



Australian Government
Department of Veterans' Affairs

COMMUNITY NURSING NEWSLETTER No. 48



August 2024

The *Community Nursing Newsletter* is issued to provide updates to Department of Veterans' Affairs (DVA)

Notes for Community Nursing Providers

The [Notes for Community Nursing Providers](#) have been updated with effect from July 2024, to include information about the sustainability payments at *Section 1.1 – Services and Payments*.



Sustainability Payments

As outlined in [Newsletter No. 47](#) (15 May 2024), DVA will provide sustainability payments to DVA contracted Community Nursing and Veterans' Home Care service providers over a two year period from 1 July 2024 - 30 June 2026.

On 14 May 2024 as part of the 2024-25 Budget, the Australian Government announced a commitment of \$48.4 million over two years to support continued access to in-home care and support services for veterans and war widow(er)s under the Department of Veterans' Affairs (DVA) Community Nursing and Veterans' Home Care programs.

The sustainability payments will support the immediate viability of providers to continue providing in-home care and support services to the veteran community in the face of increasing market pressures. This funding is in addition to existing payments for services.

From August 2024, DVA will commence contacting providers who are eligible for sustainability payments for the delivery of Community Nursing and/or Veterans' Home Care services. Sustainability payment amounts will be calculated based on the unique number of clients per month for whom providers received payment for claims processed during the quarter 1 April 2024 – 30 June 2024. DVA will communicate the amount payable to providers via email. Providers will be required to submit a tax invoice to DVA to enable the payment to be made.

[Information](#) for Community Nursing and Veterans' Home Care providers about the sustainability payments are also available on the DVA website, including [Frequently Asked Questions \(FAQs\)](#).

CVC Program fee indexation

Fee indexation has been applied to the Coordinated Veterans' Care (CVC) Program item numbers (UP05 and UP06) under the DVA [Community Nursing Schedule of Fees](#).



Indexation will take effect from 1 July 2024 for claim periods commencing on or after this date. The updated Community Nursing Schedule of Fees can be found on the DVA website at [Information for DVA approved Community Nursing providers | Department of Veterans' Affairs](#).

As a reminder for providers, fee indexation for Community Nursing fee items is applied from 1 January each year.

Pressure Area Care

Current nursing best practice for pressure area care is to include appropriately prescribed pressure relieving equipment and other pressure relieving and skin care protection strategies to prevent pressure injury.

Sharp, C.A., Schulz Moore, J.S. & McLaws (2019) conclude that no improvement was found to pressure injury risk with 2 hourly repositioning. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance (2019, p. 115-116) cite conflicting clinical evidence of improved outcomes from frequent versus less frequent repositioning.

While it is generally accepted that routine 2 hourly repositioning is not considered best nursing practice, it is acknowledged that repositioning schedules require clinical judgement, with consideration of many individual components that may lead to individual cases requiring 1-2 hourly repositioning. The frequency of repositioning depends on multiple factors such as the individual's mobility, skin condition, neurological condition, age, continence, mental health, medications, BMI, and nutritional status (European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance, 2019, p.39).

Schedules may include frequent repositioning if there are other clinical factors impacting the individual's care and this should be clearly articulated, delegated, and documented in the individual nursing care plan. At risk individuals should be assessed using validated risk assessment tools.

Repositioning schedules are one element of pressure injury prevention and should be individually determined in the relevant context and be balanced by optimising sleep and a reduction of pressure injury risk.

References

1. Australian Commission on Safety and Quality in Health Care. (2020). [Preventing Pressure Injuries and Wound Management](#)
2. Clinical Excellence Commission, NSW. (2021). [Information for clinicians - Pressure Injury Prevention – Repositioning and Support Surfaces for People in Bed](#)
3. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance. (2019) [Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline, The International Guideline](#)
4. Health and Human Services, Victoria. [Pressure injuries. Standardised Care Process](#),
5. Sharp, C.A., Schulz Moore, J.S. & McLaws. (2019). ML. Journal of Bioethical Inquiry, 16, 17–34. [Two-Hourly Repositioning for Prevention of Pressure Ulcers in the Elderly: Patient Safety or Elder Abuse?](#)



