

Healthcare Spend Controls Checklist

For Australian Healthcare Finance Teams

Purpose

Healthcare organisations often deal with multiple funding sources, strict regulations, and audits under high scrutiny. Yet many are still burdened with paper and outdated workflows (over 85% of healthcare orgs rely on manual invoicing processes in 2025).

Use this checklist to quickly assess whether your spend processes give you **visibility before spend happens**, **enforceable controls**, and **audit-ready evidence** across grants, programs, clinics and departments, without piling more admin on your team.

How to complete this checklist (2 minutes)

Select **Yes / No / Not sure** for each item. Then use the Results section at the end to prioritise fixes.



1. Visibility Before Spend Happens

In healthcare, budget blowouts or funding shortfalls are often discovered too late – after invoices are processed or when a program’s funds are exhausted.

Ask yourself:

Do we approve spend before purchase, not only after invoices are received?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can budget holders see what’s already committed (POs, pending expenses), not just what’s been paid?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can we view budget vs actuals in near real time by: <ul style="list-style-type: none">• grant or funding source• program or service line• clinic or facility• department or cost centre	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Do we get alerts when spend is approaching limits (instead of discovering overruns at month-end)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can we confidently answer: “What’s our remaining budget for this program today?”	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



A single view of budget, committed, and actual spend by grant/program, with approvals happening upfront and exceptions flagged early.

2. Expenses, Cards and Small Purchases

Manual expense handling and reconciling corporate cards after-the-fact create heavy admin burdens and increase the risk of policy violations in hospitals and clinics. **Ask yourself:**

Do staff submit expenses digitally (app or web), not via paper and email?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are receipts captured at the point of purchase (with prompts), not chased weeks later?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are corporate/virtual cards issued with clear rules (limits, merchant categories, expiry)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can finance view card transactions in real time , with exceptions flagged?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Have we reduced or eliminated petty cash in favour of trackable spend methods?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



Spend is controlled at the point of purchase: receipts are captured immediately, card rules and approvals prevent policy breaches, and finance manages exceptions in real time instead of fixing issues after the fact.

3. Accounts Payable and Invoice Controls

Manual, paper-based AP workflows are prone to errors, delays, and can jeopardize supply relationships or accreditation if invoices slip through the cracks. **Ask yourself:**

Do all supplier invoices follow a single intake method (AP email/portal), not ad hoc arrivals across locations?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Is invoice data captured automatically (OCR/e-invoicing), not manually re-keyed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Do invoices require approval before payment , with remote approvals supported?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are potential duplicates flagged to prevent double payment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can we see where invoices get stuck (who, how long, and why)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



Accounts payable runs as a smooth, trackable workflow: invoices are captured once, routed and approved on time, bottlenecks are visible, and payments go out accurately, protecting supplier relationships and avoiding avoidable costs.

4. Audit and Compliance Readiness

Healthcare finance teams face regular scrutiny from auditors, government funders, and regulators. Compliance is non-negotiable when patient care and funding are on the line. **Ask yourself:**

Can we produce evidence for every transaction (receipt, approval history, and allocation)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Is audit-critical info stored digitally in one system, not spread across inboxes, folders, and paper files?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are policies and approval rules applied consistently across all clinics/locations?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are GST and FBT treatments applied correctly for relevant spend categories?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are access controls role-based (people only see what they should), with a clear audit trail of changes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



Audits, regulatory checks and funding acquittals are straightforward because every transaction has complete, consistent digital evidence, policies are applied uniformly, and governance gaps are caught early, not during review.

5. Managing Multi-Site, Multi-Entity Complexity

Many healthcare organisations run multiple facilities, programs, and funding streams. Disconnected finance systems or clunky processes make managing this complexity even harder. **Ask yourself:**

Do our spend tools integrate cleanly with our finance/ERP system (e.g., MYOB, Xero, TechnologyOne, Sage, NetSuite, Dynamics)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Do we avoid spreadsheets/manual consolidation to bridge gaps between systems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can we manage multiple entities, clinics and funding sources without duplicating work or data entry?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can staff and approvers work securely from anywhere (cloud access, SSO), without bypassing process?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can we report consistently across sites without “one-off” local workarounds?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



Expenses, cards, POs and invoices flow into your finance/ERP with the right GL, tax and program codes, using one connected workflow across clinics and programs, so finance gets reliable data without manual consolidation.

6. Automation That Actually Reduces Work

Automation and digitisation should reduce effort and risk – not simply shuffle work around or create new complexities. It's worth evaluating if your tech investments are paying off. **Ask yourself:**

Has automation measurably reduced manual data entry and reconciliation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Are senior finance staff freed from low-value admin (chasing receipts, cleaning data, chasing approvals)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Do staff find the process easy enough that they follow it (rather than bypassing it)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Do we have reliable reporting without manual manipulation to "make the numbers work"?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Has finance gained time for higher-value work (forecasting, budgeting, program insights)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

What good looks like



True automation should streamline workflows end-to-end. It should remove manual steps end-to-end, reduce chasing and rework, speed up close, and frees finance to focus on analysis and planning.

How to Use Your Results

Use this checklist to guide internal reviews or upcoming audits. It can help structure conversations with your team about where to streamline processes or justify investment in better tools. Small fixes (like standardising invoice intake, or requiring pre-approvals on high-value spend) can yield big improvements in control and efficiency.

Quick scoring (designer note: include as a small table or chips)

- **Mostly Yes:** If you answered “Yes” to most questions, your spend controls and processes are likely robust. You have a solid foundation for managing healthcare finances in a controlled, scalable way.
- **A mix of Yes/No:** You’ve got foundations, but gaps are creating avoidable admin or risk. Prioritise the sections with the most “No”.
- **Mostly No/Not sure:** If several questions were answered “No,” your organisation could be exposed to unnecessary risk, cost, or inefficiency. These are areas to investigate further before they lead to financial strain or compliance issues.

Priority fixes (pick 1–2 to start):

1. **Standardise invoice intake** (one route in, consistent workflow)
2. **Enforce pre-approval for high-risk spend** (before money leaves)
3. **Capture receipts and evidence at the point of spend** (reduce chasing)
4. **Track budgets by grant/program with committed spend** (avoid surprises)
5. **Lock down role-based access + audit trails** (reduce compliance exposure)

Want a clearer view of where time and risk are hiding?

ProSpend supports ANZ healthcare organisations with real-time visibility, enforceable approvals and audit-ready records across expenses, corporate cards, budgets, purchase orders and accounts payable, all in one platform.

By adopting smarter systems and workflows, you can ensure your hospital or clinic’s funds are managed with the utmost care – and direct more resources to patient care.

Ready to start exploring? Book a demo with us now.

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