



SERVICENOW SWEP DATABASE

User Guide - Prescriber Actions

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APPLICATIONS – PRESCRIBER ACTIONS

OVERVIEW

The Prescriber Portal has been built to provide Prescribers with an interface where they can:

- Create new applications;
- View the status of existing applications that they created, or applications that they have been indicated as the Authorising or Validating Prescriber of; and
- Request the Escalation, Transfer or Withdrawal of one of their existing applications.

The application portal works best in Google Chrome.

All applications created are dependent on the Prescriber's discipline:

Disciple	Equipment Categories
Continence Nurse	Continence Aids
Respiratory Physician	Oxygen
Administrative Support	Bathing, .Bedding, Continence Aids, Environmental Control Units (ECU), Home Modifications, Mobility Aids, Orthotics, Seating, Transfer, Vehicle Modifications, Walking
Orthotist/Prosthetist	Orthotics
Podiatrist	Orthotics
Speech Pathologist	Voice Aids
Lymphoedema Nurse	Compression Garments
Medical Practitioner – Paediatrician	Oxygen (Child)
Medical Practitioner – Neonatologist	Oxygen (Child)
Medical Practitioner - Palliative Care Physician	Oxygen
Medical Practitioner – Oncologist	Oxygen
Medical Practitioner - Respiratory Physician	Oxygen (Adult)
Medical Practitioner – Cardiologist	Oxygen
Medical Practitioner - General Physician with interest in Respiratory Medicine	Oxygen
Medical Practitioner - Paediatric Respiratory Physician	Oxygen (Child)
Occupational Therapist	Bathing, Bedding, Environmental Control Units (ECU), Home Modifications, Mobility Aids, NDIS Miscellaneous, Orthotics, Seating, Transfer, Vehicle Modifications, Walking
Physiotherapist	Bathing, Bedding, Mobility Aids, NDIS Miscellaneous, Orthotics, Seating, Transfer, Walking

ABOUT THE APPLICATION FORM

The application is made up of the following sections:

Section	Description
Application	Contains the Prescriber details for the application including Application Creator, Authorising Prescriber (if the creator is Administrative Support), and the Prescriber Organisation details.
Pre-screening	Completion of this section determines whether the Prescriber can proceed with the application. Questions are dependent on the Equipment Category selected.
Client Details	Client personal details
Secondary Contact / Next of Kin	Details of Client's contact. The system supports adding multiple contacts on the application. The Prescriber can also indicate whether the contact is a Primary contact who will be advised of the progress of the application once submitted.
Client Diagnosis	Contains questions related to the client's diagnosis in relation to the equipment being requested in the application.
Client Expectation	Contains questions related to the expectation for the client in relation to the equipment being requested in the application.
About the Equipment	Contains questions related to the type of request (New Equipment/Item, Replacement, Reissue, Modifications, Transfer or Ownership).
Assessment Characteristics	Contains fields to capture the results of assessments of the client related to the equipment being requested in the application. Assessment criteria include weight, height, skin integrity, cognition, support and environment, depending on Equipment Category selected.
DOM Oxygen – Assessment	Replaces Assessment Characteristics when Equipment Category = Oxygen
DOM Oxygen – Prescription/Other	Contains questions related to current flow rates. Is only displayed when Equipment Category = Oxygen
Clinical Justification	Contains questions to which answers provide broad and evidenced information, which links the equipment/ items requested in the application to the recommended achievement of client goals.
Implications of Non-provision	Contains questions related to possible outcomes if the requested equipment is not provisioned

Section	Description
Delivery Details	Allows the delivery details for the equipment to be noted as Prescriber, Client or Other. If Prescriber or Client are selected, the related fields are automatically populated based on values entered previously in the application.
Activities	Lists changes to the application including changes in status, notes from the SWEP AO and activity related to attachments.

The screenshot shows a 'New Application' form with a sidebar on the left containing a list of sections: Application, Pre-Screening, Client Details, Secondary Contact / Next of Kin, Client Diagnosis, Client Expectation, About the Equipment, Assessment Characteristics, Clinical Justification, Implications of Non-Provision, Delivery Details, and Activities. The 'Application' section is currently selected and expanded, showing the following fields:

- Number:** Text input field containing 'APP00015382'.
- Status:** Dropdown menu with 'Draft' selected.
- Created:** Text input field.
- Sub status:** Dropdown menu with 'Pending authorising prescriber' selected.
- * Prescriber ID:** Text input field containing 'PRE0009108'.
- Previous prescribers:** Text input field.
- Prescriber Name:** Text input field containing 'Occupational Therapist'.
- * Prescriber Organisation:** Dropdown menu.
- Prescriber Phone:** Text input field.
- Prescriber Mobile:** Text input field.
- * Prescriber Email:** Text input field with an email icon.
- * Does this application relate to SWEP or NDIS:** Dropdown menu with '-- None --' selected.
- * Category:** Dropdown menu.

At the bottom of the form, there are 'Cancel' and 'Save (Ctrl + s)' buttons.

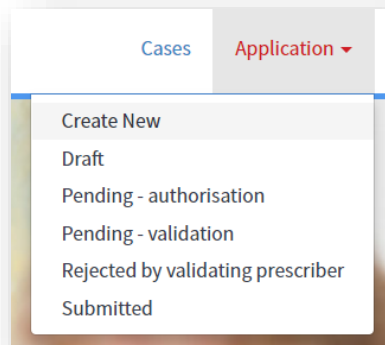
APPLICATION TYPES

There are five (5) application types:

Application Type	Description
New Equipment / Item Request	Request for new AT equipment to be procured for use by the client.
Modification to Equipment	Request for modifications to be made to existing equipment (e.g. modification of a manual wheelchair to add on a motor).
Replacement Equipment / Item Request	Request for a piece of equipment which requires replacement.
Reissue Equipment Request	Request to use equipment / item(s) currently held in inventory by Chemtronics. Prescribers have been instructed to view the Chemtronics inventory and make a booking in their system as they need to provide a booking number to submit the application.
Transfer of Ownership	Request to transfer the ownership of privately owned equipment/item(s) to SWEP.

CREATE A NEW APPLICATION

1. From the Application drop down at the top-right corner of the page, select Create new.



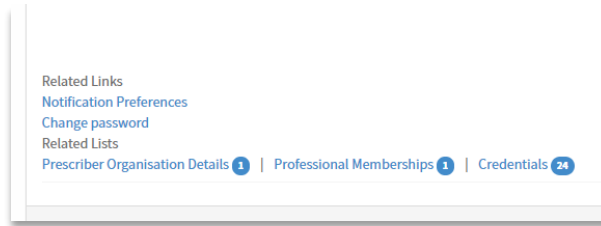
2. When you start an application you must complete the highlighted fields on the Application tab first then click Save. This will ensure the correct questions and items populate for that category and the application is saved as a draft.

The screenshot shows the 'New Application' form with the 'Application' tab selected. The form is divided into several sections: Pre-Screening, Client Details, Secondary Contact / Next of Kin, Client Diagnosis, Client Expectation, About the Equipment, Assessment Characteristics, Clinical Justification, Implications of Non-Provision, Delivery Details, and Activities. The 'Delivery Details' section contains the 'Prescriber Organisation' field, which is highlighted in yellow. Other highlighted fields include 'Does this application relate to SWEP or NDIS' and 'Category'. The 'Status' is set to 'Draft' and 'Sub status' is 'Pending authorising prescriber'. The 'Number' field contains 'APP00015244' and 'Assessment Characteristics' contains 'PRE0009108'. The 'Prescriber Name' is 'Occupational Therapist'. The 'Submit Date' field is empty. The 'Previous prescribers' field is also empty. The 'Cancel' button is on the bottom left and the 'Save (Ctrl + s)' button is on the bottom right.

- a. When completing Prescriber Organisation, only those that have been recorded under your Prescriber Organisation Details in the Prescriber Profile will be listed.

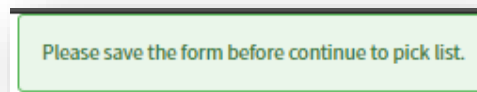
The screenshot shows a dropdown menu titled 'Prescriber Organisation'. The dropdown is open, showing a search bar with a magnifying glass icon. Below the search bar, the 'SWEP' option is highlighted in blue. The dropdown menu is positioned over a light gray background.

Note: if no organisation is displayed you need to go to set this up. To do this click on the SWEP logo on the top left hand side of the screen and click on Manage Prescriber Registration, and at the bottom click on Prescriber Organisation Details & click the new button.



- b. Making a selection will populate the remaining Prescriber fields on the form.

- c. After selecting a Category, the system will prompt to save the application in order to see the Picking List.



The Prescriber would continue to complete the remaining sections of the application by clicking on and working through each tab. After each tab click save.

Home > Applications > APP00024382

APP00024382

Application

- Application
- Pre-Screening
- Client Details
- Secondary Contact / Next of Kin
- Client Diagnosis
- Client Expectation
- About the Equipment
- Assessment Characteristics
- Clinical Justification
- Implications of Non-Provision
- Delivery Details
- Activities

Application

Number: APP00024382

Status: Draft

Created: 06/09/2018 09:07:18

Sub status: Pending authorising prescriber

* Prescriber ID: O9773

Previous prescribers:

Prescriber Name: Sue Vincent

* Prescriber Organisation: SWEPP

Prescriber Phone: 5333 8136

Prescriber Mobile: 0408589380

* Prescriber Email: sue.vincent@bhs.org.au

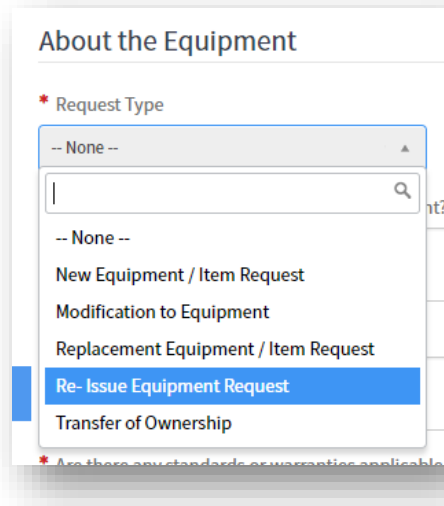
* Does this application relate to SWEPP or NDIS: SWEPP

Once all of the above has been completed you can now add your prescribed items by clicking on the Continue to Picking List button. Quote details need to be added using the Add Quote button.

Cancel **Continue to Picking List** **Add Quote** Discard Save (Ctrl + s) Submit Application

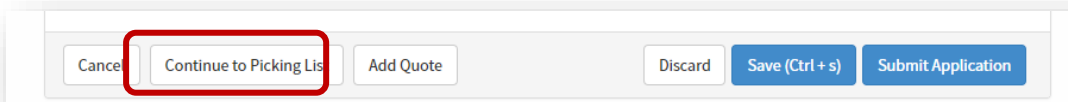
REISSUE REQUEST APPLICATIONS

Where items are being requested from the Prescriber Reissue Database, the Prescriber is required to select Reissue from the Request type drop down in the About the Equipment section of the application.

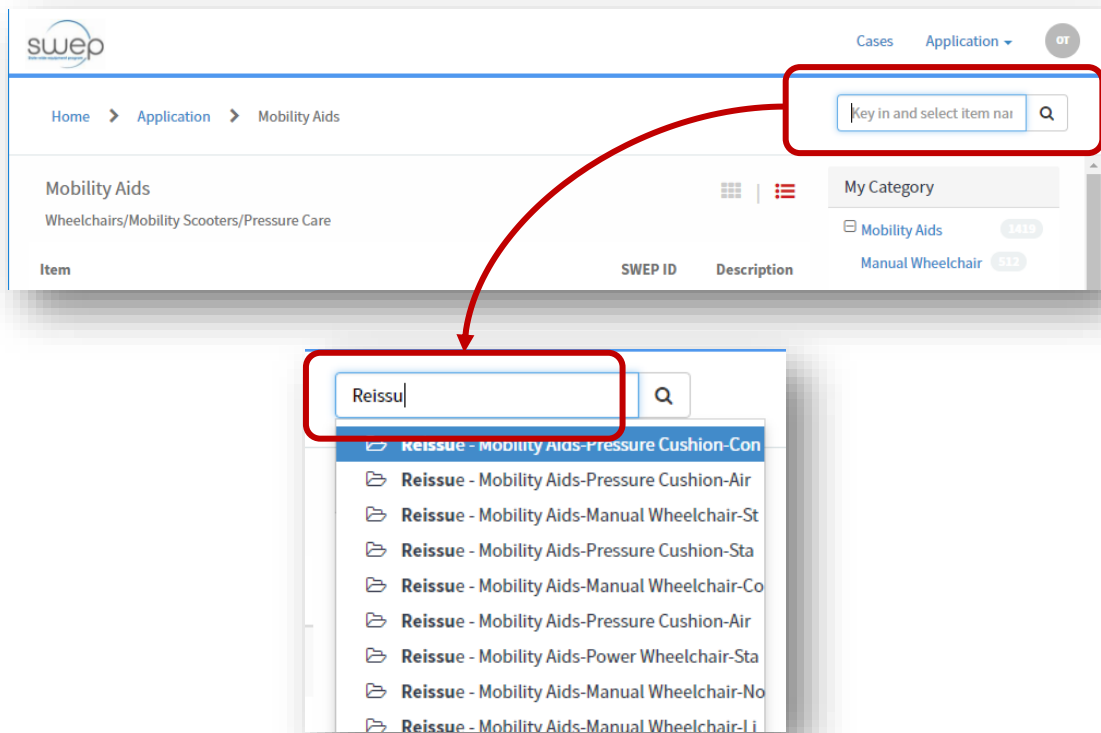


To add items to the application:

1. Click on Continue to Picking List.

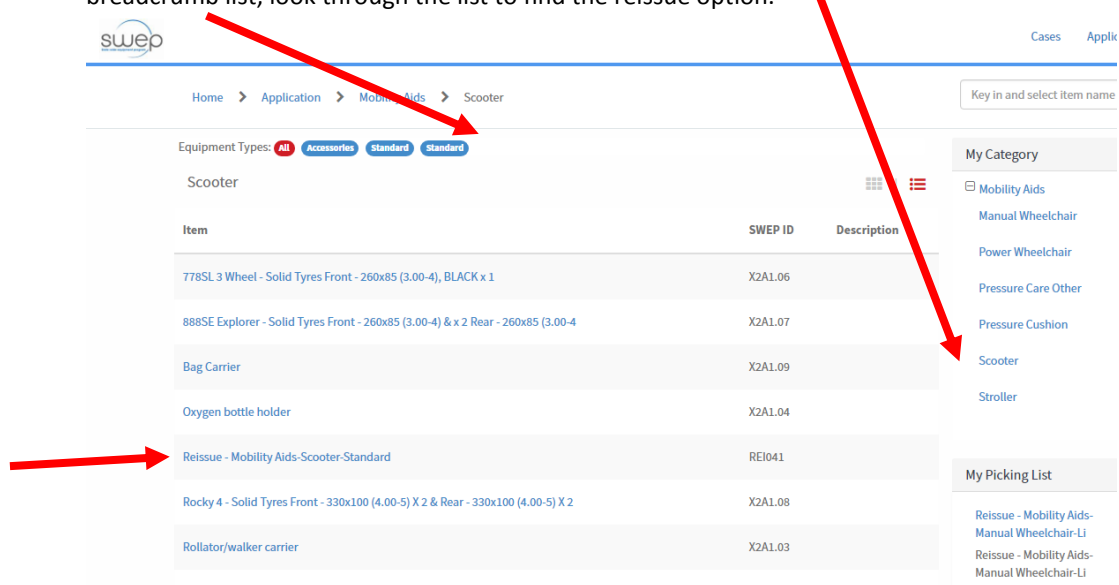


2. In the search bar located in the top right-hand corner of the page, type "Reissue".



3. Select the appropriate item from those listed.

Another way to search for the reissue picklist is to choose the category type and then pick from the breadcrumb list, look through the list to find the reissue option.

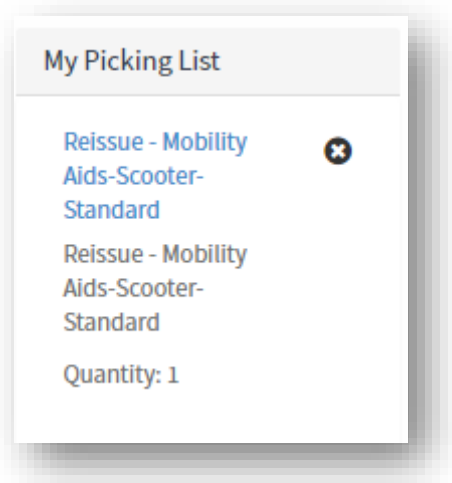


4. When the item form loads, enter the Asset Number and Reservation ID obtained from the Prescriber Reissue Database.

Note: the Quantity is set to one (1) and is read-only.

5. Click Add to Cart.

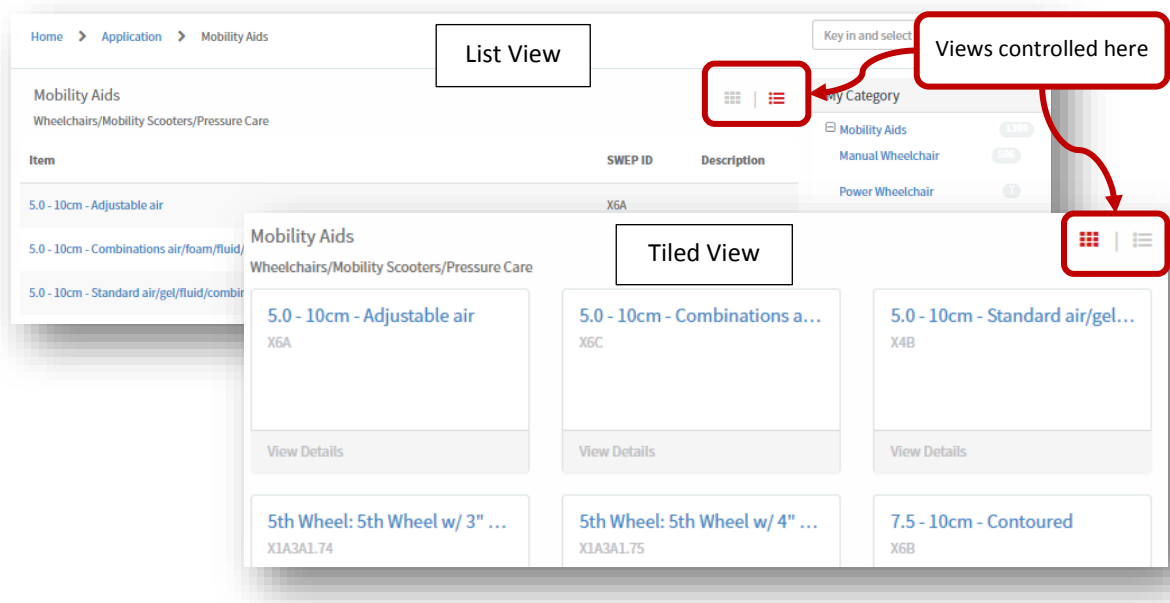
6. Repeat steps 2 to 6 as required until all reissue items have been added to My Picking List.



7. Return to the application to complete any remaining sections.

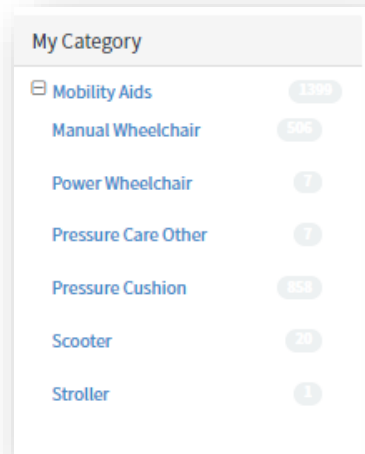
THE PICKING LIST

Items visible in the Picking List are related to the chosen Category, and it can be viewed either as a list or in a tiled view:

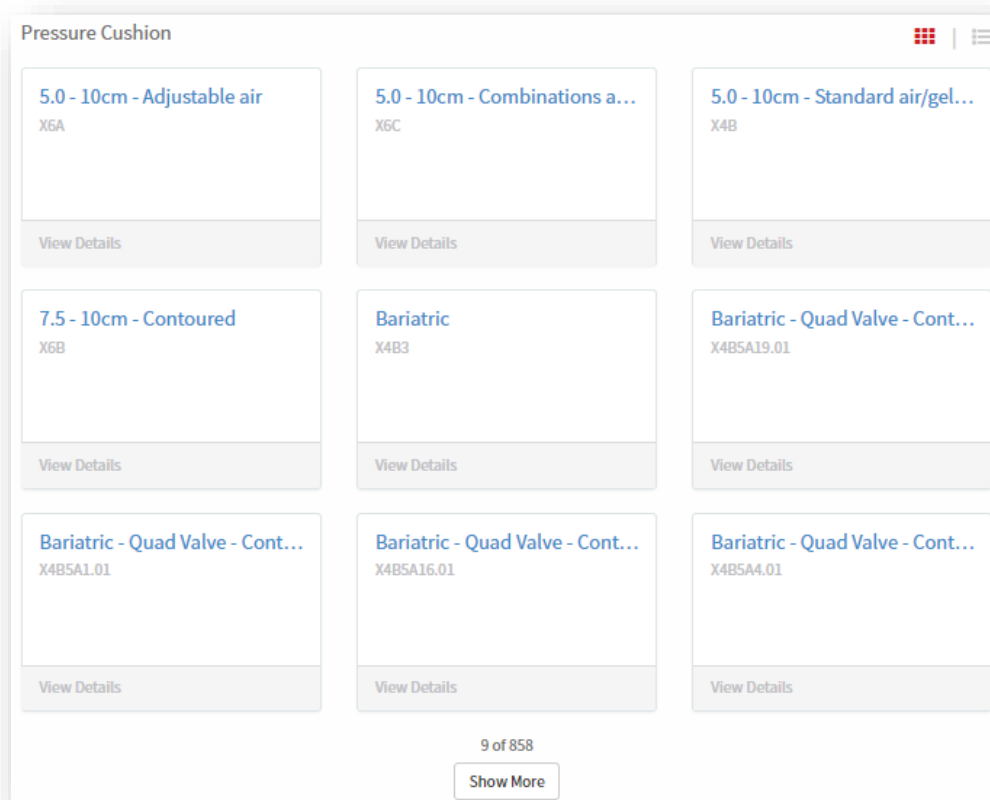


To add an item to the cart:

1. Select the appropriate category from the My Category list.



2. Select an item from the list.



3. Enter the appropriate quantity then click Add to Cart.

Bariatric - Quad Valve - Contour - High Profile 4" Cell Height

Bariatric - Quad Valve - Contour - High Profile 4" Cell Height

SWEPID: X4B5A1.01
Special Notes:
 53.3 x 39.4 cm to fit chair 22" x 16" / 55 x 40 cm

1 per UNIT
 Quote Required: NO
 Minimum Co-Payment Required: \$ 0
 Supplied by: **Eden Healthcare Solutions (Contract)**
 Manufactured by: **Star**

1

Add to Cart

4. Repeat the steps above for each item being requested for the application.

QUOTED ITEMS

When quoted items are selected and added to the cart, the system will note that additional action is required before the application can be submitted:

My Picking List

- Custom-made power wheelchair ✕
- Custom-made power wheelchair
- Quantity: 1
- Missing attachment or quote details**
- Custom made power wheelchair customisation ✕
- Custom made power wheelchair customisation
- Quantity: 1
- Missing attachment or quote details**
- Jay Ion 18 x 16" ✕
- Jay Ion
- Quantity: 1

Accessing the Quote screen can be done by either by clicking Add Quote on the application's main page (figure 1) or by clicking on the item from My Picking list, then clicking Add Quote (figure 2).

Cancel
Continue to Picking List
Add Quote

Discard
Save (Ctrl + s)
Submit Application

Figure 1

Custom-made power wheelchair

Custom-made power wheelchair

SWEPID: X7B
1 per UNIT
Quote Required: YES
Minimum Co-Payment Required: \$ 0

Supplied by:
Manufactured by:

1

Update Cart

Add Quote

Figure 2

There are 3 steps to completing the quote:

1. Complete the quote screen;
2. Add the quote line items; and
3. Attach a copy of the supplier's quote.

SUPPLIER QUOTE SCREEN

The Supplier Quote screen captures the general information from the supplier quote.

New Supplier Quote

Please fill in the quote details and attach quotation to the record. Quote Item with missing Quote details and/or Supplier Quote Attachment will cause validation error.

Supplier Quote

Number
QT0001061

* Date

* Quote #

* Application
APP00015244

* Cart Item

Supplier Details

* Supplier Name

* Contact Name

* Address

* Email

BHS Vendor Registration No

Delivery Details

Estimated Delivery Timeframe (no. of days to deliver item)

* Do all Items meet relevant Aust Standards or Equivalent Yes/No
-- None --

Life Expectancy of Item

Quote Total

Delivery Fee
0

Total Amount (Excluding GST)
0

Delivery GST
0

Total GST
0

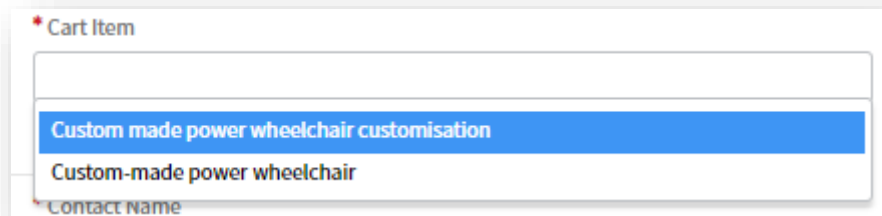
Delivery Total

Total Amount (incl. GST)

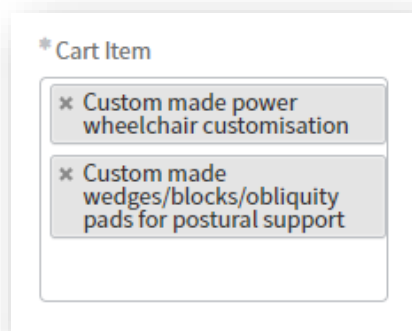
In the Quote Total section, only the Delivery Fee and Delivery GST fields are editable. This is because the system will automatically calculate any field that is greyed out.

Complete the required fields (indicated by a red asterisk *).

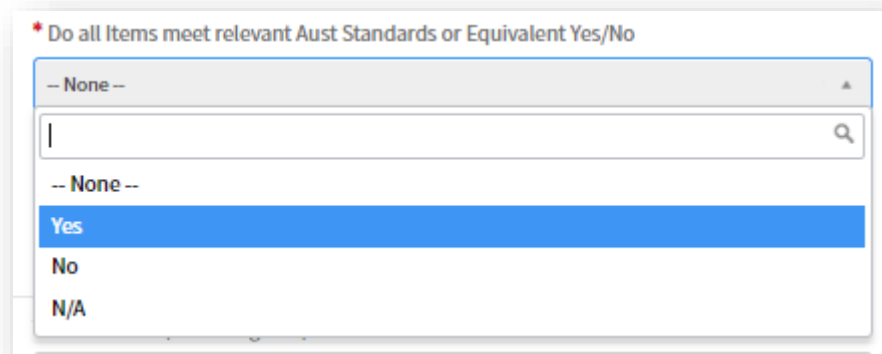
1. Enter the Quote # (refers to the number that appears on the supplier's quote).
2. Select the Cart Item/s that the quote relates to



Note: the list is generated based on the items that require a quote that are currently in the cart. If both items appear on the same quote, they can both be added at this stage:



3. Enter the Supplier Name, Contact Name, Address and Email.
4. Select the appropriate option for Australian Standards or Equivalent.



5. Complete the Delivery Fee and Delivery GST fields if the information has been supplied.
6. Click Save (or press CTRL + s).

ADD QUOTE LINE ITEMS

After saving the Quote form, the Quote Items section will be visible.

The screenshot shows a web form for a Supplier Quote. The form includes fields for Number (QT0001061), Date (01/08/2018), Quote # (25254A), Application (APP00015244), and Cart Item (Custom made power wheelchair customisation). A red box highlights the 'Supplier Quote Items' section, which contains an 'Add' button and a message: 'No records in Supplier Quote Item using that filter'.

Prescribers are currently required to enter the main quote item to the application. In the example below, the Prescriber would only be required to enter the circled item(s):

Item	Description	Qty	Price	Total	GST
FOCUS CR	KI Focus CR Tilt In Space Manual Wheelchair - Seat size 17"x 19" - 16" Rear wheels - Hand Tilt RHS - 70 degree hangers - Colour: Fuchsia - Seat rail height 16.5" - Complies to Australian Standards - Wheelchair Warranty Period 12 Months	1	\$4,865.00	\$4,865.00	0 %
QEIXI	Quickie iXpress Power Add On Unit - 24V, 120W x 2 Motors - NiMH Battery & Charger - Attendant control only	1	\$8,630.00	\$8,630.00	0 %
FTTRNOFT	KI Focus Option - Transit Option (KD108)	1	\$408.00	\$408.00	0 %
FTBOP020	KI Focus Option - Reclining Back w/ Adjustable Handle (81	1	\$1,130.00	\$1,130.00	0 %
K0040	KI Focus Option - Angle Adj Footplates Newton style	1	\$245.00	\$245.00	0 %
FTACC004	KI Focus Option - Growing Adjustable Aluminum Seat Pan	1	\$140.00	\$140.00	0 %
FTARM017	KI Focus Option - Armrests Height Adj Dual Post Flip Back	1	\$350.00	\$350.00	0 %
FTCAS026	KI Focus Option - Castors 6"x 2" Poly	1	\$65.00	\$65.00	0 %

To add the quote line items:

1. In the Supplier Quote Items section, click Add.
2. A pop-up window will appear.

New Supplier Quote Item

Supplier Quote Item

Supplier Quote

Supplier Code

*Description

*Quantity

*Total Line GST

Unit Price

Total Line Amount (excl. GST)

Required information **Description** **Quantity**

3. Complete the required fields, then click Save.

The item will be listed in the Supplier Quote Items list.

Supplier Quote

Number: QT0001112

Date: 01/08/2018

Quote #: 97984

Application: APP00015324

Cart Item: Custom made power wheelchair customisation

Supplier Details

Supplier Name: Linds Rehabilitation

Contact Name: Test

Address: 58-62 Star Crescent

Email: sales@lindsrehab.com.au

BHS Vendor Registration No:

Delivery Details

Estimated Delivery Timeframe (no. of days to deliver item):

Do all items meet relevant Aust Standards or Equivalent Yes/No: Yes

Life Expectancy of Item:

Quote Total

Delivery Fee	100	Total Amount (Excluding GST)	4965
Delivery GST	10	Total GST	10
Delivery Total	110	Total Amount (Incl. GST)	4975

Supplier Quote Items


Description	Quantity	Unit Price
KI Focus CR Tilt In Space Mai	1	4,865

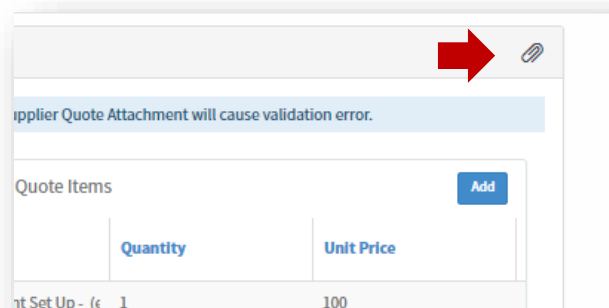
Rows 1 - 1 of 1

Related Lists

ATTACH A COPY OF THE QUOTE

The final step is to attach the copy of the supplier's quote to the quote form.

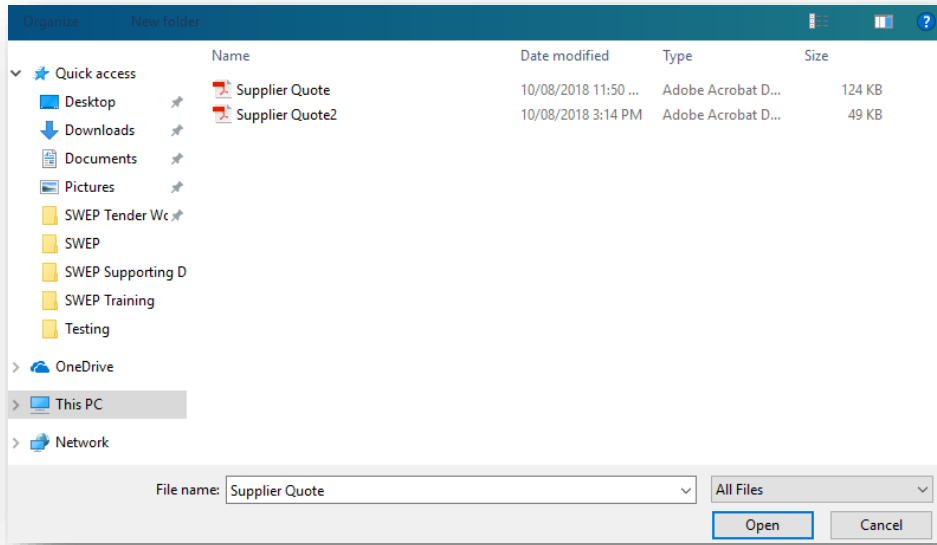
1. Click on the paperclip icon () on the top-right side of the form.



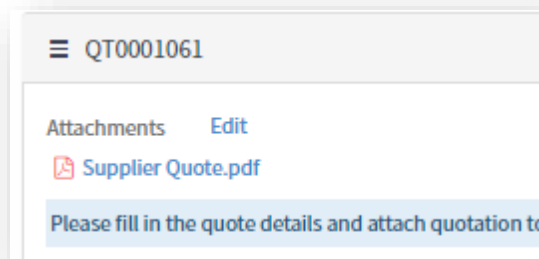
Supplier Quote Attachment will cause validation error.

Quantity	Unit Price
1	100

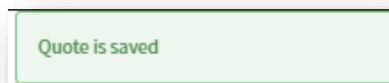
2. Select the appropriate file and click Open.



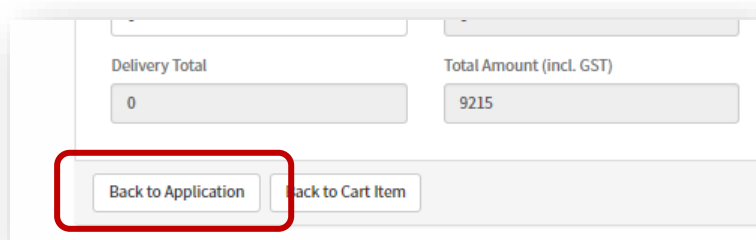
The attachment will be visible at the top of the form.



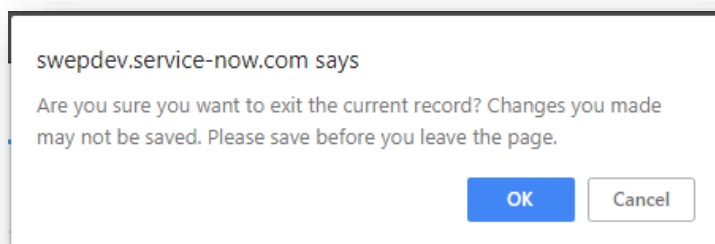
3. Save the form.



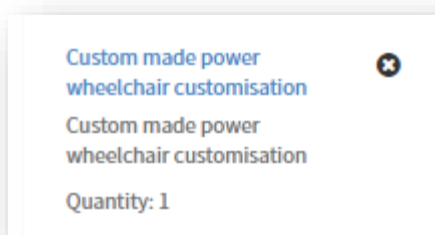
4. Use the Back to Application button at the bottom of the form to return to the application.



Note: the below pop-up will appear; click ok.



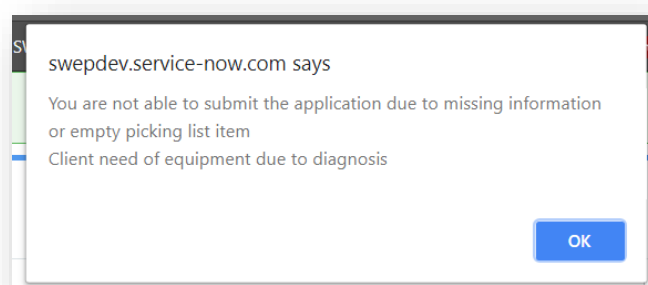
When the application loads, the item that the quote was added to no longer displays the red message:



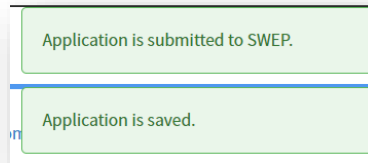
Repeat the steps outlined above for the remaining quoted items on the application. Proceed with the remaining application sections and submit the application per the normal process.

SUBMIT

On submit, the system runs through a series of validations which verify that all mandatory fields have been completed. If any mandatory fields have not been answered, the following system pop-up will appear:



Once all mandatory fields have been completed, the system will display the green 'Application saved' and the 'Application submitted to SWEP'.



If the credentials held by the Prescriber submitting the application, they will be prompted to enter the credentials of a Validating Prescriber or request review by a Clinical Advisor (CA) through SWEP. See [Validation](#) for more information.

AUTHORISATION AND VALIDATION

AUTHORISATION

Administrative Support user are able to create applications on behalf of credentialed Prescribers, however they are unable to submit them for review by SWEP. Larger organisations will tend to have one or more Administrative Support users to assist in facilitating the creation of several applications, which alleviates some of the admin burden on the Prescribers.

Administrative Support Prescribers are required to enter the details of the credentialed Prescriber who will authorise the application for submission at the start of an application:

As you are Admin Prescriber, please enter in the Authorising Prescribers ID and confirm details are correct.

* Authorising Prescriber ID

Authorising Prescriber Name

* Authorising Prescriber Organisation

* Authorising Prescriber Email

Authorising Prescriber Details are Correct?

-- None --

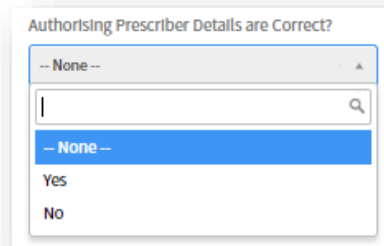
The Category field on the application will remain empty until the above fields have been completed:

* Category

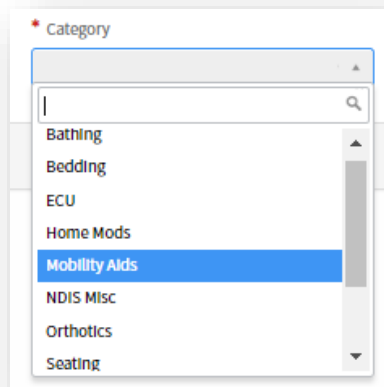
No matches found

As with credentialed prescribers, Administrative Support users can be registered under several Prescriber Organisations.

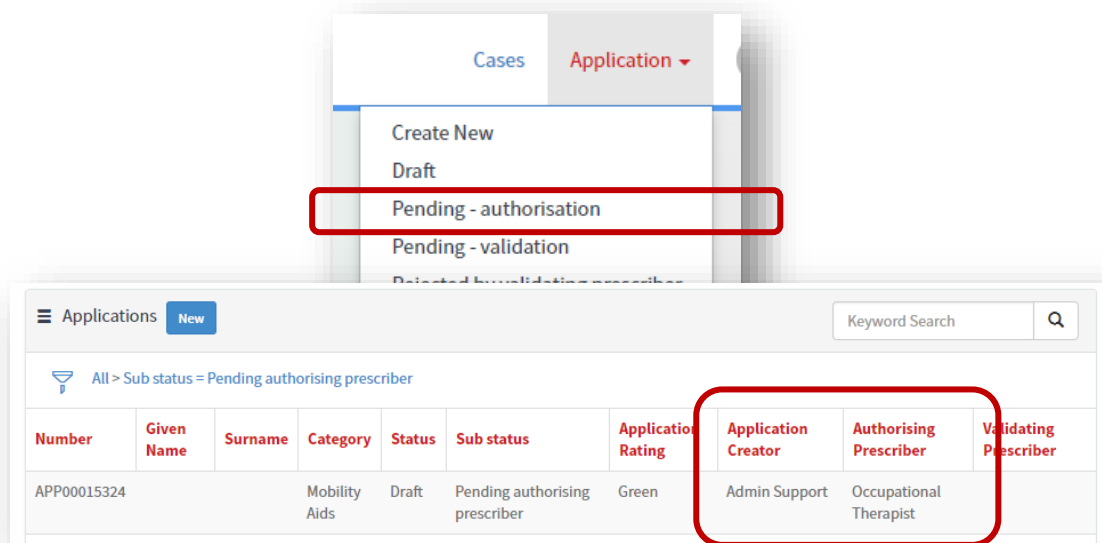
Once the Authorising Prescriber details have been entered, they should confirm that the details are correct by selecting 'Yes' from the field dropdown:



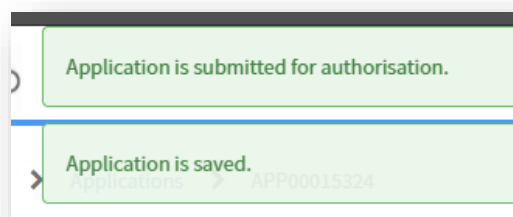
Upon completion, the Category field options will become visible:



The application is then saved, and the normal process to complete it is followed up to the submission step. The Authorising Prescriber can view the application at any time by navigating to the Pending – authorisation Application menu:



When the Administrative Support user hits 'Submit', a system message will appear to confirm that the application sub-status has changed:



The system will also notify the Authorising Prescriber that the application is ready to be reviewed in full.

To authorise an application for submission:

1. Navigate to Applications > Pending – authorisation.
2. Review the application in full to ensure that all of the information within is correct, including the cart items and quote, if applicable.
3. Click 'Submit'.

The system will go through the validations to ensure that all mandatory fields have been completed, and will check that the Authorising Prescriber has the appropriate credential lever when they hit 'Submit'.

VALIDATION

If the Authorising Prescriber does not hold the appropriate credential level for the application, they will be prompted to either provide the details of a Validating Prescriber from their organisation, or request CA review of the submitted application.

Validation details required

This form needs to be validated by a Red rated prescriber.

I have a validating prescriber

SWEP Refer to Clinical Advisor

Cancel

I have a validating prescriber

SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) *:

Note: the Submit button only becomes visible once the SWEP ID of an appropriately credentialed Validating Prescriber has been entered:

This form needs to be validated by a Red rated prescriber.

I have a validating prescriber

SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) *: OXY123

swep oxygen(sweptest1@bhs.org.au) does not have right credential to validate the application. Please re-enter the appropriate validating prescriber.

Cancel

This form needs to be validated by a Red rated prescriber.

I have a validating prescriber

SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) *: PRE0009102

Sweptest (sweptest@bhs.org.au) selected have Red credential and is able to validate application. Please submit if information is correct or cancel and contact SWEP Team if information is incorrect.

Cancel Submit

On Submit, the system will display the following message:

Application is submitted for validation

If the details of a Validating Prescriber have been provided, the application will be listed under the Application menu Application > Pending – Validation:

This form needs to be validated by a Red rated prescriber.

I have a validating prescriber
 SWEF Refer to Clinical Advisor

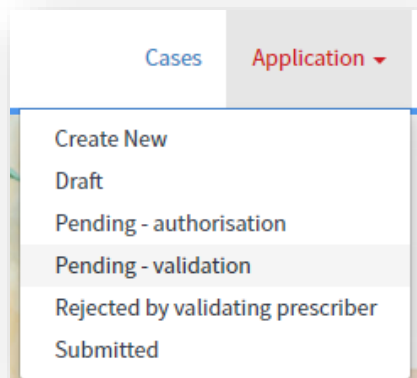
Validating Prescriber Registration No. (SWEF ID) *: PRE0009102

Sweep Test(swepteset@bhs.org.au) selected have Red credential and is able to validate application. Please submit if information is correct or cancel and contact SWEF Team if information is incorrect.

Cancel Submit

To validate an application:

1. Navigate to Application > Pending – validation.



2. Select an application.
3. Review the application and items.
4. Once reviewed, click 'Approve' or 'Reject' at the bottom of the screen.
 - a. If approved, the green system message will appear at the top of the screen to confirm submission. It will also notify the Authorising Prescriber of the successful submission of the application.
5. If rejected, the system will open a pop-up window prompting the Validating Prescriber to enter a rejection reason:

Rejection reason required

Please enter rejection reason: *

Cancel

Note: the Submit button will not be visible until text has been entered

6. Complete the field, and then click 'Submit'.

Cancel Submit

A notification will be sent to the Authorising Prescriber advising them of the outcome of the validation. If the application is rejected, it will appear under the Rejected by validating prescriber menu. The rejection reason will be visible in the Activities section of the application:

Application

Pre-Screening

Client Details

Secondary Contact / Next of Kin

Client Diagnosis

Client Expectation

About the Equipment

Assessment Characteristics

Clinical Justification

Implications of Non-Provision

Delivery Details

Activities

Activities

Activity

Type your message here... Post

Swep Test
9m ago

Application is Rejected: Rejected due to prescribed items not being suitable for client's needs.

Rejection reason

ST

Occupational Therapist
6d ago
2018-08-14 03:57:32 - APP00015279
24 KB

Occupational Therapist
6d ago

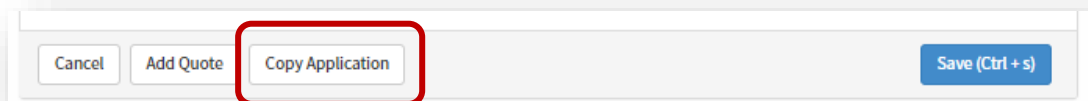
As the Status is still Draft, the Authorising Prescriber is able to make the necessary changes to the application, and resubmit for validation.

COPY AN EXISTING APPLICATION

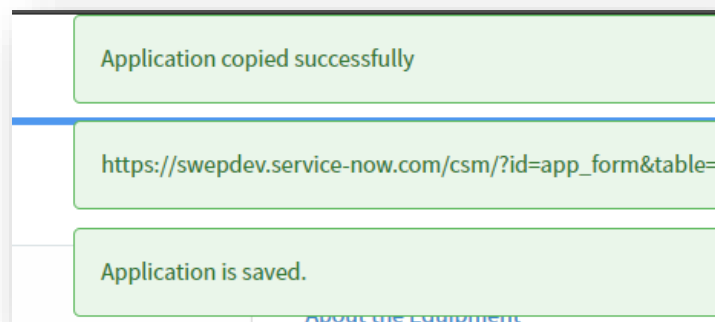
The system allows Prescribers to copy the details from a previously created application into a new application for the same client. This is useful in cases where the Prescriber needs to re-order the same items again for a client, or when the client requires items across different equipment categories.

Note: only applications that have already been submitted can be copied.

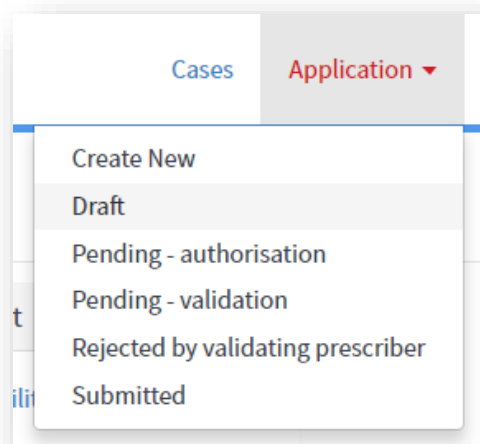
1. To copy an application, click 'Copy Application' at the bottom of the screen:



The following system message will be displayed at the top of the page.



2. From the Application menu, select Draft.



3. Select the newly generated application from the list.

Applications New									
Keyword Search <input type="text"/> <input type="submit" value="Q"/>									
All > Status = Draft									
Number <input type="text"/>	Given Name	Surname	Category	Status	Sub status	Application Rating	Application Creator	Authorising Prescriber	Validating Prescriber
APP00015469	Jan	Reissue	Mobility Aids	Draft	Pending authorising prescriber	Amber			
APP00015447	Jane	Test	Mobility Aids	Draft	Pending validating prescriber	Red			

- Proceed as normal. Please check all details to ensure they are current and correct for the new application you are creating.