

Instructions:

This document is used to capture details related to changes about essential, or legislation-controlled information shown to the public on the Patient Services Locator.

All of the information shown below is subject to business owner approval before the content can be changed and must be submitted using the following process:

- 1) Complete the relevant template worksheet and send to traci.schmekel@health.gov.sk.ca for approval.
- 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change

Required Change	Required Data	Process
Add new Facility	Provide: Facility Name; Street Address; Phone Number; Postal code; Geo-location coordinates; Facility Type; Facility Hours; Required Services available; Required Service hours; Optional Services available; Optional Service hours	1) Complete the template worksheet called 'New Facility' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Add new Required Service to a Facility Type	Provide: Required Service Name; Required Service Description; Facility Type that it applies to	1) Complete the template worksheet called 'New Required Service' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Add new Optional Service to a Facility	Provide: Optional Service Name; Optional Service Description; Facility Type that it applies to	1) Complete the template worksheet called 'New Optional Service' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Add new Disruption Type	Provide: Disruption Type Name	1) Complete the template worksheet called 'New Disruption Type' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Modify existing disruption type	Provide: Old Disruption Type Name; New Disruption Type Name	1) Complete the template worksheet called 'Modify Disruption Type' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Modify Facility	Provide: Facility Name; Street Address; Phone Number; Postal code; Geo-location coordinates; Facility Type; Facility Hours; Required Services available; Required Service hours; Optional Services available; Optional Service hours	1) Complete the template worksheet called 'Modify Facility' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Delete Facility	Provide: Facility Name to Delete	1) Complete the template worksheet called 'Delete Facility' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change
Delete Optional Services from a Facility	Provide: Facility Name ; Optional Service Name to be deleted	1) Complete the template worksheet called 'Delete Optional Services' and send to Traci.schmekel@health.gov.sk.ca for approval. 2) When Traci responds with approval, email the template and the approval email to ServiceDesk@eHealthsask.ca and request change

New Facility Request - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	

Facility Name	
Facility Name	
Street Address	
Phone Number	
Postal code	
RHA Region	
Geo-location coordinates	
Facility Type	
Facility Hours	
Required Services available	
Required Service hours	
Optional Services available	
Optional Service hours	

New Required Services - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	

Required Service Name	
Required Service Description	
Facility Type that it applies to	

New Optional Services - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	

Optional Service Name	
Optional Service Description	
Facility Type that it applies to	

New Disruption Type - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	
Disruption type name	
Description and Justification	

Modify Disruption Type - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	

Old Disruption type name	
New Disruption type name	
Identify any possible issues with this change for other facility types	

Modify Existing Facility Request - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	

Facility Name	
Facility Name	
Street Address	
Phone Number	
Postal code	
RHA Region	
Geo-location coordinates	
Facility Type	
Facility Hours	
Required Services available	
Required Service hours	
Optional Services available	
Optional Service hours	

Delete Optional Services - Patient Services Locator

Name of Requestor	
Date of Request	
Request Required by (date):	
Facility Name	
Optional Service Name to be deleted	