

## Provincial EMR Enhancement Form

**Health PEI**

***Please submit completed forms to [emrsupport@gov.pe.ca](mailto:emrsupport@gov.pe.ca)***

\*Please attach any original electronic forms relevant to this request in PDF format.

**In an effort to minimize conflicting projects, each EMR Enhancement request will be evaluated and prioritized. Prioritization is based on multiple criteria including:**

- Resource involvement
- Timelines
- Project conflicts
- Request evaluation
- Business Requirements
- Accreditation
- Costs/Budgets

<b>Name and contact email of request approver (i.e., Manager/Director)</b>	
<b>Title of EMR Enhancement Request</b>	
<b>Is this request for a new program or service being implemented?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes, when is the program/service being implemented? (need Go Live date)</b>	<b>Year/Month/Date</b>
<b>Is the request required for accreditation or new provincial standards?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If the request is for another initiative in your practice, please specify:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has the request been approved within your area of practice?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please specify approver(s)</b>	
<b>Describe your Request:</b> (Consider, for example, changes to workflow, patient safety, quality of care, new practice standard or policy, impact to stakeholders)	
<b>Highlight any known risks associated with implementing/not implementing the request.</b>	
<b>What is the benefit of implementing the request?</b>	