



**Healthscope**  
HOSPITALS

# eReferrals

## Healthcare Provider Portal

Supporting Documentation for **External Health Care Providers**

Version 2.0 15/06/2015



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Healthscope's eReferral Portal allows referring healthcare providers to electronically complete and submit referral requests for patient requiring Rehabilitation or Mental Health admissions.

## Accessing the eReferrals system

To access the eReferrals login page open the following link in your web browser:  
<https://healthscopereferral.eadmissions.com.au>

The screenshot shows the 'Healthscope eReferrals HOSPITALS' login page. It features a 'Welcome' graphic on the left and a main content area with the title 'Healthcare Provider Login'. A red notice states: 'If you are a patient wishing to submit an online eAdmission please [click here](#). This page is for Healthcare Providers only.' Below this, a welcome message explains the system's purpose. Two main sections are provided: 'NEW USER? REGISTER HERE' and 'EXISTING USER? LOGIN HERE'. The registration section includes a checkbox for accepting terms, links to 'Read Security Notice' and 'Read Terms of Use', a CAPTCHA image with the code 'U0BJ1', and a 'Get Audio Code' link. The login section has input fields for 'User Name' and 'Password', a 'Forgotten Password?' link, a lock icon, and a 'LOGIN' button.

**Healthscope eReferrals**  
HOSPITALS

### Healthcare Provider Login

If you are a patient wishing to submit an online eAdmission please [click here](#). This page is for Healthcare Providers only.


Welcome to Healthscope's eReferrals system. From this secure site, Healthcare Providers can submit referrals online for patients requiring Rehabilitation or Mental Health Services in a Healthscope Hospital.

To register as a new user you will need a unique email address, which will be validated during the new user registration process.

To view a list of Healthscope Hospitals that provide Rehabilitation Services, please [click here](#) or Mental Health Services, please [click here](#).

**NEW USER? REGISTER HERE**

1 I accept the Security Notice and Terms of Use of this service ☐  
[Read Security Notice](#) [Read Terms of Use](#)


 [Get Audio Code](#)

2 Type the code from the image above

**EXISTING USER? LOGIN HERE**

1 User Name



2 Password

[Forgotten Password?](#)  **LOGIN**

If you are an existing user login on the right, or create a new account on the left hand side of the screen.

## Menu

The menu is a vertical list of options. The first three items are 'Rehab Referrals', 'Mental Health Referrals' (with a house icon), and 'Referral Request' (with an upward arrow icon). The last two items, 'New Rehab Referral' and 'New Mental Health Referral', are grouped under the 'Referral Request' header. The final item is 'My User Account'.

- Rehab Referrals
- Mental Health Referrals 
- Referral Request 
  - New Rehab Referral
  - New Mental Health Referral
- My User Account

# Creating a new referral

To create a new referral, select either 'New Rehab Referral' or 'New Mental Health Referral' from the menu on the left hand side of the screen. A one page referral form displays.

Mandatory fields are indicated with an asterisk (\*), and the ability to attach relevant scanned documents is available at the bottom of the page. Note, there are slight differences between the data required for Rehabilitation and Mental Health.

Referring To

\* denotes a required field

State \*

NSW

Please select the healthscope hospital \*

Lady Davidson Private Hospital

Patient details

Patient first name \*

JOHN

Surname \*

SMITH

Date of Birth \*

1/01/1950

Enter in format dd/mm/yyyy

Gender \*

☒ Male ☐ Female

Patient's insurance details for this admission \*

Private health fund

Please select patient's health fund

BUPA AUSTRALIA

Client/Membership number

12345678

Please ensure you enter patient's member number, not their health fund card number.

Expected date of admission \*

14/11/2014

Preferred assessment date \*

11/11/2014

Current diagnosis \*

LEFT TOTAL KNEE REPLACEMENT

Referring From

Referring doctor \*

DR JANE SMITH

Provider Number

012345YJ

Referring doctor contact

Patient's current ward/location

ORTHO WARD

Comments

Requested by

Fowler, Aaron

Requesting Hospital

SYDNEY ADVENTIST PRIVATE HOSP

Document Upload

- The maximum document size you can upload is **2 MB**. If you need to reduce the resolution of your documents, please check your scanner manufacturer's user manual for instructions on reducing image resolution of scanned documents.
- Only file formats PDF or JPG are able to be processed.
- Only documents relative to this hospital admission should be submitted.

Document Type

Scanned physical notes from other provider

File

Select

UPLOAD DOCUMENT

Document Type

File Name

Other - Manual Referral Form

HSP eReferrals - Rehabilitation - THPH - 05 15 PDF FILLABLE.pdf

View

Delete

SUBMIT

4

Healthcare Provider Portal

# Referral lists

Rehabilitation and Mental Health Referral Lists are available from the menu. There are a range of search options and filters that will trigger the list of patients displayed below. By default, this list will show patient who have an 'Expected Admission Date' within the next 7 days.

**Healthscope eAdmissions**  
HOSPITALS

Welcome Aaron Fowler [LOGOUT](#)

[Referrals List \(Home\)](#)  
[Referral Request](#)  
[New Referral](#)  
[My User Account](#)

Welcome to Healthscope e-Admissions system. Please select *New Referral* from the menu on left when you are ready to begin. You will be asked to complete a one page electronic referral.

The list below allows you to review the status of your referrals. You can also adjust the expected admission date, requested assessment date, or cancel the referral using the icons to the right of the record. To modify any other details once the referral is in progress by the Hospital, please contact the Hospital.

☐ Next 7 Days ☒ Last 7 Days ☐ Other

Surname:  Given Name:  Date of Birth:

Ward:  Going To:

Status:

[SEARCH](#)

For advanced search options on an admission record, go to "Patient Search"

**Referral List**

[Print Referrals](#)

ID	Referring Source	Patient Name	Referred to	Assessment Date	EDD	Status	Actions
1008	SYDNEY ADVENTIST PRIVATE HOSP	KLUMPER, NICOLA 1/01/1955 (59 years)	LDY	4/11/2014		Ineligible for rehab	
1005	SYDNEY ADVENTIST PRIVATE HOSP - LVL 10	FUDD, ELMA 1/05/1965 (49 years)	LDY	3/11/2014		In Progress	
1021	SYDNEY ADVENTIST PRIVATE HOSP - LVL5	WOODS, TIGER 4/07/1986 (28 years)	LDY	3/11/2014	6/11/2014	Accepted	
1037	SYDNEY ADVENTIST PRIVATE HOSP - M10	simpson, bart 4/05/1967 (47 years)	LDY	2/11/2014		Declined/Cancelled by Referrer	
1038	SYDNEY ADVENTIST PRIVATE HOSP	juice, beetle 1/01/1987 (27 years)	LDY	1/11/2014		Assigned	

Page size: 20 5 items in 1 pages

Legend ● High priority (overdue) ● Medium priority (within 7 days) ● Routine priority ● Processed

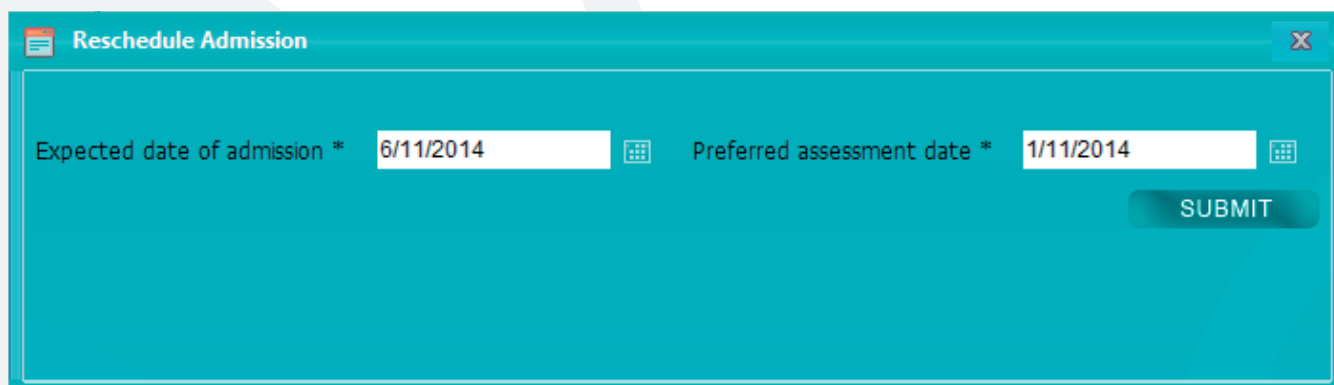
[Terms of Use](#) | [Contact Us](#) | [Privacy](#) | [Medical Security Notice](#)

Status	Explanation
New (Unassigned)	Referral has been submitted to the hospital, yet to be assigned to an assessor
Assigned	Referral has been assigned to an assessor
In Progress	Assessment is in progress
Review	Referral has been marked for further review (eg. Patient has been assessed but further review closer to transfer date required)
Accepted	Patient accepted as suitable for admission
Declined/Cancelled by Referrer	Referral has been cancelled by referring provider
Declined	Referral has been declined following assessment (eg. Not suitable for rehab)

## Updating the referral

Once a referral has been submitted the Expected Date of Discharge (EDD) field can be updated by either the referring healthcare provider, or the receiving hospital.

To update either of these dates, click on the magnifying glass to the right of the record. 

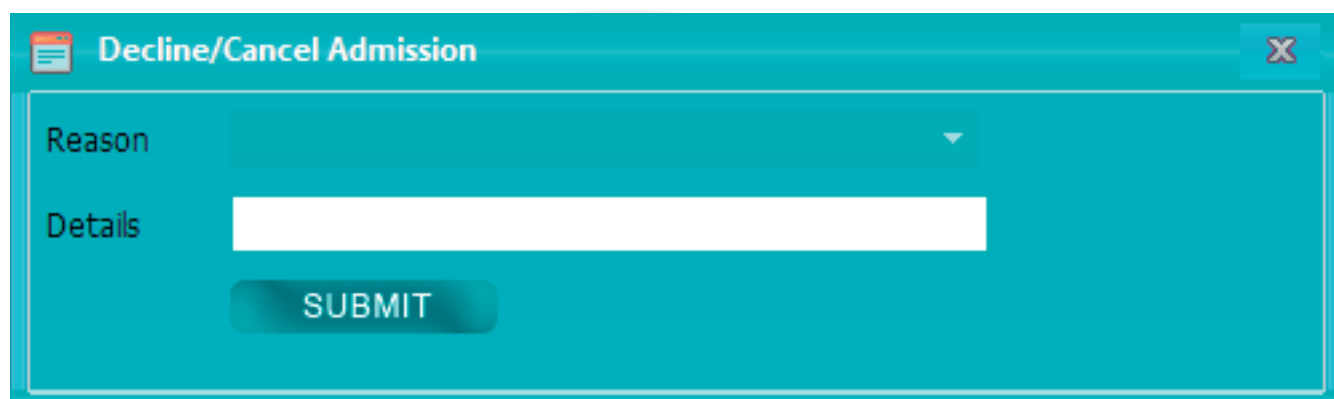


A teal-colored form titled "Reschedule Admission" with a close button (X) in the top right corner. The form contains two date input fields: "Expected date of admission \*" with the value "6/11/2014" and "Preferred assessment date \*" with the value "1/11/2014". Each field has a small calendar icon to its right. A "SUBMIT" button is located at the bottom right of the form.

Preferred Assessment Date can also be updated for rehabilitation referrals only.

To cancel a referral request click on the red cross to the right of the record. 

Select a reason from the drop down list, and provide any other relevant comments if required.



A teal-colored form titled "Decline/Cancel Admission" with a close button (X) in the top right corner. The form contains a "Reason" dropdown menu and a "Details" text input field. A "SUBMIT" button is located at the bottom of the form.

# Updating account details

Select 'My User Account' from the menu on the left hand side of the screen. This will allow you to make changes to your user account details such as security questions, email address, phone number and provider details.

The screenshot shows the 'Healthscope eAdmissions' web portal. The top header includes the logo, the text 'HOSPITALS', and a user welcome message 'Welcome Aaron Fowler' with a 'LOGOUT' button. A left-hand navigation menu is visible with options: 'Referrals List (Home)', 'Referral Request', 'New Referral', and 'My User Account' (which is highlighted). The main content area is titled 'User Details' and contains a form with the following fields:

- \* Denotes a required field**
- Referring Healthcare Provider Type:** A dropdown menu set to 'Hospital'.
- Hospital / Practice:** A text input field containing 'TEST HOSPITAL 1' with a note below it: 'This search could take a few seconds.'
- User name:** A text input field containing 'rehabreferrertest' and a 'Change Password' link.
- Question 1 \*:** A dropdown menu set to 'Other'.
- Answer 1 \*:** A text input field containing 'Rehab01'.
- Question 2 \*:** A dropdown menu set to 'Other'.
- Answer 2 \*:** A text input field containing 'Rehab02'.
- Given name \*:** A text input field containing 'John'.
- Surname \*:** A text input field containing 'Smith'.
- Email address \*:** A text input field containing 'Jsmith@test.com.au'.
- Phone number:** A text input field containing '0404040404'.
- Provider Number:** An empty text input field.
- Referrer address:** A section containing two empty text input fields: 'Building / property name' and an unlabeled field.

