



MEDICAL RECORD FORMS MANAGEMENT GUIDELINES

These guidelines explain the policies now in effect for the management of UTMB medical record forms and provide information for forms ordering, submittal and review.

The information in this publication is for use by all UTMB employees who use medical record forms in the care or treatment of patients.

The primary purpose of the medical record is to allow health care professionals to record important data and communicate with each other about the patient's condition so they may work as a team to provide quality care.

The efficiencies of these activities are in turn dependent upon the efficiency of the information systems and the forms within the system.

Standardizing our paper based forms brings about not only human and economic efficiencies, it paves the way for the smooth transition to the Electronic Medical Record (EMR), currently underway at UTMB.

***Note:** For further information, please see the complete reference on Policy 9.2.8. Medical Records Forms Management, UTMB Institutional Handbook of Operating Procedures. For assistance, please contact Health Information Management (HIM) Department, Ext. 21918, Rt. 0782.*

General Guidelines

1. All requests for new or revised forms must be forwarded to the HIM Department for review and approval. Some forms may require review by a Forms Review Team prior to official use.
2. All forms are to be justified, designed, interdepartmentally reviewed, and if deemed appropriate, accompanied by supporting policies and procedures prior to the review and approval decision by the HIM Department.
3. Forms that have not been approved by the HIM Department will be considered unauthorized and subject to removal from the medical record. (Exceptions will be approved by the Director of Health Information Management). Once forms have been approved, they may not be altered in any way without further approval.
4. It shall be the responsibility of the form author/sponsor to coordinate appropriate staff inservices regarding use of new or revised forms. Any costs associated with artwork and printing of new and revised department specific forms is the responsibility of the requestor.
5. Payment for artwork and printing of new and revised forms that are not department specific will be determined on a case by case basis.
6. Examples of unauthorized forms:
 - a. Forms that have not been approved for use by the HIM Department
 - b. Approved Forms that have been altered by insertion or deletion of text or graphics
 - c. Forms that have been poorly reproduced
 - d. Forms without approved form numbers (exceptions granted by the Director of HIM)

Standards

The following standards have been developed for all medical record forms. Standards guarantee that all forms have graphic and physical features required for the orderly gathering and processing of information.

Format

1. A standard page layout provided by the HIM Department will be used for all forms.
2. Each form will have a title that conveys its purpose and indicates if the form is used solely for a specific patient population.
3. The header information will include the department and division, if appropriate., however generic forms are preferred.
4. All forms will include an approved forms control number and creation or revision date assigned by the forms vendor and the HIM Department.
5. If the form is a warehouse stock item, the appropriate catalog reorder number must be indicated on the form.
6. On multi-page forms, the page number will be indicated on each side of each page.
7. All forms will be professionally typeset and designed.
8. There will be adequate space for fill-in information, including authorizing signature and date.
9. The use of proper names pre-printed on forms is discouraged.
10. For multi-part forms, the routing of each part will be indicated on the bottom of the form.
11. The original top copy is designated for the patient's medical record, not subsequent ncr copies.

Physical Characteristics

1. Overall form size is 8-1/2 x 11 inch detached size. Non-standard form sizes are discouraged.
2. Paper weight will be 20 lbs. Extremely light (thin) or heavy (thick) materials, i.e. onionskin and card stock should be avoided.
3. Ink color will be black
4. The paper color designated for the original medical record top copy will be white.
5. Paper will have smoothness (texture, finish) equivalent to 20 lb. bond copier paper.
6. Orientation as portrait mode is preferred.
7. All forms will incorporate five hole punching for binding in the medical record. For standard 8-1/2 x 11 portrait orientation, printing specifications are: punch two 5/16 inch holes 2-3/4 inch center to center in the left margin and three 5/16 inch holes 4-1/4 inch center to center in the left margin.

Typography

1. Character size will be at least 8 point type, if possible.
2. Stylized type (such as Old English) script typefaces, and typefaces with excessive serifs should be avoided. Use of open sans serif typeface such as Helvetica, Times and Univers are recommended.
3. Excessive use of bold and all caps should be avoided.
4. A one inch margin along the left edge of the form will be required to accommodate hole punch. A 3/8 inch margin will be allowed along all other edges of the form.
5. Background screens and use of shading over fill-in information is not recommended. However, screening of text on the back of one-ply forms is recommended to avoid show-through.
6. All lines used in drawing and illustrations should be sharp and properly spaced for legible reproduction.
7. Areas designed to be filled in with handwritten information, especially signature blocks, should be free of line art or screens which might obscure the handwritten information.

Order Processing

Artwork

1. All forms will be professionally typeset and designed.
2. Artwork will be set up to accommodate form standards, user needs, economical printing and efficient distribution.
3. Proofs will be supplied to the form author/sponsor and to the HIM Department for review and approval prior to printing.
4. Any payment for typesetting services will be the responsibility of the requestor or document owner.

Printing

1. All printing of new or revised forms will be authorized by the HIM Department.
2. Supplier selection is based upon distribution needs, usage and printing specifications. Approved suppliers are Materials Management, UTMB Printing Services, authorized contract vendors or the MyUTMB Electronic Forms Catalog.
3. Replenishment reorders of approved forms may be initiated at the department level to the approved supplier. Please check with the MyUTMB Forms Catalog for the appropriate supplier for each form.
4. All printing will follow applicable UTMB Purchasing policies.
5. Problems with print quality should be reported to the HIM Department who will contact the appropriate supplier and/or UTMB Clinical Purchasing, as applicable.

Warehousing & Distribution

1. Forms that are high usage, used by multiple areas, or that incorporate special features, are more cost effectively maintained as inventory items at Materials Management.
2. The HIM Department may recommend addition of new forms into the Materials Management warehouse; however it is the responsibility of the requestor to provide all necessary information to facilitate the request.

For more information, please contact:

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