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| Request Date | Click or tap to enter a date. |
| Type | Choose an item. |
| Business Unit | Choose an item. |
| Facility Location | Click or tap here to enter location. |
| Request Title (Name of Project) | Enter name of project. |
| Requester Contact | Contact information including name, title, department, phone, email address. |
| Business Owner | MSHS person responsible for authorizing all aspects of the project. |
| Summary / Description of Need | Provide Business Case. Provide background and briefly describe current process and/or system in place. What are the pain points? Describe future state. What are the goals? |
| Expected Benefits / Risks if Not Implemented  | Explain in brief the expected benefits of the system and/or the risk to the organization if the system is not implemented. |
| Areas of Impact  | Please check one or more of the following to indicate areas of impact: [ ] Regulatory – (from government, credentialing entity or payer)[ ] Finance[ ] Patient Care[ ] Efficiency[ ] Academic[ ] Other Click or tap here to enter text. |
| Priority and ImpactExplain priority. Number of people impacted. What groups of users are affected by this change? Which department (s) or role(s)? Is this a Health System initiative? How does this align with Health System strategies? |
| Stakeholders / Users / Systems | List business units or groups of people involved in the process / system, include computer systems that contribute or receive data as part of the process / system. |
| Desired Completion Date | Please allow at least ten (10) weeks from request date.Click or tap to enter a date. |
| Funding Sources | Enter any external funding sources such as grants or sponsors. |
| Information Classification | Choose an classification level. |