

Long Term Care Solution Office CHANGE REQUEST

This form is to be used to request changes to PointClickCare functionality.

Complete all ***required*** fields. The form is to be emailed to LTCSolutionOffice@ihis.org. A member of the LTCSolution Team will be in contact for any clarification required.

*Date of Request:	Date: YYYY/MM/DD	
*Type of Request:		
*Requested By:		
*Long Term Care Leadership Approval: (Director/Manager)	Signature:	Date: YYYY/MM/DD
*Describe the request: Include the following if appropriate: What do you want to achieve? (e.g. improve workflow and safety, efficiency, change in practice, policy and/or standards) What are the outcomes? Consider such things as standardization of/changes to workflow; client and employee safety; quality of care; new practice, standard or policy; benefits expected from implementing the request. Are there other known impacted stakeholders? Include timeline and the plan for auditing. NOTE: Attach Supporting Documents if appropriate.		
FOR LTCSO USE ONLY	Date: YYYY/MM/DD	Comment
Approved		
Denied		
Escalated to PointClickCare		