# PTL - WZ - Home First Equipment

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## 🤹️ Actions to Follow:

* Hit "Send" under Plan Summary
* Go to Prod Folder to obtain documentation
* Review to confirm what was included in SAPE/HF Form matches what was entered in portal
  + If not a match email clinician to confirm difference
* Initiate outreach to vendors - manually entering equipment into email template: [EquipmentRequestEmail.msg](https://nlhss.sharepoint.com/:u:/t/EZ-DischargeHUBOperations/ETx0A3uMR3NBsy-zXWTtg-sBitqpdwtVzPNtlIPjqoZk0Q?e=f6gd3P)
* Provide 2-hour window (or longer where appropriate - based on discharge date/timeline)
* Review responses from vendors - determine which most appropriate based on Home First Philosophy (see Notes below)
* Retrieve SAPE/HF Form from prod folder, update based on selected vendors response, updating:
  + vendors drop down field
  + price section (make sure to include tax where appropriate)
  + include additional line item for delivery fee

## Send SAPE/HF form to

## [WZ-HomeFirst@nlhealthservices.ca](mailto:WZ-HomeFirst@nlhealthservices.ca)

## [CSRequests@nlhealthservices.ca](mailto:CSRequests@nlhealthservices.ca)

## CC - clinician who entered the referral

* Once approval response come back;
  + Confirm all equipment pieces have been approved
  + Contact approved vendor and confirm
    - Who will be picking up/receiving delivery
    - Pickup/delivery timeframe
    - That a purchase authorization will be faxed from NLHS finance

## ✏️ Notes

**Home First Philosophy**:

* Lowest total cost (this can be with one or multiple vendors)
* Availability - earliest gets priority over lower cost
* "No Substitution" - a clinician will enter this when a very specific piece of equipment is required (make model etc.)

## 🔗 Relevant links

🔗[WZ - Home First Equipment Quotes](https://nlhss.sharepoint.com/:x:/r/teams/EZ-DischargeHUBOperations/Shared%20Documents/General/01%20-%20Operations/02-Equipment/WZ-%20Home%20First%20Quotes/WZ%20Equipment%20Vendors.xlsx?d=wb6ea9b3112c04627afcb5f6b7921ada8&csf=1&web=1&e=b6wh13)

🔗[Initial Email Template - Vendor Outreach](https://nlhss.sharepoint.com/:u:/t/EZ-DischargeHUBOperations/ETx0A3uMR3NBsy-zXWTtg-sBitqpdwtVzPNtlIPjqoZk0Q?e=f6gd3P)