**Contributors New / Revision / Review / Retire / Replace Routine / Expedited**

| **Last Name:** | **First Name** | **Title** | **Contact Info** | Contacted | Department / Shift |
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**Yes** **N/A**

Track changes completed - File sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

ALL impacted departments / disciplines approved changes/updates and Department Director(s) signature obtained. Located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is EHR documentation impacted? If yes, was Information Systems notified? If ‘Yes’:

* + - IS estimated time frame established for change implementation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - IS Contact:

**Change Integration Plan by Staff Education Department**

Update Employee / Nursing / Physician Portal(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Computer Assisted Instruction (CAI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Update at Leadership Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Newsletter / Website updates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms and/or order sets review / update \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other impacted Documents reviewed and updated as required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Simulation / Drills / Quiz / Attestations

Mentorship training and accountability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Integrated into Tracer Checks / PI measures / Patient Safety Rounds / Chart Review

Education - Patient / Community / Marketing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How this aligns with Mission and Vision –

Relevant Best Practice and Literature reviewed –

Pertinent Regulatory Requirements -

Keywords -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Contact Signature Date