

Solution Enhancement Request Form

Date:		Product/Application Name:
Name:		
Organization:		
Phone:		We are willing to assist in testing.
E-mail:		We are willing to contribute funds.

Problem Description - Describe the problem or workflow issue.
Enhancement Description - Describe the enhancement. Include any reference material (e.g., diagrams or screenshots).
Benefits - Who will benefit from the change and how?
Impact Statement - Describe the impact if the enhancement is not implemented.

What is the scale of impact?
1 Affects only one employee.
2 Affects small group of employees within a department/team.
3 Affects large group of employees within a department/team.
4 Affects the entire organization.
5 Affects more than one organization.
6 Affects the entire region.
Comments:
What is the degree of impact?
1 Minor impact.
2 Moderate impact to workflow or incentive program.
3 Moderate impact to patient care or compliance.
4 Major impact to workflow or incentive program
5 Major to patient care or compliance.
Comments:
What is the urgency of the enhancement?
1 No real timetable.
2 Action within 12 months.
3 Action within 6 months.
4 Action within 3 months.
5 Action within as soon as possible (explain below).
Comments:

GLHC USE ONLY		Version 04242019	
Reviewer Name:		Enhancement Score:	
Initial Review Date:		Status:	Scheduled Backlog Declined
Committee Reviewed	Yes No		
Committee Review Date:		Scheduled Date	
Client Informed:	Yes No	Date Informed:	