views across to the CBD located 400m away, however, the planned works will erase these and tower six storeys above the building. Opinions received from Real Estate Agents have advised of the risk of devaluation.

The Melbourne Metro Tunnel will also affect Carlton as a suburb due to road restrictions caused by tunnelling. Recent council work has seen the laneway temporarily closed off, along with frequent obstructions from garbage trucks and Peugeot Service Centre trucks. It was noted that this could be a risk to those working at Ievers Terrace due to the inability to evacuate during an emergency. Following multiple valuations, it has been advised that ANZICS House is currently valued at $4 million.

GS advised that from a membership perspective, these funds could be added to the investment portfolio or to look to purchase property in future.

George Skowronski queried what the potential next property may look like/ cost. GS advised that this process had not yet begun, advising that this would need to be completed in consultation with the ANZICS Board. The inner-city fringe is still the preferred location for ANZICS, however, renting a property may be the best way forward with the interest off the potential building funds in the managed portfolio covering this expense.

Stephen Warrillow also advised that the ability to maintain the asset and lease to another businesses was explored, although upon evaluation wasn't a preferred option.

It was advised that no formal discussions had begun with CICM regarding a potential relocation.

**Motion:** The ANZICS Board and Executive proposed the progression of the sale of ANZICS House and the pursuit of a new office location for ANZICS House.
**Proposed:** Mark Nicholls
**Seconded:** Anthony Holley

The Membership voted in support of this decision.

**7. MEMBERSHIP REPORT**
AD presented the Membership Report.

A large amount of work had been completed in removing members outstanding for multiple financial years from the database. There are currently 736 ANZICS Members. Full members currently reflect 481, this particular category has shown little growth, however there has been an increase across nursing and allied health categories.

A strategic planning day is currently being organised, it was advised that a survey for member feedback would be a valuable tool to assist with this.

David Tuxen questioned what percentage of practicing Intensivists and Trainees ANZICS currently captures. AD advised that the total number was approximately 45-50%, although it is difficult to confirm the exact number due to the requirement of CICM data to compare. Due to privacy issues with third party organisations, this is highly unlikely.

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MZ thanked AD for his term as Honorary Secretary.

**8. PROFESSIONAL PRACTICE**
**8.1 Practice and Economics Committee**

MN highlighted the recent involvement in the MBS Review Taskforce, with intensive care the second specialty involved. The report was recently released for public consultation. The Committee were supportive of all of the recommendations. It is encouraged that the membership review and direct any comments back to Canberra. The daily management fees 13870 and 13873 remain unchanged, the invasive pressure monitoring 13876 is also unchanged. There has been a removal of differential fees for balloon pumps to leave only the fixed fee 13848. In terms of prescriptors, some people have been using ultrasound that have been jointly used with the Radiologists that will no longer possible with access only to the 13815 and the 13842.

It is hopeful that there will be traction on a new MBS Item for discussion documentation on the roles of care by an Intensive Care Specialist. For example; if time is spent speaking with patients and their families, this should be documented within the notes – there will be a reasonable fee associated. The fee won't be passed onto the patient, it will go to the intensive care unit. This will move forward with an MSAC item.

MN noted that Medibank Private had approached the Society, advising that in the small print there was a note that the Intensive Care Doctor needed to document in the notes in some way that they had seen the patient. After Medibank review of 126 submissions of a selected hospital, it was found that in 32 of these, at least one day had no evidence of intensive care involvement. MN highlighted that in hospital one, there were 478 admissions, with 44 occurrences of no intensive care involvement.

Comment was made by Medibank that they may seek to retrospectively request money back for these. MN advised that correspondence would be sent out to ensure that from a set date, the Intensivist's name is included in the notes in some way.

**8.2 ANZICS Centre for Outcome and Resource Evaluation**
David Pilcher presented the ANZICS CORE Report on behalf of Peter Hicks.

DP provided updates on COMET, advising that the Data Collection Tool would be replacing AORTIC. The program has been built in a way that it allows user platform expansion to increase the reporting functions to ensure that there is capability to add additional data information in the future. There are currently 44 sites submitting to COMET, with the remainder to be transitioned in the coming year.

Updates were provided on the Datathon held in March, DP highlighted the large amount of work contributed by Cameron Knott, Sarah Yong and Sue Huckson and her team. Over 150 clinicians attended the event, producing a considerable amount of research from the event. There are 10 of these abstracts being presented at the 2017 ASM in varying forms.

There have been 17 publications from the Adult and Paediatric Registries over the last 12 months.

DP advised of the decision to step down as Chair of CORE following 8 years in the position. Peter Hicks has since taken over as Chair, with DP remaining in the form of APD Chair, Johnny Millar as ANZPICR Chair and Ed Litton as CCR Chair. A Deputy/Associate Lead is also intended for the APD to assist with the expanding activities and to ensure succession plans are in place.

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**8.3 ANZICS Clinical Trials Group**
Craig French presented the CTG Update.

Highlight was made to the formation of the CTG Committee nearly 25 years ago and the success achieved within this timeframe.

Over this time, there are now 12 publications across multiple high profile medical journals, $100 million awarded in grant funding and international collaborations with 4 continents with the exception of Africa. The changes within the research sector were noted, with the Medical Research Future Fund to likely become the way CTG research is funded in the future. Associated with this is the rise of other Clinical Trials Groups outside of the intensive care space, that will be competing from the same pool of funding.

CTG have noted the importance to continually review the structure and the way that the committee operates.

**8.4 Safety & Quality Committee**
Taken as read from the Annual Report.

**8.5 Education Committee**
Taken as read from the Annual Report

**8.6 Death and Organ Donation Committee**
Ben Gelbart presented the DODC Report on behalf of Bill Silvester.

The major output for the Committee has been the update to the 2013 Death and Organ Donation Statement. Work on the statement began in April with a number of face-to-face meetings and teleconferences. Over the next few months, further meetings are planned to finalise the document.

A tripartite Memorandum of Understanding with CICM and OTA was formed to develop Family Donation Conversation element of Organ Donation.

**9. OTHER BUSINESS**
No further business discussed.

**10. FUTURE MEETINGS**

*43rd ANZICS/ACCCN Intensive Care Annual Scientific Meeting (ASM) Adelaide Convention and Exhibition Centre, Adelaide, South Australia 11th – 13th October 2018*

ANZICS

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ISBN: 978-1-876980-71-9
ABN: 81 057 619 986

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