

eWCC User Guide BP Users

Introduction

The electronic Work Capacity Certificate (eWCC) is used by medical practitioners to certify capacity for injured workers in South Australia. It is a prescribed form and legally required.

Medical Practitioners in South Australia have been able to access and submit the eWCC via an adapter (installed by the practice and accessed via a launch bar on the desktop).

From July 2021 ReturnToWorkSA have partnered with Telstra Health and HealthLink to create a native integration for Best Practices users, enabling access to the certificate from within the Best Practice solution via the HealthLink Forms Library.

This guide has been created to outline how the form will be accessed and the new features and functionalities available to medical practitioners.

Please Note:

All patient details shown in this document are test patients and do not reflect a real patient in any way.

This User Guide is subject to be updated, please ensure you have the correct version.

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1. Minimum system requirements

Browser	IE 11 update 2929437, Edge, Chrome, Firefox
Best Practice	Best Practice 1.9.0 and above,
HealthLink	HealthLink Client Installation to enable HealthLink Forms Use

2. HealthLink Client Installation

Some practices may already have access to the HealthLink Forms Library – if so, no further installation or set up is required. You will be notified when the eWCC is available for use.

If practices do not already have access to the HealthLink Forms Library this will require set up. HealthLink will contact practices that have Best Practice version 1.9.0 and above to install the HealthLink Client and enable the HealthLink Forms library.

Once this set up is complete and the ReturnToWorkSA eWCC is available in the HealthLink Forms Library it is ready to use and send actual certificates to ReturnToWorkSA which are then automatically loaded into their live system.

If the HealthLink forms library is not available in your practice or available for a particular doctor – please contact the support team on the contact details below.

Tech Support:

Phone: 1800 952 252

Email: fastforms@health.telstra.com

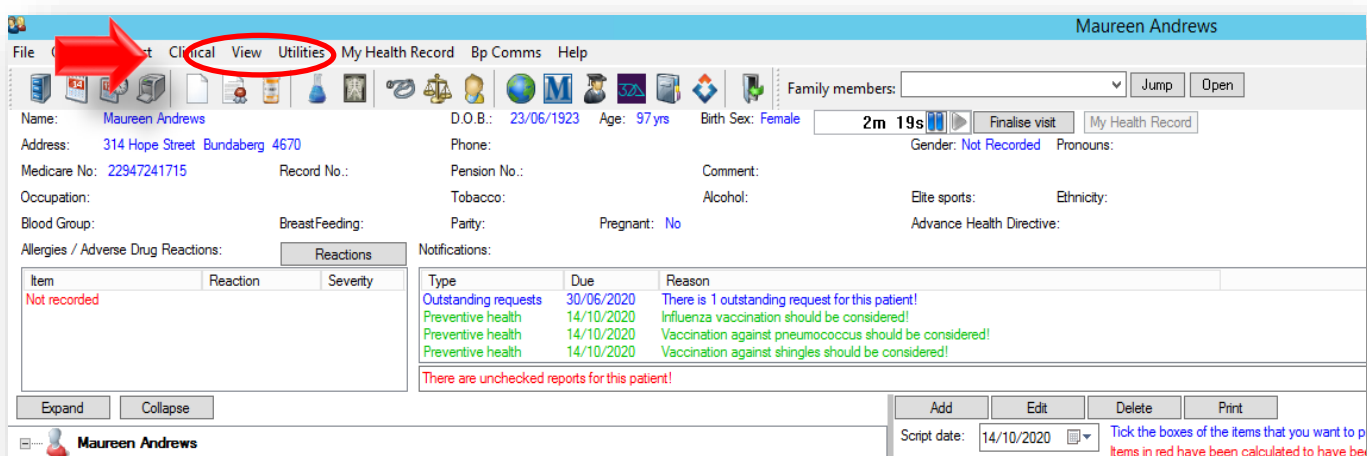
3. Access and Launching the eWCC

There are two ways to access the form in Best Practice – both are described below

Accessing Via the View Tab

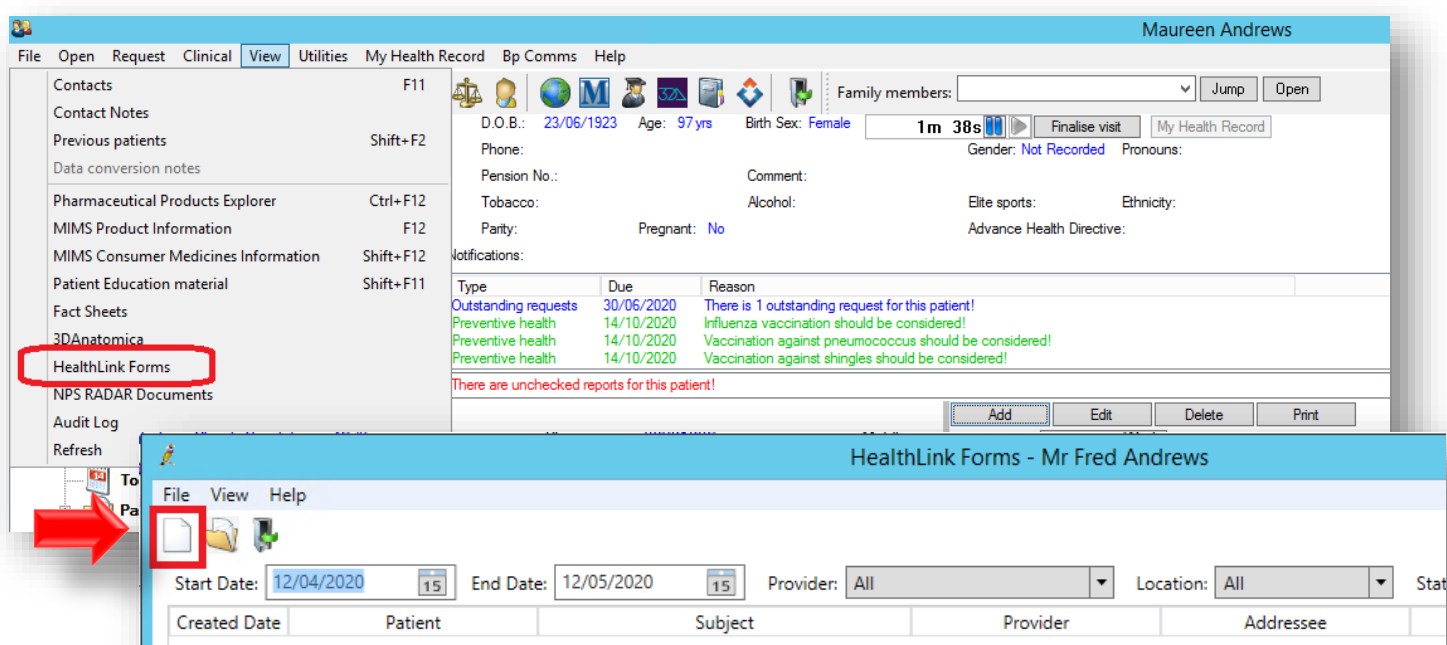
Step 1A:

Open the patient record and select the “View” Menu to access HealthLink forms



Step 2A:

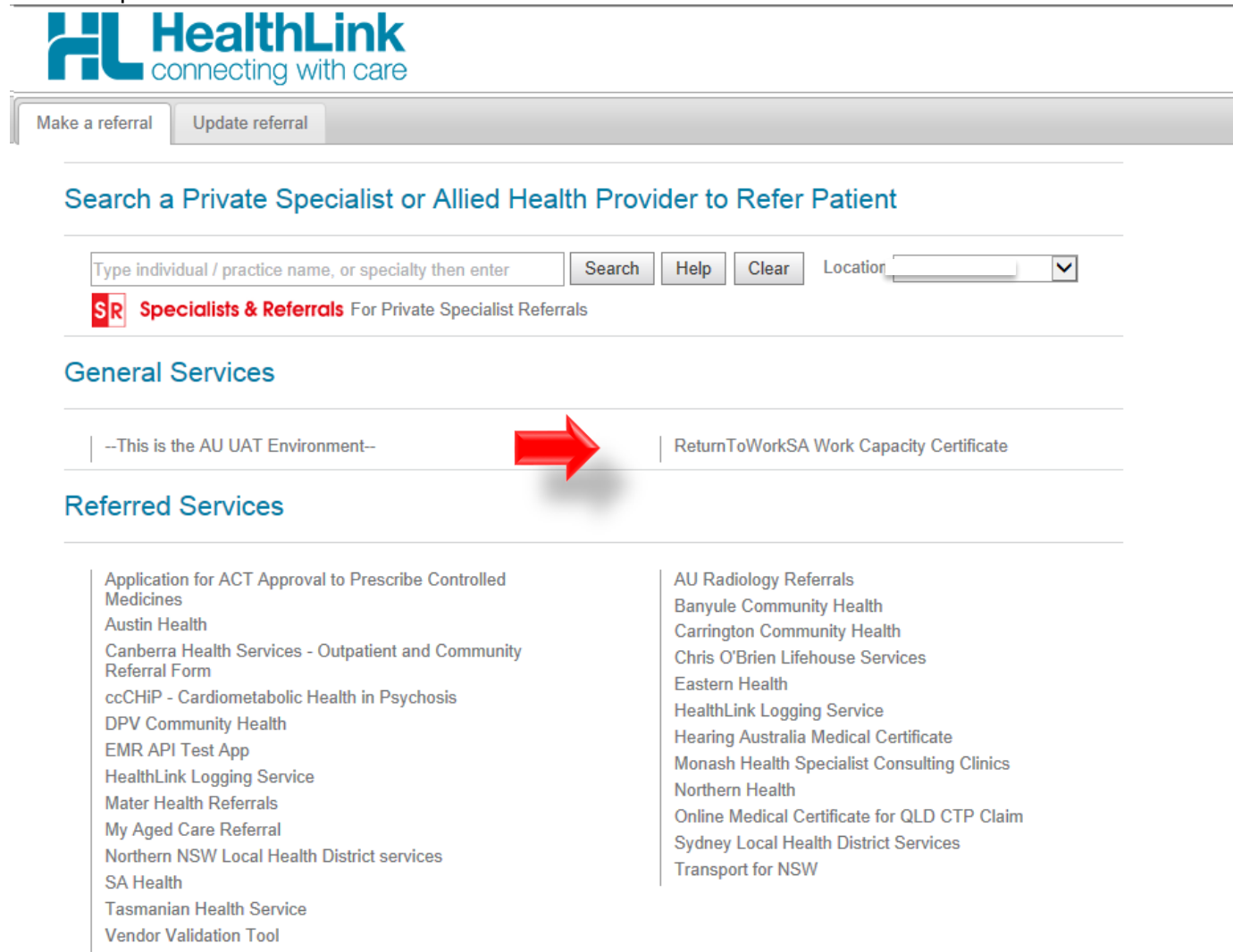
From the View Menu, select HealthLink forms and “New Form” to launch the Forms Menu



Step 3A:

From the HealthLink Forms Menu, select ReturnToWorkSA to launch the eWCC

Go to Step 4 Below

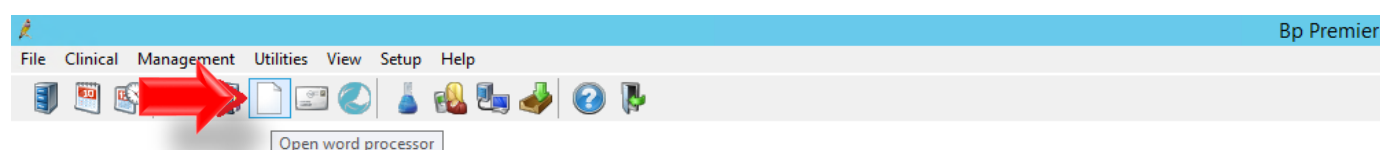


The screenshot shows the HealthLink web interface. At the top is the HealthLink logo with the tagline 'connecting with care'. Below the logo are two buttons: 'Make a referral' and 'Update referral'. A search bar is present with the placeholder text 'Type individual / practice name, or specialty then enter', followed by 'Search', 'Help', and 'Clear' buttons. A 'Location' dropdown menu is also visible. Below the search bar is a red 'SR' icon and the text 'Specialists & Referrals For Private Specialist Referrals'. The main content area is titled 'General Services' and contains a link that says '--This is the AU UAT Environment--' followed by a large red arrow pointing to 'ReturnToWorkSA Work Capacity Certificate'. Below this is a section titled 'Referred Services' which lists various services in two columns. The left column includes: Application for ACT Approval to Prescribe Controlled Medicines, Austin Health, Canberra Health Services - Outpatient and Community Referral Form, ccCHIIP - Cardiometabolic Health in Psychosis, DPV Community Health, EMR API Test App, HealthLink Logging Service, Mater Health Referrals, My Aged Care Referral, Northern NSW Local Health District services, SA Health, Tasmanian Health Service, and Vendor Validation Tool. The right column includes: AU Radiology Referrals, Banyule Community Health, Carrington Community Health, Chris O'Brien Lifehouse Services, Eastern Health, HealthLink Logging Service, Hearing Australia Medical Certificate, Monash Health Specialist Consulting Clinics, Northern Health, Online Medical Certificate for QLD CTP Claim, Sydney Local Health District Services, and Transport for NSW.

Accessing via the “Open Word Processor” Icon

Step 1B:

Open the patient record and select the “Open Word Processor” (New Letter) Icon



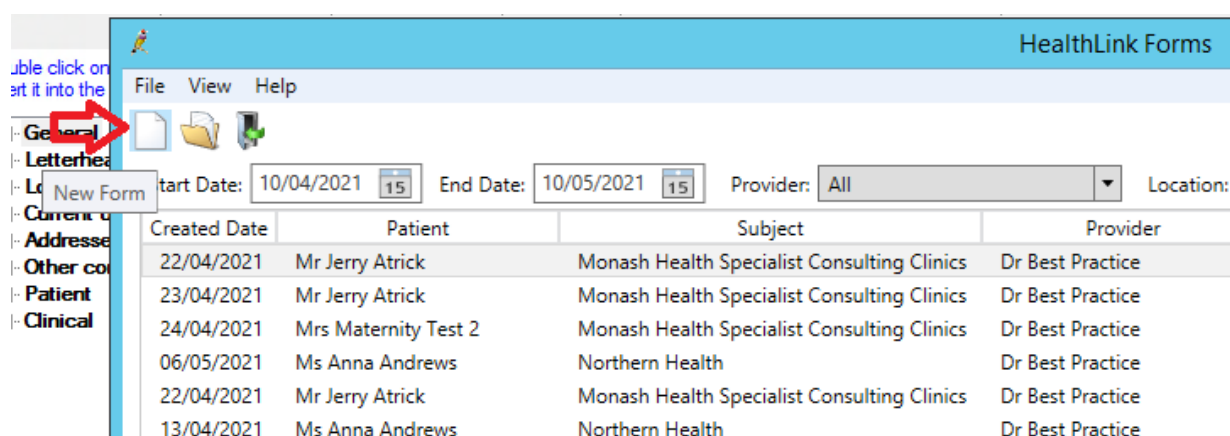
Step 2B:

In the toolbar, select the HealthLink forms icon



Step 3B:

Next select the “New Form” button



Step 4:

Medical Practitioners will now have the option of:

- Create a New WCC
- Create Subsequent WCC
- Finish Draft WCC

These options are dependent on what has previously been completed for the patient. (See further details on this functionality in Section 4 New Functionality)



Work Capacity Certificate




Bob Builder

January 01, 1980

Create New WCC

 Create New WCC



Create Subsequent WCC

Submission Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number	
04/06/2021	04/06/2021	trip over pall...	mild concussio...	Construct Services	12345678/	 Create Subsequent WCC
04/06/2021	04/06/2021	tractor ran ov...	fractured foot	Caterpillar of Aust...	unknown	 Create Subsequent WCC
04/06/2021	20/05/2021	cut finger	laceration	B & A Bricklaying C...	12345678/	 Create Subsequent WCC
04/06/2021	20/05/2021	cut finger	laceration	B & A Bricklaying C...	unknown	 Create Subsequent WCC

Showing 1 to 4 of 4 entries

First Previous **1** Next Last

Finish Draft WCC

Last Saved Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number	
05/06/2021	unknown	Spanner to the...	Sore head	ABC Building Servic...	unknown	 

Showing 1 to 1 of 1 entries

First Previous **1** Next Last



Step 5:

The form will load and prepopulate the required fields. Highlighted below for sections **A. B. & G.** of the form.

Work Capacity Certificate

A. Patient and employer details

Family Name * Lane
Given Names * Simon
ReturnToWorkSA Claim # 12345678 / 02
(if known)
Other Claim #
Employer Name * DD & Parj Pty Ltd
Date of Birth * 12/12/1987

B. Injury details and assessment

I examined you on * 30/08/2016

G. Doctor's details

Doctor's Name * Dr Julianne Smith
Address line1 * Suites 1 - 4
Address line2 25 Young St
Suburb * Unley
State SA
Postcode 5061
Phone 0884595487
Provider Number * 0319352K
Email Address
Fax
Completion Date * 30/08/2016

Step 6:

Forms can be completed and saved as a draft, saved and printed without sending, or sent and printed. Authorisation from the patient is required prior to sending electronically to ReturnToWorkSA.

◀ Return to Drafts
🖨️ Print & Save
💾 Save as draft

☐ I confirm my patient has authorised me to send this WCC electronically to ReturnToWorkSA

➤ Send & Print

Step 7:

An alternate way to view previously submitted forms, open the patient record, select “Correspondence Out” and choose the eWCC.

Click on “View” to see the full form.

Allergies / Adverse Drug Reactions:

Item	Reaction	Severity
Bee Sting	Requires Antihistamin	

Reactions

Notifications:

Type	Due	Reason
Outstanding requests	09/04/2020	There is 1 outstanding request for this patient!
Preventive health	12/05/2020	Influenza vaccination should be considered!
Preventive health	12/05/2020	Vaccination against pneumococcus should be considered!
Preventive health	12/05/2020	Vaccination against shingles should be considered!

There are unchecked reports for this patient!

Expand
Collapse

Add
View
Delete
Print
Record Note

< Previous
Next >

03/12/1999 Asthma

10/06/2008 Uti

22/10/2011 Wart(S)

15/05/2012 X-Ray - C

14/02/2013 Cryothera

Inactive

Immunisations

Investigation reports

Correspondence In

Correspondence Out

21/03/2005 Dr A Practitioner

07/09/2009 Dr A Practitioner

22/10/2011 Dr A Practitioner

21/11/2012 Dr A Practitioner

06/06/2019 slhdhaem Syd

12/10/2019 agedcfm My A

03/12/2019 phtasref Prima

15/01/2020 phtasref Prima

15/01/2020 phtasref Prima

12/05/2020 Return to V

Past prescriptions

Observations

OFFICIAL: Sensitive/Medical in Confidence

ReturntoWorkSA
www.rtwsa.com

13 18 55

Work Capacity Certificate

Version 2 effective 1 July 2017

A. Patient and employer details Mandatory

Family Name: Patientsurname
 Claim Number (if known):
 Date of Birth: 18/05/1960

Given Names: Patientfirstname
 Employer Name: 1216 RE MYER ADELAIDE

B. Injury details and assessment Mandatory

I examined you on 17/01/2019 For injury(s)/condition(s) you stated occurred /developed on 02/01/2019

The stated cause was:
 test

The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s):
 Is this a new injury/condition?: Yes
 My clinical diagnosis/es based on my examination of you and other available information is:
 test

Other comments/clinical findings:

C. Certification Mandatory

In my opinion, you: (please tick whichever apply)

☒ have recovered from your injury/condition and are fit to return to your normal duties and hours on: 07/02/2019

☐ are fit to perform suitable duties that accommodate your functional abilities from:

☐ are medically unfit to undertake suitable duties while recovering from your injury for the period:

Reason:

☐ I estimate you should have functional capacity to return to work in days weeks OR uncertain at this stage
 (estimated timeframe will assist with planning for return to safe work)

I would like to review your progress on /or at your next medical consultation ☐

Comments:

D. Treatment plan Complete all fields relevant to your patient

alth

currently logged in: Dr Best Practice (HealthLink Townsville)

4. New Functionality

New functionality has been introduced to assist Medical Practitioners in retrieving certificates that have either been saved as a draft or previously saved and submitted.

When users open the HealthLink forms library and select ReturnToWorkSA form – they will be presented with a table that lists the forms for that patient that are either in draft or saved and submitted state.

Medical Practitioners will have the option to:

- **Create New WCCC** – this will launch a new WCC form with only the required prepopulated fields
- **Create Subsequent WCC** – below this heading will be a table that lists all of that patients previous WCC certificates with the following details in the table:
 - Submission Date
 - Injury Date
 - Injury Caused
 - Clinical Diagnosis
 - Employer Name
 - Claim Number

Medical Practitioners will be able to select one of these certificates to clone and resubmit as a new certificate

- **Finish Draft WCC** – this will allow Medical Practitioners to return to a certificate that has not been completed or submitted to complete.



Work Capacity Certificate


Bob Builder

January 01, 1980

Create New WCC

 Create New WCC



Create Subsequent WCC

Submission Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number	
04/06/2021	04/06/2021	trip over pall...	mild concussio...	Construct Services	12345678/	 Create Subsequent WCC
04/06/2021	04/06/2021	tractor ran ov...	fractured foot	Caterpillar of Aust...	unknown	 Create Subsequent WCC
04/06/2021	20/05/2021	cut finger	laceration	B & A Bricklaying C...	12345678/	 Create Subsequent WCC
04/06/2021	20/05/2021	cut finger	laceration	B & A Bricklaying C...	unknown	 Create Subsequent WCC

Showing 1 to 4 of 4 entries

First Previous **1** Next Last

Finish Draft WCC

Last Saved Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number	
05/06/2021	unknown	Spanner to the...	Sore head	ABC Building Servic...	unknown	 

Showing 1 to 1 of 1 entries

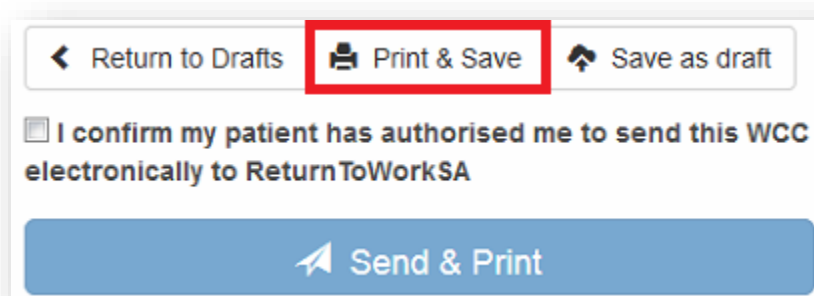
First Previous **1** Next Last



5. How to test without sending a certificate to ReturnToWorkSA

Once access is available to the HealthLink Forms Library, the electronic Work Capacity Certificate (eWCC) is ready to send actual certificates to ReturnToWorkSA and these are automatically loaded into their live system. Consequently, it is important that you **DO NOT SEND** a 'test' certificate if you wish to test.

If you want to test that the eWCC solution is working correctly, select a test patient record in your practice management software and run through the steps above -, completing required fields in the eWCC. At this point you can finalize testing by clicking the **PRINT & SAVE** button.

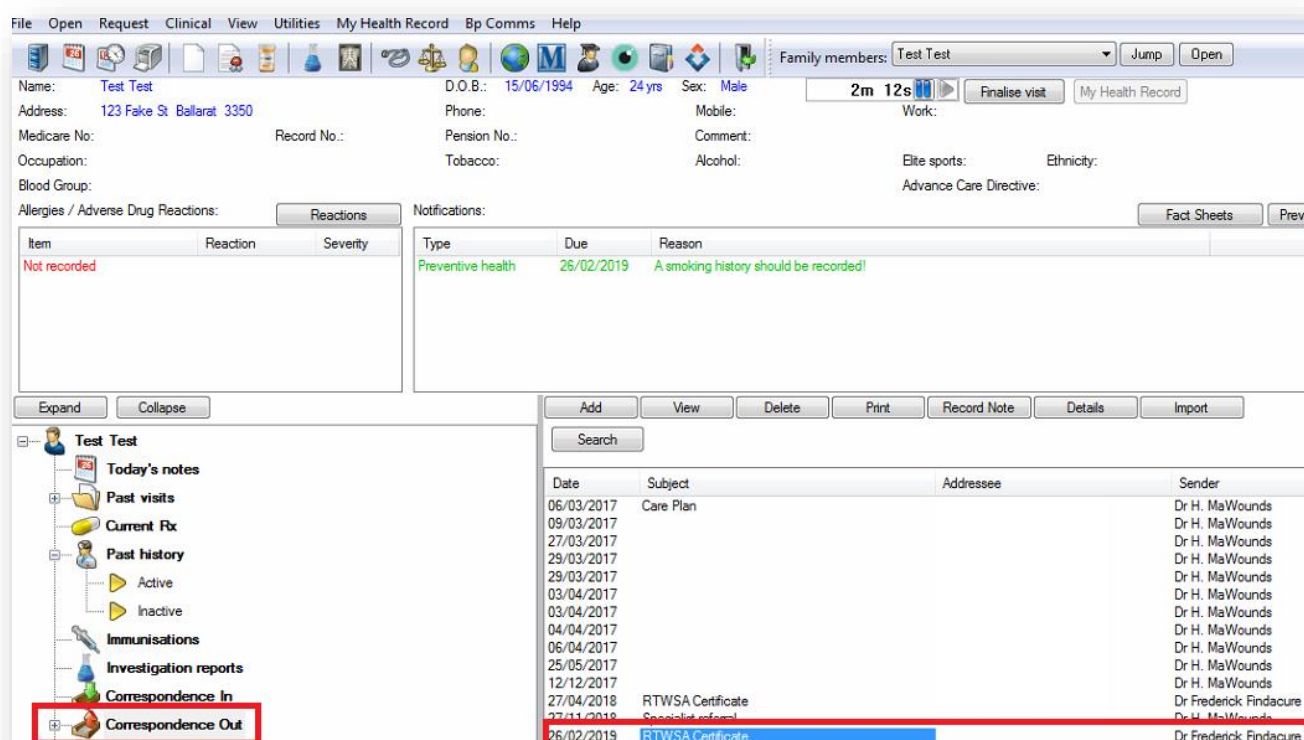


This will display a PDF copy of the form and place a copy of the PDF form into the incoming message section of your clinical application to be filed against the patient record. If all completes as expected, then you can be confident that your system is setup correctly when you need to send through the first real patient data.

6. Where to find your copy of the eWCC form in your clinical application.

Once the form has been sent or printed a PDF copy of this form is sent to the incoming messages section of the clinical applications listed below.

1. After an eWCC is sent the saved copy will automatically appear in the **Correspondence Out** section of the specific patient file after the patient file is closed and re-opened.

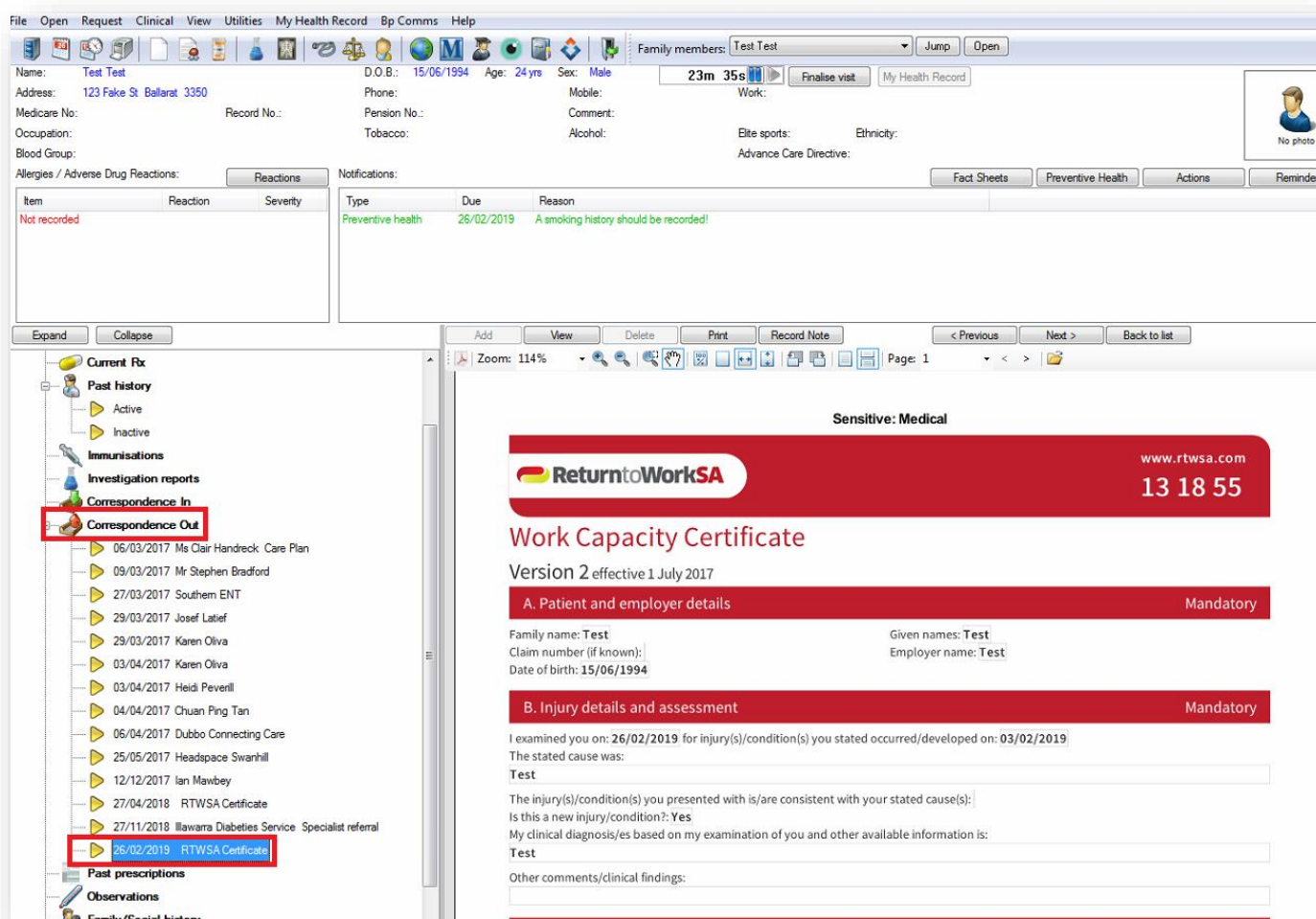


The screenshot shows a clinical application window for a patient named 'Test Test'. The patient's details include D.O.B.: 15/06/1994, Age: 24 yrs, Sex: Male, Address: 123 Fake St. Ballarat 3350, and Medicare No.: [blank]. The 'Correspondence Out' section is highlighted in the left sidebar. The main window displays a list of correspondence items, with the 'RTWSA Certificate' dated 26/02/2019 highlighted in blue.

Date	Subject	Addressee	Sender
06/03/2017	Care Plan		Dr H. MaWounds
09/03/2017			Dr H. MaWounds
27/03/2017			Dr H. MaWounds
29/03/2017			Dr H. MaWounds
29/03/2017			Dr H. MaWounds
03/04/2017			Dr H. MaWounds
03/04/2017			Dr H. MaWounds
04/04/2017			Dr H. MaWounds
06/04/2017			Dr H. MaWounds
25/05/2017			Dr H. MaWounds
12/12/2017			Dr H. MaWounds
27/04/2018	RTWSA Certificate		Dr Frederick Findacure
27/11/2018	Specialist referral		Dr H. MaWounds
26/02/2019	RTWSA Certificate		Dr Frederick Findacure

2. **Double Click** the **RTWSA Certificate** in the list of correspondence.

3. Alternatively expand the **Correspondence Out** selection and select the **RTWSA Certificate**



The screenshot shows the ReturntoWorkSA software interface. The left sidebar has 'Correspondence Out' expanded, showing a list of records. The main window displays a 'Work Capacity Certificate' form for a patient named 'Test Test'.

Correspondence Out List:

- 06/03/2017 Ms Clair Handreck Care Plan
- 09/03/2017 Mr Stephen Bradford
- 27/03/2017 Southern ENT
- 29/03/2017 Josef Latief
- 29/03/2017 Karen Oliva
- 03/04/2017 Karen Oliva
- 03/04/2017 Heidi Pevnill
- 04/04/2017 Chuan Ping Tan
- 06/04/2017 Dubbo Connecting Care
- 25/05/2017 Headspace Swanhill
- 12/12/2017 Ian Mawbey
- 27/04/2018 RTWSA Certificate
- 27/11/2018 Illawarra Diabetes Service Specialist referral
- 26/02/2019 RTWSA Certificate

Work Capacity Certificate Form:

Sensitive: Medical

ReturntoWorkSA www.rtwsa.com 13 18 55

Work Capacity Certificate
Version 2 effective 1 July 2017

A. Patient and employer details Mandatory

Family name: Test Given names: Test
 Claim number (if known): Employer name: Test
 Date of birth: 15/06/1994

B. Injury details and assessment Mandatory

I examined you on: 26/02/2019 for injury(s)/condition(s) you stated occurred/developed on: 03/02/2019
 The stated cause was:
 Test

The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s):
 Is this a new injury/condition?: Yes
 My clinical diagnosis/es based on my examination of you and other available information is:
 Test

Other comments/clinical findings:

7. Support

For application support please contact Telstra Health on:

Phone: 1800 952 252

Email: fastforms@health.telstra.com