



Australian Government

Department of Veterans' Affairs

INFORMATION GUIDE FOR SERVICE PROVIDERS

Better Discharge Planning Program

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1. PURPOSE

This document sets out the service delivery requirements for the Better Discharge Planning (BDP) program delivered by contracted private hospitals.

2. BACKGROUND

The Better Discharge Planning Program was introduced by the Department of Veterans' Affairs (DVA) in 2008. The program recognises that some "at risk" members of the veteran population require additional support following discharge from hospital to ensure that there is a seamless transfer of care from the hospital into community or home based care.

3. OBJECTIVES OF BETTER DISCHARGE PLANNING

BDP is aimed at improving health outcomes for entitled persons by preventing unplanned re-admissions; providing additional support to veterans managing their chronic medical conditions at home; and contributing to the overall wellbeing of those receiving the service.

4. PROGRAM CRITERIA

4.1 Who is eligible for BDP services?

To be eligible for BDP services an entitled person must meet ALL of the following criteria:

- Be an inpatient of the hospital;
- Have a chronic medical condition;
- Have multiple co-morbidities;
- Have a pattern of repeated unplanned re-admissions¹ to hospital and/or non-compliance with medication regimes;
- Live alone, or with someone who has been assessed by the hospital as, due to their frailty or incapacity, not in a position to provide sufficient assistance to the client upon discharge'; and
- Not be enrolled in the Coordinated Veterans' Care program.

4.2 Who is not eligible for BDP services?

The following categories of veteran patients are not eligible for BDP services:

- Outpatients;
- Same day patients or overnight patients admitted for less than 48 hours;
- Rehabilitation patients;²
- Mental Health admissions;³

¹ For example, an unplanned readmission to the same or different hospital within 7 days of discharge.

² This includes, but is not limited to, clients admitted for approved rehabilitation programs.

³ This includes all services in Schedule H of the Hospital Services Agreement

- “Hospital in the Home” patients;
- Dental patients;
- Patients being transferred to another facility;
- Patients being discharged to residential care, or where spouse, carer and/or family support is adequate to ensure the patient is able to successfully transfer to the required care within the community as identified in the discharge plan; or
- Where the patient’s discharge plan is able to be affected under standard discharge planning arrangements.

5. HOW BETTER DISCHARGE PLANNING IS DELIVERED

BDP involves the hospital providing assistance with access to health care services and ongoing care following discharge. It is expected that the support provided to the entitled person by the hospital will extend for a period of 14 days following discharge. The support will be tailored to the needs of the individual and must involve the Local Medical Officer (LMO).⁴

5.1 Distinction from Discharge Planning

The discharge planning requirements set out in all clauses of Section 6 and clauses 6.4 and 6.5 in the “Hospital Services Agreement” provide that post-discharge health and care-needs are identified and advised to the LMO, the entitled person and their carer.

BDP is an extension of the existing discharge planning process and recognises that some entitled persons may be at greater risk when transferring to community or home based care, post discharge. It provides for additional discharge planning services to those already encompassed in the bed day fees. The additional support will provide for an effective transition from in-hospital care to community care arrangements and a return to independent living in the community.

5.2 Local Medical Officers and Better Discharge Planning

DVA recognises the key role played by the LMO in coordinating high quality health care for entitled persons. General feedback from them indicates that they have inadequate involvement in the discharge planning process and often are not aware that their patient has been admitted to hospital.

The involvement and communication with the entitled person’s LMO is vital to the success of the BDP program and, unless there are exceptional circumstances, is considered mandatory.

5.3 Coordinated Veterans’ Care Program

Best endeavours should be made to identify Entitled Persons enrolled as participants in the Coordinated Veteran’s Care (CVC) program as they are not eligible for BDP services. However, these patients are subject to standard discharge planning arrangements and are required to receive a copy of the Discharge Plan.

⁴ Local Medical Officer (LMO) is also known as General Practitioner (GP)

5.4 Delivery of the Program

All BDP services need to be delivered by the medical, nursing and/or discharge practitioners who were involved with, and who have direct knowledge of, the patient. Whilst it is not necessary for hospitals to appoint BDP coordinators as a specialist or standalone position, each patient should have a central point of contact. The Private Hospital Services Agreement⁵ clearly states that no BDP service or function can be outsourced to another hospital or third party provider.

All activity that occurs within the BDP program, including written and verbal communication as well as professional consultations, must be documented in the medical file both pre- and post-discharge.

Where BDP services are provided to a client who does not live alone, all assessments related to the carer's abilities to care for the patient post-discharge, must be kept on the medical file for auditing purposes.

Examples of information to be recorded on the medical file includes:

- Discussions with the patient about participation in the program and when the patient information letter (see below) was given to them, patient consent or refusal to participate in the program;
- Relevant medical and psychosocial information which demonstrates the patient's eligibility for the BDP program;
- Evidence of case conferences and "ward round" discussions pertaining to BDP functions, e.g. if a patient has been identified as being eligible for the program and a case conference is held, the outcomes of this meeting should be documented on the medical chart;
- Written and verbal communication with the general practitioner and other health providers;
- Assessment of carer capability to provide satisfactory assistance to the client on return home;
- Post-discharge phone calls with the patient and other relevant service providers; and
- Any concerns raised by the patient and/ or their family or significant others.

Whilst hospitals are not specifically precluded from claiming the item number more than once per year per client, the program's intent requires an appropriate assessment of whether the program is required for each admission. Receiving a BDP service does not automatically place a patient on the program each time they are subsequently admitted.

⁵ Appendix 3: Better Discharge Planning Program, DVA Hospital Services Agreement for the provision of Hospital Services

5.5 Elements of Better Discharge Planning

The role of the hospital is to actively ensure that assistance is provided to 'at-risk' patients in the two-week post-discharge period and that there is an effective transfer of care to the home or appropriate community setting in order to support entitled persons maintain their independence and live at home.

The Hospital's role includes:

- Ensuring the patient's LMO is involved in the aftercare planning and receives updates on the discharge plan;
- Talking the patient through the discharge plan;
- Ensuring appropriate services are being accessed, and if not, arranging services and checking that these services have commenced;
- Ensuring a medication review is undertaken where required;
- Ensuring that the patient understands the medications to be taken;
- Arranging community nursing services, appointments to allied health services, follow up medical appointments and/or Veterans' Home Care assessments and checking that these services have commenced;
- Confirming that any required home modifications are being undertaken;
- Confirming the delivery of aids and appliances;
- Contacting the entitled person regularly to follow up progress and providing them with a contact number to call if they have concerns;
- Liaising with DVA about matters of concern (e.g. delays in provision of community nursing services, VHC, aids and appliances etc.);
- Ensuring services that the entitled person was accessing prior to admission are reinstated and advised of any changes to the needs of the entitled person; and
- Liaising with ongoing and newly accessed service providers to ensure the entitled person's needs are being met.

5.6 Better Discharge Planning – Financial Reimbursement

Only hospitals that have been approved and contracted to provide the BDP program can participate. Hospitals need to claim item number M154 through the normal payment channels.

The BDP payment is set at **\$500 per occasion** of service. This fee is intended to recognise the extra inputs required to provide the additional level of support following discharge.

6. PATIENT INFORMATION LETTER

All patients on the BDP program are to be provided with a letter of participation which outlines the program and includes contact information relating to their BDP contact person.

Hospitals can customise this letter to suit their individual requirements, and a copy of this letter is to be included in the discharge information for the LMO.

7. BDP QUALITY REPORTING

All DVA contracted hospitals that are contracted to provide BDP services are required to complete and submit an annual quality report no later than 31 October each year. Hospitals can now input BDP quality information in Section 3: BDP Reporting in the [Private Hospital Quality Report](#). Once completed, the Quality Report must be emailed to the Private Hospital Quality Reporting team at: dvaprivatehospitalqualityreports@dva.gov.au

8. CONTRACT COMPLIANCE

DVA has a post-payment monitoring regime in place for BDP claims, and reserves the right to review the hospital's medical files to ensure compliance with service delivery and documentation requirements.

Contract compliance and claims analysis review activities will occur on an ongoing basis. This will include but is not limited to:

- Checking correct item number claiming methods;
- Ensuring that rehabilitation clients are excluded from the program; and
- Auditing of the medical files to ensure that the eligibility criteria is being adhered to and that appropriate documentation is maintained.

9. PROGRAM CONTACT

Hospitals can contact their DVA Contract Manager if they have any questions about BDP.

10. CHANGES TO THE BDP PROGRAMME

The BDP program may be subject to change, as notified by DVA from time to time.