

LTC FACILITY





**ADMIN** 



**SUPPLIER** 



**WMP** 



LTC FACILITY

**DSLTC** 

**Designated person** log into Online **Program to order** wound products

Wound products required

**If Designated** person is unable to order through **Online Program** Call 902-332-3753

**Order notification** received and order reviewed by program coordinator orders are exported

**PO** is generated and submitted to supplier for order fulfilment

**Igility sends a copy** of order confirmation to LTC PO is received and order is prepared for fulfillment

Order is packaged and shipped to LTC **Facility** 

**Order shipping** confirmation sent to igility

**Contact zone** consultant to discuss product exception for wound product not on the approved list

igility

**Exception approval** the zone consultant submits order to

Order delivered to LTC

**Order** is received and verified against order confirmation

**Wound product** placed in wound care inventory for all residents use

igility submits summary of orders by facility to DSLTC

**DSLTC** reimburse igility for payment to supplier for approved wound products

Flow chart for ordering wound care products