

 <p>ST. VINCENT CHARITY MEDICAL CENTER</p> <p><i>A Ministry of the Sisters of Charity Health System</i></p>	DEPARTMENT POLICY AND PROCEDURE	
	Section:	Policy No:
	Subject: Forms Approval Process	Effective:
		Reviewed:
	Revised:	

PURPOSE:

1. To define the process for the review and approval of new forms and changes to existing forms that ultimately become part of a patient’s medical record.
2. To ensure that the format and methods for storing data/information are standardized, whenever possible, and comply with the organization’s Information Management Plan and meet regulatory and accreditation standards

POLICY:

1. All forms, electronic, paper, and pre-printed order sets designed to become a permanent part of the patient’s medical record must be submitted and approved by the Forms Committee prior to initial use. The Forms Committee will determine with input from Quality if other Committee/Department approval is required.
2. Forms shall serve a useful purpose, be easily understood, provide sufficient space for recording required data, and conform to 8 ½ x 11 inches whenever possible.
3. Forms shall contain a minimum of abbreviations. The list of prohibited abbreviations approved by the medical staff shall be printed on all forms documenting free text information.
4. The original form must be deemed the chart copy. The distribution of other copies of the form shall be noted at the bottom of the form, i.e. chart copy, physician’s copy, etc.
5. Form numbers and/or bar codes will be assigned to all new medical record forms.
6. Multi-page forms will have page numbers and total pages on each page (i.e. 1 of 4, 2 of 4, 3 of 4, and 4 of 4).
7. All standardized order sets will be reviewed at the time of re-order and/or annually.
8. Standing order set that reference medications and/or pharmacy items must:
 - i. Be reviewed and approved by the PNT Committee
 - ii. Adhere to the approved formulary drug listing
 - iii. Include the generic name of the drug
 - iv. Clearly specify the dose and frequency
 - v. Indicate the reason or reasons for prn orders
 - vi. Include an order for drug level monitoring, if appropriate
 - vii. Be signed and dated and timed by the physician according to hospital policy

9. The standard format for all forms is as follows:
 - i. The title of the form centered on the top of the page
 - ii. The name of the facility with assigned forms number/bar code at the bottom left hand corner
 - iii. Space for the patient label in the lower right hand corner
 - iv. Have left-side holes pre-punched to facilitate binding in the patient's medical record.
10. The Department of Purchasing is responsible for appointing a Forms Committee to oversee the process and to coordinate the development of forms with other organizational entities, such as the Hospital's Medical Records Committee or the facility's forms management contractor.
11. The Director of Medical Records will be the Chairperson of the Forms Committee.

PROCEDURE:

1. The person requesting the form shall contact the Department of Purchasing to indicate:
 - i. A new form will be submitted, or
 - ii. An existing form will be revised.
 - iii. The Purchasing Manager will request a PDF of the form from Workflow and forward to the requestor.
 - iv. The form will be entered into the tracking spreadsheet.
2. The Requestor will review the draft with the area or individuals who will be expected to use and/or complete the form and make any necessary recommendations.
3. The Requestor will submit the mock-up or revised form to the Department of Purchasing and complete "Form Approval Routing Sheet" to the Forms Committee Chairperson prior to the first Tuesday of the Month. **Note that forms that do not comply with the process will not be addressed or tracked by the Forms Committee Chairperson and will become the sole responsibility of the requestor.**
4. Attend or send a representative to the scheduled Forms Committee meeting to present the form and answer any questions regarding the proposed form. Attendance is required to facilitate the review and approval process.
5. The Forms Committee Chairperson will take any recommended amendments and the marked up form and submit to Workflow One for typesetting and layout.
6. The revised form is sent by Workflow One's form portal-Proof Positive. All department approvers will be automatically invited to review and approve the form. It will be their responsibility to garner approval for their committee and approve the form on the Proof Positive Portal.
 - i. Workflow One provides the first two proofs are at no cost, any additional proofs will be made to the Department Cost Center designated on this routing sheet.
7. Contact the Chairperson of the Forms Committee following the scheduled meeting regarding the approval status of the form. Proof Positive will allow form tracking to be transparent.
8. Once final approval is obtained by the Medical Executive Committee or other designated committee, the form may be implemented and will be sent to the entire committee by Workflow One. It is the responsibility of the Department submitting the form to arrange implementation of the form with the Chairperson of the Forms Committee.
 - ii. Pre-printed

- iii. POD
 - iv. Printed in the Copy Center
9. For questions related to the development or implementation of forms design, contact the Chairperson of the Forms Committee.

Modes of Operation

1. We are transitioning to a more transparent and organized process. Please use the following tools as indicated above for the routing of forms through the Forms Committee.
2. Follow the routing structure.
3. Refer to the intranet forms portal for updated forms status and forms that are newly submitted, as well as, any process and tools documentation.
 - a. E/Forms/Documents; Forms Committeeor
 - b. <http://intranet/body.cfm?id=548>
4. All forms that are currently routing will be in the following intranet folder until approved for use:
 - a. <http://intranet/body.cfm?id=548>
5. Maintain your approval statuses on Proof Positive.

Responsibility

1. The Director of Medical Records and the Vice President of Quality and Resource Management is responsible for the review and update of this policy as frequently as necessary but not less than every 3 years.
2. The person requesting the form shall maintain accountability for the form through the entire process.