



Welcome to Issue #7 of InPHo (Public Hospital Activities)

As the newly appointed Assistant Secretary of the Hospitals & Defence Homes Services in DVA's Health & Community Services Division, I am delighted to introduce myself to you in this first issue of DVA InPHo for 2012.

In my new role I have quickly become aware of the importance DVA places on its arrangements with public hospitals and on the care provided to the veteran community through these arrangements.

I can assure you that my staff and I will continue to seek opportunities to strengthen DVA's relationships with public hospital staff, and to provide you with the latest news on DVA-funded health services and relevant initiatives through various avenues, including DVA InPHo.

It has been a busy start to 2012 with the first quarter almost behind us. This year marks the 70th anniversary of the bombing of Darwin and the fall of Singapore. I would like to take this opportunity to highlight these anniversaries and pay our respects to those who gave their lives and efforts during those conflicts so many years ago. For information regarding Anzac Day commemorations for 2012 please go to: http://www.dva.gov.au/commems_oawg/commemorations/commemorative_events/anzac_day/Pages/index.aspx

Issue #7 features the latest news about DVA health services and initiatives of relevance to public hospital staff. Issue #7 features:

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I encourage you to share this edition of DVA InPHo with other interested staff at your facility, and I welcome and encourage your feedback and suggestions for topics for the next issue of InPHo in 2012. Please forward your comments to Providerpartnering@dva.gov.au

On behalf of DVA I would like to once again take this opportunity to thank you for the care you provide to the veteran community.

John Fely
Assistant Secretary
Hospitals & Defence Homes Services
April 2012

The Anzac Day Tradition

What is Anzac Day?

Anzac Day – 25 April – is probably Australia's most important national occasion. It marks the anniversary of the first major military action fought by Australian and New Zealand forces during the First World War.

What does Anzac stand for?

Anzac stands for Australian and New Zealand Army Corps. The soldiers in those forces quickly became known as Anzacs, and the pride they took in that name endures to this day.

Why is this day special to Australians?

When war broke out in 1914, Australia had been a federal commonwealth for only 13 years. The new national government was eager to establish its reputation among the nations of the world. In 1915 Australian and New Zealand soldiers formed part of the allied expedition that set out to capture the Gallipoli peninsula in order to open the Dardanelles to the allied navies. The ultimate objective was to capture Constantinople (now Istanbul in Turkey), the capital of the Ottoman Empire, an ally of Germany.

The Australian and New Zealand forces landed on Gallipoli on 25 April, meeting fierce resistance from the Ottoman Turkish defenders. What had been planned as a bold stroke to knock Turkey out of the war quickly became a stalemate, and the campaign dragged on for eight months. At the end of 1915 the allied forces were evacuated,

after both sides had suffered heavy casualties and endured great hardships. Over 8,000 Australian soldiers had been killed. News of the landing on Gallipoli had made a profound impact on Australians at home, and 25 April soon became the day on which Australians remembered the sacrifice of those who had died in the war.

Although the Gallipoli campaign failed in its military objectives, the Australian and New Zealand actions during the campaign left us all a powerful legacy. The creation of what became known as the "Anzac legend" became an important part of the identity of both nations, shaping the ways they viewed both their past and their future.

What does it mean today?

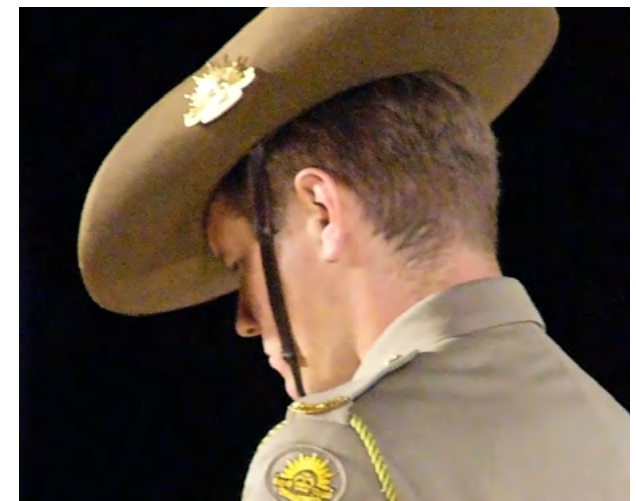
Australians recognise 25 April as an occasion of national remembrance, which takes two forms. Commemorative **services** are held at dawn – the time of the original landing – across the nation. Later in the day, ex-servicemen and women meet to take part in marches through the major cities and in many smaller centres. Commemorative **ceremonies** are more formal and are held at war memorials around the country. In these ways, Anzac Day is a time when Australians reflect on the many different meanings of war.

Both public and private hospitals continue to pay tribute and support the Anzac tradition in a variety of ways including:

- Hospital based Anzac Day services
- Playing the last post
- Sprigs of rosemary for patients
- Serving patients Anzac biscuits.

The Dawn Service

The Dawn Service observed on Anzac Day has its origins in an operational routine which is still observed by the Australian Army today. The half-light of dawn plays tricks with soldiers' eyes and from the earliest times the half-hour or so before dawn, with all its grey, misty shadows, became one of the most favoured times for an attack. Soldiers in defensive positions were therefore woken up in the dark, before dawn, so that by the time the first dull grey light crept across the battlefield they were awake, alert and manning



their weapons. This was, and still is, known as “Stand-to”. It was also repeated at sunset. After the First World War, returned soldiers sought the comradeship they felt in those quiet, peaceful moments before dawn. With symbolic links to the dawn landing at Gallipoli, a dawn stand-to or dawn ceremony became a common form of Anzac Day remembrance during the 1920s; the first official dawn service was held at the Sydney Cenotaph in 1927. Dawn services were originally very simple and followed the operational ritual; in many cases they were restricted to veterans only. The daytime ceremony was for families and other well-wishers, the dawn service was for old soldiers to remember and reflect among the comrades with whom they shared a special bond. Before dawn the gathered veterans would be ordered to “stand to” and two minutes of silence would follow. At the end of this time a lone bugler would play the “Last Post” and then concluded the service with “Reveille”. In more recent times families and young people have been encouraged to take part in dawn services, and services in Australian capital cities have seen some of the largest turnouts ever. Reflecting this change, the ceremonies have become more elaborate, incorporating hymns, readings, pipers and rifle volleys. Others, though, have retained the simple format of the dawn stand-to, familiar to so many soldiers.

The Anzac Day Ceremony

At the Australian War Memorial, the ceremony takes place at 10.15 am in the presence of people such as the prime minister and the governor general. Each year the ceremony follows a pattern that is familiar to generations of Australians. A typical Anzac Day ceremony may include the following features: an introduction, hymn, prayer, an address, laying of wreaths, a recitation, the Last Post, a period of silence, either the Rouse or the Reveille, and the national anthem. After the Memorial's ceremony, families often place red poppies beside the names of relatives on the Memorial's Roll of Honour, as they also do after [Remembrance Day](#) services.

Source: <http://www.awm.gov.au>

Eligibility – Admission to Hospital

Hospitals must have in place pre-admission screening protocols to assess the suitability of Entitled Person patients for admission to the hospital and that the hospital can provide the requisite treatment for the patient's condition during the entire episode of care.

Authorisation requirements are as follows:

DVA's prior “Financial Authorisation” is not required for inpatient treatment of Entitled Persons in the hospital, however before admitting an Entitled Person for treatment at the expense of DVA, the hospital must confirm the Entitled Person's eligibility for the requested treatment with DVA, and seek authorisation if necessary, where:

- the Entitled Person presents a White Card and eligibility for the treatment required is uncertain; or
- the admission is related to:
 - > Respite Care or Convalescent Care, Dental procedures, and ;

- > Surgical/Medical Procedures not listed on the Medicare Benefits Schedule (MBS); or
- > Specific treatments nominated in writing by DVA from time to time (e.g. cosmetic surgery, in-vitro fertilisation procedures); or
- > Other forms of treatment nominated by DVA.

In an emergency, treatment may be provided to an Entitled Person without seeking authorisation. In such cases, the hospital must confirm the Entitled Person's eligibility with DVA on the next business day following the admission and obtain retrospective financial authorisation.

All Australian Defence Force (ADF) personnel admissions require prior financial authorisation from the Department of Defence Local Area Health Service.

WHERE DO I GO FOR MORE INFORMATION?

1300 550 457 (metro) or
1800 550 457 (non-metro)

New Contracts for Transport Providers and a New Online Transport Booking System

DVA engages taxi and hire car operators to transport eligible DVA clients to and from medical appointments.

A recent tender process has seen the range of transport providers extended and new providers appointed, with contracts in place from 1 March 2012. This means that some DVA clients may be transported by a new provider.

DVA clients will continue to receive the same reliable, timely and high quality service they have always received, provided by trained professional drivers who are in tune with the needs of the veteran community.

DVA also has a new health provider online transport booking system which uses a secure internet web interface. Advanced, same day and 'ready now' bookings can be made using this system at your own convenience and will bypass the telephone queues.

Enquiries about access to the online health provider transport booking system can be sent to: hponline@dva.gov.au

More information at the following websites:

http://www.dva.gov.au/service_providers/Pages/booked_car_scheme.aspx

<https://connect.dva.gov.au/>



DVA Hospital Discharge Planning Seminars

DVA's hospital discharge planning seminars entitled, Continuing Care – Hospital to Home, have been held in NSW, Victoria and Queensland.

The DVA Hospital Discharge Planning Seminars are designed specifically to inform private and public hospital staff, involved in discharge planning for the veteran community, about the range of DVA-funded health services they can access to assist with a veteran's discharge following an acute hospital admission.

If you would like an invitation to a DVA Hospital Discharge Planning Seminar in your State, you can register your interest by email to the address below. Please include your name, position, name and address of hospital, email address and telephone number.

The Provider Partnering team hopes to see you at the next DVA Hospital Discharge Planning Seminar in your State.

If you have suggestions for future topics please forward these to the Provider Partnering email address provided.

WHERE DO I GO FOR MORE INFORMATION?

EMAIL: providerpartnering@dva.gov.au

DVA Exhibits at Health Provider Conferences

DVA is looking forward to a busy time during the first half of 2012. In particular, the Department will be touching base with a cross-section of health service providers while featuring DVA-sponsored trade exhibits and speaking spots at various state and national provider conferences throughout Australia.

These events provide excellent opportunities for health service providers to visit the DVA exhibit to meet DVA staff and to access a broad range of resources about DVA-funded health services available to the veteran community.

DVA is featuring exhibits at the following conferences during the first half of 2012:

National Allied Health Professions Association

Canberra 1-3 April 2012.

5th Exercise & Sports Science Australia (ESSA) Conference and 7th Sports Dieticians Australia update.

Gold Coast, Queensland 19-21 April 2012.

Western Australia Pharmaceutical Society Conference

Perth 22 April 2012.

General Practitioners Conference and Exhibition (GPCE) and Practice Nurse Clinical Education (PNCE)

Sydney 18 – 30 May 2012 and Melbourne 16-18 November 2012.

Australian Disease Management Association

Melbourne 13-14 September 2012.

DVA will also be speaking at the following Association meetings:

Local Gathering DVA Contracted Community Nurse Providers

Melbourne 2 May 2012.

Hope to see you at a conference in your city.

WHERE DO I GO FOR MORE INFORMATION?

EMAIL: providerpartnering@dva.gov.au



Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES)

Latest Release:

Topic 29, Home Medicines Review (HMR), now available on secure web site:

https://www.veteransmates.net.au/VeteransMATES/documents/module_materials/M29_TherBrief.pdf

Veterans who are likely to benefit from a HMR include:

- those taking multiple medicines
- those with multiple prescribers
- those prescribed a new medicine
- those who have had recent hospitalisation
- those with cognitive, hearing, vision or dexterity problems
- those taking high-risk medicines

The Australian veteran population is on average 83 years of age with 5 or more chronic conditions. Recognising that this results in veterans having complex medication needs, the Department of Veterans' Affairs has developed the Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) to assist in managing medicine use in the veteran community. Veterans' MATES provides up-to-date health and medicine information for health professionals and

veterans. A team of clinical experts contribute to the writing of this information which is specifically tailored for veterans and their health professionals.

Veterans' MATES uses data from prescription claims to identify members of the veteran community who may be at risk of medication misadventure and provides information which may assist in improving the management of their medicines. This information is tailored to an individual doctor's practice. The log-on facility allows registered practitioners to obtain their practice specific information. This information is available for doctors only.

Veterans' MATES topics cover a range of conditions and medicines and have included: warfarin, diabetes, insomnia, heart failure, falls, gout and medicines review. Topic materials available on this website reflect information current at the time of distribution.

To select information regarding any of the Veterans' MATES topics, please follow the below link to the 'Topics' page and in 'Select a Topic' click on the down arrow which shows the complete list of conditions and medicines topics covered.

<https://www.veteransmates.net.au/VeteransMATES/VeteransMATESServlet?page=site&m=10020>

Q&A from DVA's Hospital Discharge Planning Seminar in Sydney

DVA's hospital discharge planning seminar entitled Continuing Care – Hospital to Home, took place in Sydney in late 2011. The seminar was designed for health professionals from public and private hospitals throughout Australia, who are responsible for the discharge planning process for the veteran community.

At the seminar in Sydney the following questions were raised. DVA would like to share the answers to these questions with you and hope that they will assist you when caring for the veteran community.

Q. What are the 4 new service models for current contemporary veterans?

A.

1. DEPENDANT SERVICE MODEL.

This model involves DVA Service Coordinators (in each capital city and Townsville) who will assist in ensuring that dependants of deceased ADF members have a single point of contact and are provided with the right information, at the right time, and in a form that is easily understood. This is for entitled persons only (e.g. widow, children of veteran).

2. MASS & MULTIPLE CASUALTY SERVICE MODEL.

Where there is an accident of injuries to greater than 10 personnel at any time & in the same incident.

3. THE COMPLEX/MULTIPLE NEEDS SERVICE MODEL.

Where the Australian Defence Force (ADF) member has more than 1 medical condition and

possible dual diagnosis that requires a greater level of coordination and support.

4. SERIOUSLY INJURED/WOUNDED SERVICE MODEL.

Those that have a serious injury /wound that affects on their ability to actively work in the ADF.

HOSPITALS

Q. How does a discharge planner refer a patient to the CVC Program?

A. A discharge planner should contact the patients GP and suggest the Gold Card holder be assessed for the program. More information can be found on the website:

http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/Pages/default.aspx

Q. Is there a list of private hospitals and day procedure centres on the DVA web page?

A. Yes, the following link is to the DVA hospitals page and from there has details on day procedure centres and private hospitals.

http://www.dva.gov.au/service_providers/hospitals/Pages/index.aspx

TRANSPORT

Q. How do we get taxi vouchers on a weekend for specific areas? Can the hospital give out Country Taxi Vouchers?

A. Country Taxi Vouchers are not issued by hospitals, an entitled person would need to obtain a Country Taxi Voucher prior to their admission from a GP. If an entitled person is unable to obtain a Country Taxi Voucher the Veterans' Transport Services Section (VTSS) can arrange Booked Car with Driver (BCWD) services.

If an entitled person was admitted to hospital by ambulance and there is no voucher available, the facility can book with the local transport provider after hours – the transport provider will then contact DVA on the next working day to acquire a job number.

Q. Concerns were expressed that there can be communication breakdown between the hospital staff who book the transport and the driver of the booked car. For example, the hospital calls transport and books a car to go to a specific ward to collect a patient. There have been cases where the taxi has not gone to the correct ward and waited 45mins at the wrong side of the hospital. Can you please clarify this?

A. BCWD drivers are not required to pick up from wards – the VTSS provides transport companies with information as relayed to them by the relevant health provider. Drivers will call on approach if requested. If a discharge planner contacts the VTSS we can advise them of the relevant transport supplier.

Q. In the case when there are no family members or neighbours to be an attendant for the entitled person to return home (i.e. carry bags in, ensure that the RAP products have been installed, etc.) would DVA pay for the return transport if a hospital member went with the patient to act as their carer?

A. The VTSS does not provide transport for hospital staff to escort entitled persons back to their residence upon discharge. The VTSS has a reasonable expectation that an entitled person would not be discharged unless rehabilitation appliances had been fitted and the entitled person was well enough to return home.

RAP

Q. Within private hospitals, who pays for the funding for the first 30 days for RAP products such as oxygen?

A. In regards to oxygen and other RAP items it does depend on what the particular contract states but generally a hospital should provide short term discharge equipment – usually 30 days.

If the requirement for oxygen is expected to be long term then the clinician can prescribe direct to one of our contracted suppliers.

VETERANS HOME CARE (VHC)

Q. Can the VHC Assessment Agencies use voicemail for taking bookings for VHC services via the phone?

A. The current VHC guidelines (applicable from 1 October 2011) state: “VHC Assessment Agencies are advised to have a voice mail facility to handle excess calls during peak times and outside normal business hours. This facility

should not be used regularly as an alternative to not answering calls during normal business hours.” It is acknowledged that there are times when Agencies will not be able to respond to calls immediately, however it is expected that Agencies will generally be available to answer calls.

DVA will send a reminder to all Assessment Agencies of their obligations with respect to the use of voicemail.

Q. Should the VHC Assessment Agencies inform the discharge planner which Agency will be attending to the patient?

A. Subsequent to referral of a client to an Assessment Agency, the Agency will take on responsibility for the assessment and coordination of services with the client including liaison between the client and the service provider. The service provider is then responsible for making contact with the client directly to finalise arrangements.

Confidentiality of veterans and war widow/widowers' assessment details and DVA corporate details must be strictly maintained. VHC Assessment Agencies need to comply with the Deed and the Information Privacy Principles set out in the Privacy Act 1988. Unless the veteran or war widow/widower has given consent, VHC assessment agencies should not disclose personal information to any person, including referrers.

Q. Can it be arranged that VHC booking can be done before the patient leaves hospital, so the discharge planners can get the assessment booked in on the day the patient returns home?

A. An assessment can be arranged to be made over the phone to the veteran or war widow/widower in hospital.

The current VHC Assessment Agency guidelines (applicable from 1 October 2011) state:

2.4 Referral to VHC

b) hospital discharge planners; Referral of veterans or war widows/widowers to VHC by hospital discharge planners allows veterans or war widow/widowers to receive a seamless transition from an acute care setting to the community setting. Where the VHC assessment agency is aware that a veteran or war widow/widower receiving VHC service is admitted to hospital, it is recommended that the VHC assessment agency makes contact with the hospital discharge planner of the veteran or war widow/widower's admission to make arrangements to put services in place on the veteran or war widow/widower's discharge. Referral from discharge planners may cover a number of scenarios including where a veteran or war widow/widower:

- > needs no change to their VHC services;
- > is already receiving services but requires additional services;
- > who has never received services; or
- > requires long term high level care.

More information regarding any of the services that are funded by DVA can be found on the website at: <http://www.dva.gov.au/Pages/home.aspx>

Useful Contacts

DVA POSTAL ADDRESS

GPO Box 9998 in your capital city

PROVIDER ENQUIRY NUMBERS

1300 550 457 (metro)

1800 550 457 (non metro)

WEB

<http://www.dva.gov.au/Pages/home.aspx>

FACT SHEETS

<http://factsheets.dva.gov.au/factsheets/>

DVA INPHO

http://www.dva.gov.au/service_providers/hospitals/Pages/index.aspx

FEEDBACK ABOUT DVA INPHO

providerpartnering@dva.gov.au

TWITTER

Follow DVA on Twitter for regular updates of all DVA activity.

<http://twitter.com/dvaaus>

DISCLAIMER

This circular provides general information only. For specific enquiries, contact DVA on a provider enquiry number.