

# GBHN Order Sets Change Request Form

<b>Order Set Name/Version:</b>	
<b>Requested by:</b>	<b>Date Submitted:</b>

## Change Request:

Proposed Change Description

## Justification

## Benefits

State the problem the requested functionality would solve

## Impact Statement

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Change in Evidence | <input type="checkbox"/> Financial risk      | <input type="checkbox"/> Process Change    |
| <input type="checkbox"/> Compliance risk    | <input type="checkbox"/> Patient safety risk | <input type="checkbox"/> User satisfaction |
| <input type="checkbox"/> Correction         | <input type="checkbox"/> Privacy risk        | <input type="checkbox"/> Workflow          |

## Education

End User Education Required:

**Change Request Sign-Off Checklist:**

Please document the names and professional designation of the individuals consulted regarding this change. All relevant stakeholders must be involved in the change of order set/clinical protocols.

<b>Name</b>	<b>Professional Designation</b>	<b>Health System/Department</b>

**Approvals**

	<b>YES</b>	<b>NO</b>	<b>DEFERRED</b>
<b>GBHN OSC Chair Signature:</b>			
	<b>YES</b>	<b>NO</b>	<b>DEFERRED</b>
<b>HIS Signatures:</b>			

\*Deferred will move this outside the scope of the project and the Order Set Committee will refer to the appropriate area.

Send to: Jessica Meleskie, Chair, GBHN Order Set Committee  
via email at [jessica.meleskie@sw.ccac-ont.ca](mailto:jessica.meleskie@sw.ccac-ont.ca); or fax at 519 371 5612.