



Request for ESM Clinic Template Maintenance

Use this form to:

- Request modification of an existing ESM template or Schedule
- Change or add to the operating days of an existing clinic (same appointment location)
- Amend a slot name in an existing ESM template

Do not use this form for:

- Adding or modifying a Resource, Book/Bookshelf
- Adding a resource to an appointment/location/slot combination
- Configure an appointment type for TTH location

Brief summary of request:							
Service Group				Specialty			
Resource							
Appointment Book Path							
Is this a new template?		<input type="checkbox"/> Yes <input type="checkbox"/> No if No, provide ESM template name (mnemonic):					
Are there future booked appts for this Clinic?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a displaced report will be provided Note: it is the responsibility of the requesting department to reschedule displaced appointments					
Start Date:				End Date:			
Day(s) of week:		<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
<input type="checkbox"/> Weekly	<input type="checkbox"/> Every week	<input type="checkbox"/> every 2 nd wk	<input type="checkbox"/> every 3 rd wk	<input type="checkbox"/> every 4 th wk	<input type="checkbox"/> every 5 th wk	<input type="checkbox"/> every 6 th wk	
<input type="checkbox"/> Monthly (wk of calendar month)		<input type="checkbox"/> 1 st wk	<input type="checkbox"/> 2 nd wk	<input type="checkbox"/> 3 rd wk	<input type="checkbox"/> 4 th wk	<input type="checkbox"/> 5 th wk	
Public Holidays:		<input type="checkbox"/> Clinic to remain CLOSED on PH				<input type="checkbox"/> Clinic to be OPEN on PH	
Resource Considerations							
Clinical							
If there is a reduction in patient numbers? please detail the plan to maintain a sustainable service.							
Wait list – will patients still be seen in clinically recommended time?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Resource (only required if increase or new clinic)							
Space / rooms are available							
Equipment requirements considered							
Nursing resources available							
Allied Health resources available (if required)							
Administrative resources available							
Doctor rosters updated							
Funding							
Are there any implications for funding?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the clinic need review for funding setup							
Any other impacts							



Clinic Template: *Please ensure that the entire time between clinic start and finish time is recorded*

Slot Start Time (24 hour clock)	Slot End Time (24 hour clock)	Slot Name	Discrete or Contiguous Slot	Number of Appts	Default duration of appt (only complete for contiguous slots)



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Requesting Officer (required signature)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Administration Team Leader/Manager (required signature)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Business Manager (required signature if reduction or increase in service)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Service Group Reporting and Performance Coordinator / Manager (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Service Group Director authorisation (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Initiating Clinician (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
NUM Outpatient Clinics (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Medical Director (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Nursing Director (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	

This form must progress through the following departments in the specified order:

- 1. Requestor: Complete all required fields, obtain signed approval and log a job via IT Support, attaching this form (guide available here).**
- 2. Data Quality Unit: Action request, complete IT Support job and email notification to requesting officer & Administration Team Leader/ Manager when completed**

NB: Incomplete forms will be returned to the Requestor for follow up action