PAPER 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, submission 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.

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.

General Guidelines

1. All requests for new or revised forms must be forwarded to the HIM Department for review and approval prior to official use.

2. All forms are to be justified, designed, interdepartmentally reviewed, and if deemed appropriate, accompanied by supporting policies or regulations prior to the review and approval process.

3. Forms that have not been approved by the Health Information Management (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 the approval of the HIM Department.

4. It shall be the responsibility of the document owner to coordinate appropriate staff in-services regarding use of new or revised forms. Any costs associated with artwork and printing of new and revised forms is the responsibility of the document owner.

5. Examples of unauthorized forms:

   a. Forms that have not been approved by the HIM Department
   b. PC generated forms
   c. Approved Forms that have been altered by insertion or deletion of text or graphics
   d. Forms that have been poorly reproduced
   e. Forms not contained in the official listing maintained by the HIM Department
   f. Forms without approved form numbers
   g. Approved forms that have been re-created (re-typeset text or redrawn graphic illustrations) without the approval of the HIM Department.

Form numbers will be issued by HIM. A form number may be new of it may be an existing number with a suffix, depending on the content of the form.

Process for Forms Submission & Review
The Document Owner is responsible for ensuring accurate area review for new or revised forms prior to submitting the forms to HIM.

1. The Document Owner will complete the Forms Justification Work Sheet (see pages 5-6).

2. Requests for new or revised forms, a draft of the proposed form, and a completed Forms Justification Worksheet are forwarded to the HIM Department. Send to lhmoreno@utmb.edu and anstrayh@utmb.edu or mail to HIM Forms Manager at route 0782.

3. The Forms Manager will review form requests. If the Forms Manager determines that information is insufficient or that the form is not appropriate for the medical record, the request can be denied or put on hold until all information is received.

4. Once all needed information is received by the Forms Manager, the approval process begins. As need be, area representatives will be asked to participate in the approval process. The Document Owner will receive feedback within 5 working days of having submitted all the necessary form information.

5. The Forms Manager will catalog all forms, periodically recommending forms for deletion or combination with other forms.

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.

The Forms Manager may grant permission to vary from these standards based upon the special use of individual forms.

Format

1. A standard page layout provided by the Forms Manager 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 a form number, creation date and or revision date.
5. On multi-page forms, the page number will be indicated on each page.

6. There will be adequate space for fill-in information, including authorizing signature, date and time.
7. The use of proper names pre-printed on forms is discouraged.
8. For multi-part forms, the routing of each part will be indicated on the bottom of the form.
9. 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 pound. 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 5-holes punched for binding in the medical record. For standard 8-1/2 x 11 portrait orientation, punching specifications are: in left margin, use standard 5-hole drill, or use 5-hole medical form punch (if unavailable, use an approved form that has already been punched as a template for punching holes).

Typography

1. Character size will be at least eight point type if possible.
2. Stylized type (such as Old English) script typefaces, and typefaces with excessive serifs should be avoided. Use sans serif typeface such as Arial or Helvetica when possible, otherwise use Times.
3. Excessive use of bold and all caps should be avoided.
4. A one inch margin along the 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.
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 document owner and to the Forms Manager for review and approval prior to printing.

4. Any payment for typesetting services will be the responsibility of the document owner.

Printing

1. All printing of new or revised forms will be authorized by the Forms Manager.
2. Supplier selection is based upon distribution needs, usage and printing specifications. Approved suppliers are UTMB Printing Services, authorized contract vendors (currently RR Donnelly) 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 Forms Manager or 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 appropriate supplier.

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For more information, please contact:
UTMB Forms Manager
Health Information Management Department
301 University Blvd
Galveston, TX 77555-0782
Phone (409) 747-3346
Fax (409) 772-9272
Route 0782

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FORMS JUSTIFICATION WORK SHEET

Please refer to the IHOP Policy 9.2.8, "Medical Record Forms Management" to ensure compliance.

1. Date of request: _____

2. Requesting Dept: _____

3. Requested by/ Contact Person: _____
                              Extension: _____

4. Name of form: _____

5. Is this a new form? Yes _____   No _____
Is this a revision of an existing form? Yes _____   No _____
(If yes, attach a copy of existing form.)

6. Will this form replace any existing forms? Yes _____   No _____
(If yes, specify the form(s) and attach samples.) _____
_____

7. Purpose of form: _____
_____

8. Which disciplines/departments will document and/or use the data on this form?
_____
_____

9. Have all disciplines/ departments been involved in the development or revision of this form?
Yes _____   No _____

10. Signature and titles of those discipline/department representatives must be obtained to assure that those individuals have reviewed and approved the proposed form.

NAME	TITLE

11. How is the information currently documented? _____
_____

12. Why is a change needed? _____
_____

13. Printing specifications.
   - Single sheet: One sided _____
                      Two sided _____
   - NCR: 2-Part _____   3-Part _____   4-Part _____   5-Part _____
   - Packaging: Pad of _____   Pack of _____

14. If multipart, indentify the distribution of each part:
Part 1 _____   Part 2 _____
Part 3 _____   Part 4 _____

15.   Quantity of form used per month: _____

16.   Should this be a permanent part of the record? Yes _____   No _____
       If so, explain why:

       _____
       _____
       _____

17.   Could this form be used as a work sheet during the admission and be removed from the record at
       at discharge?   Yes_____   No_____

FOR HIM USE ONLY:
       Approved_____   Disapproved _____
Will form be:
       ___PC generated
       ___RR Donnelly (approved forms vendor)
       ___Computer system generated
Signature _____   Date
_____
Title
_____
__
Comments:
_____
_____
_____
_____
_____
Suggested modification for resubmission:
_____