



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

CATEGORY: Health Information Management	EFFECTIVE DATE: 10/04
POLICY CONTACT: Charles Onunkwo	UPDATE/REVISION DATE: 8/21
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide guidelines for the development and control of forms/templates for inclusion in the patient's medical records that are used within Harbor-UCLA Medical Center and its affiliates.

POLICY:

All medical records used at Harbor-UCLA Medical Center and/or its affiliates, including those paid for, printed by and intended for inclusion in the Medical Records (MR), are viewed as forms covered by this policy.

All requests for new forms/templates or revision of existing forms must be reviewed by the Harbor-UCLA Forms Committee for approval. Forms/templates may not be produced or altered without the review and approval of the Committee. The Committee has the authority to approve or postpone action if important questions cannot be answered, and to reject a new or revised form for stated cause. Forms/templates that require major revisions to content and format, as well as form title change, will return to the Committee for an approval.

In collaboration with Harbor-UCLA Medical Center's Hospital Information Management (HIM) and Information Systems (IS) Department, approved forms/templates must be compatible for electronic storage as established by IS. Approved forms/templates will be assigned to an electronic folder by HIM with the input by the Committee. All electronic forms to be included in the medical record, must conform to this policy.

After a new or revised form/template has been approved, it is the responsibility of the division, department or service end-users to provide the necessary education, training and implementation required for utilization.

PROCEDURE:

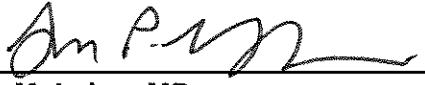
I. FORMS COMMITTEE:

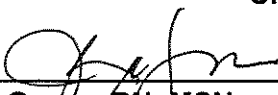
The Harbor-UCLA Forms Committee (Committee) is a sub-committee of the Health Care Information Committee (HCIC) with multidisciplinary representation that reviews content and format for the medical record and other uses. It acts as an agent for format approval, and the new forms/templates for the

REVISED: 5/10, 4/12, 12/15, 8/21

REVIEWED: 5/10, 4/12, 12/15, 8/21

APPROVED BY: 
Anish Mahajan, MD
Chief Executive Officer


Anish Mahajan, MD
Chief Medical Officer


Joy LaGrone, RN, MSN
Interim Chief Nursing Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

medical record and the revision or removal of existing forms/templates used in the Medical Center and its affiliates. The Committee also acts in an advisory capacity for requested forms to be printed by vendor that are not part of patient's official medical record.

The Committee operates in partnership with the Health Care Information Committee (HCIC) and the Supply Chain Operations. The HCIC delegates authority to the Committee to carry out its responsibilities in a timely, responsive, and professional manner. HCIC has final approval of all forms/templates included in the medical record. The Forms Committee reviews its own process periodically, and makes recommendations to the HCIC for improvements in the process or policy. Supply Chain Operations assigns and maintains form numbers ("HH", "P", "T" and "M" prefixes), as well as the procurement of forms.

The Committee is **NOT** charged with the responsibility to approve the following:

1. Envelope and record storage materials not intended for inclusion in the written clinical record.
2. Rubber stamps and card imprints.
3. Research documents, such as clinical study information or consent forms that are regulated by governmental bodies or appropriate institutional review boards of Harbor-UCLA Medical Center, Los Angeles Biomedical Research Institute, or the Department of Health Services of the County of Los Angeles.
4. Documents received in correspondence from other institutions.
5. Forms that are mandated in particular formats by governmental bodies, acting within their jurisdictions and intended for inclusion in the medical record. Mandated forms from the federal, state or county agency will be reviewed for information purposes, should the form require signature, and the appropriate signature block will be included. Proprietary systems that generate reports will adhere to the Health Information Management's (HIM) policy and procedure for electronic storage.
6. Communications and/or assessments that are developed by individual departments or services for their operations.

90-day field testing of new or revised forms/templates require an initial approval. Extension renewals are acceptable on a month to month basis. However, field testing period will not exceed a six month timeframe. Otherwise, the form in its' current version will be deemed unacceptable and must be resubmitted for the Committee's review.

The Committee's administrative Co-chair is appointed by the Medical Center's CEO and its medical Co-chair is appointed by the Chair of the HCIC.

The Committee includes minimum mandatory representation from:

1. Hospital Administration
2. Information Systems
3. Laboratory
4. Supply Chain Operations
5. Medical Administration and/or the Medical Staff
6. Medical Records
7. Nursing Administration
8. Pharmacy



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

9. Quality Assessment/Resource Management

The Committee meets monthly, or as often as required.

The Committee submits its reports and any finalized new and revised forms to the HCIC for review and approval.

II. FORMS/TEMPLATE DEVELOPMENT PROCESS:

A. Requester Responsibilities:

1. Obtain Request for New Form/template or Form Revision (H5215) (Attachment I) through the Harbor intranet or from the Health Information Management (Medical Records Files Unit), N9, Box 404, extension 2056.
2. Complete and submit H5215 to the Health Information Management (Medical Records Files Unit), N9, Box 404, extension 2056.
 - a. Completed Form H5215 with appropriate signature(s).
 - b. Outpatient forms must be approved by the Ambulatory Care Council with the approval documented on H5215.
 - c. Forms containing medication must be approved by the Pharmacy Services and documented on the H5215. If a form involves pre-printing of a medication(s), the Forms Committee's Pharmacy representative must confirm accuracy and determine if the form/template requires a review by the Pharmacy & Therapeutics (P&T) Committee.
 - d. Forms containing Form draft. Whenever possible, provide an electronic file (MSWord, Excel or PDF).
3. Request assistance from a Committee member to clarify policy issues related to format and design. If the form involves Medicolegal issues, the approval of the Medicolegal Committee is required. This approval is documented on form H5215. Medicolegal issues are involved when the form involves the following:
 - a. Consent for surgery or a diagnostic or therapeutic procedure.
 - b. Order for confinement or restraint.
 - c. Documents a subsequent review by peers or by a supervisor, relative to the adequacy of clinical care (i.e., a review form for cardiopulmonary resuscitation efforts).
 - d. Documents a procedure or request, which might reasonably be expected to figure in litigation, such as a report of surgical operation, a summary of labor and delivery, or an "advance health care directive" or "living will".

Artwork fees and subsequent proof charges in excess of three (3) proof changes shall be borne by the Department/Division/Service end user.

B. Content Guidelines:

Forms/template will:

1. Use language appropriate to intended user.
2. Display date and time, as applicable.
3. Use generic names for drugs or supplies, as appropriate, so that a change in medication or product manufacturer does not make a form obsolete.



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

4. Use metric measurements for drug doses or medication, e.g. milligrams rather than grains, milliliters rather than fluid ounces or spoonfuls.
5. Use consistent units of measurement where possible, throughout the form.
6. Adhere to Policy 610- Potentially Dangerous Abbreviations and Symbols for Medical Records.
7. Conform to California Health and Safety Code on appropriate font size for consents at 12-point. For authorization for use and disclosure of Personal Health Information (PHI), 14-point font size is used.
8. Go through a review process for language translation as determined by the Hospital Administration designee.

C. Format Guidelines:

Forms will:

1. Be identified with words "County of Los Angeles," "Department of Health Services" and "Harbor-UCLA Medical Center" or the appropriate affiliate.
2. Be identified with name of department/division/service, if appropriate.
3. Be formatted to scanning specifications, such as paper size/weight/dimensions, bar code, title placement and margins, required by IS if filed in the medical record. Bar code will translate to the form number assignment and be verified by IS.
4. Be perforated and arranged, so that after a patient's discharge, it can be separated into 8 ½ X 11 inch sheets for scanning when accommodating larger forms (such as flow sheets, as needed).
5. Indicate distribution of each copy, if a multiple part form.
6. Display the form title and form number for inventory control.
7. Be prominently marked "File in Medical Record" on the lower margin if form is intended for inclusion in the clinical record.
8. Be formatted with block-spacing for printing of provider identification information when a form requires clinical documentation of information, such as physician orders or diagnosis. Block-spacing styles can be found on page 2 of H5215.
9. Be formatted with a block-spacing format on each page of a multi-paged document when a provider's signature is required.
10. Be formatted with block-spacing when handwritten medications are documented on a physician order form.
11. When separated for filing, multi-page forms, such as flowsheets, will have the patient information, date, and page numbers noted.

D. Committee Responsibilities:

1. Forms, whether produced by a printer vendor or obtained through real-time printing must be reviewed and approved by the Committee.
2. In collaboration, the Committee Co-chairs will:
 - a. Collect form request and send a timely response acknowledging receipt to requester.
 - b. Evaluate the completeness of the form request for compliance with format and content guidelines, and appropriateness for inclusion in patient clinical record. When appropriate, approval will be sought from the following departments and/or committees: Ambulatory Care Council, Nursing, Pharmacy, Quality Assessment, Risk Management and Medicolegal. If necessary, a written request for correction, explanation of variances from guidelines or clarification on certain aspects of a draft's format/content, may be sent back to the requester



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

before the Forms Request is processed and the form is presented to Forms Committee via email.

- c. Designate Committee members to assist in form/template development or correction as needed.
- d. Facilitate the Committee in the review of the form/template draft by placing it on the agenda and confirming the attendance of the form contact person at a scheduled Committee meeting.
- e. Maintain a packet of active Form/template Requests that includes:
 - Request for New Form/template or Form Revision (H5215) (Attachment I)
 - Sample of the draft form
 - Copy of any correspondence with requester
 - Any supplemental information relating to form's content and format.

3. Once approved, a form number will be assigned.
 - a. Depending on access and usage, a form can be assigned one of the following prefixes: HH- Harbor common form, M-department specific, P-electronic storage or T-pilot. Hard copy forms must be created and produced by the approved agreement vendor identified by L.A. County's Internal Services Department (ISD).
 - b. Supply Chain Operations will maintain the log for the HH, M, P and T assignments.
 - c. Committee will recommend, and HIM will assign the electronic folder location.
4. Administrative Co-chair will serve as a liaison between the printer and requester during the form's development until the process is completed.
5. Upon final approval of the vendor's proofs:
 - a. The PDF file will be forwarded to IS for bar code review and approval.
 - b. The INITIAL requester/department/division/service will complete, with appropriate signatures, an OLR and submit it to Supply Chain Operations. Supply Chain Operations will then generate a purchase order to activate the first production of the new form into the system.
 - c. Subsequent orders can be made utilizing the Just-In-Time (JIT) forms.
 - d. Form requests and accompanying documents may be discarded after one (1) year.
6. Forms/templates placed in the Electronic Health Record or on the Intranet will:
 - a. Adhere to the format and content guidelines
 - b. Be reviewed and approved by the Committee
 - c. Be assigned a "P" identifying form number
7. Form/template revisions will be determined by the department/division/service need for change, not to exceed a ten-year window when the form is for patient care use.

III. FORM/TEMPLATE PLACEMENT ON THE INTRANET / ELECTRONIC HEALTH RECORD

1. Forms will:
 - a. Be reviewed and approved by the Committee
 - b. Be assigned a "P" identifying form number when does not require hardcopy printing from a printer vendor.
 - c. Adhere to the format/content guidelines.



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

IV. INVENTORY AND REMOVAL OF OBSOLETE FORMS

In collaboration with the printer vendor, Supply Chain Operations accesses inventory data for forms and coordinates the ordering process.

1. An inventory of all approved forms with assigned HH and M numbers that are ordered through the printer vendor, is available on line and obtainable by contacting Supply Chain Operations vendor liaison.
2. Upon request, Supply Chain Operations will provide current information on usage of forms ("HH" and "M").
3. The Department/Division/Service will incur the charges to destroy old form versions, allowing for immediate implementation of the newly approved version.



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

REQUEST FOR NEW FORM OR FORM REVISION

DATE INITIATED	<input type="checkbox"/> NEW <input type="checkbox"/> REVISION of Form #
FORM NAME	NEW FORM NAME:
SUBMITTED BY	JUSTIFICATION:
CONTACT	
PHONE #	
E-MAIL	
DEPT/DIVISION/SERVICE	
DEPT/DIVISION/SERVICE HEAD SIGNATURE	
WHAT DEPTS./DIVISION/SERVICES MAY BE IMPACTED BY THIS FORM CHANGE?	
RESPONSIBLE PARTY FOR END USER EDUCATION:	

FORM SPECIFICATIONS

CHOOSE ONE: ELECTRONIC (Real Time Printing) VENDOR PRINTED FORM
If electronic, please skip to Section G

A. SINGLES
1 Part forms. PRINT 1 SIDE 2 SIDES

SNAP-OUT
Multiple part forms with a stub have individual sheets that can be removed and the balance of the parts stay together as a set.

CONTINUOUS
Forms with line holes on the sides designed to run through a computer printer.

ARTWORK ONLY

OTHER

B. PAPER SIZE: 8 1/2 x 11 Other: _____

C. IS THIS FORM PART OF THE MEDICAL RECORD?
 YES NO
IF YES, WHERE IN THE ELECTRONIC MEDICAL RECORD WOULD YOU LIKE TO BE FILED: _____

D. IF FORM REQUIRES A SIGNATURE (SEE SIGNATURE BLOCK EXAMPLES)
CHECK ONE: A B C C2 C3

E. PUNCHING: YES NO
 Standard 2-Hole Top Other: _____

F. PACKAGING:
 Pad in 100's None
 Shrink wrap in 100's Other: _____

G. SPANISH VERSION: NOT REQUIRED IS REQUIRED
NOTE: Consents and other forms signed by patients must be available in English and Spanish.

**H. DISPOSITION OF CURRENT FORM:
DOES THIS FORM REPLACE ANY CURRENT FORM?**
 NO YES:
LIST FORM NUMBER _____
ATTACH SAMPLES OF PREVIOUS OR CURRENT FORMS
 Deplete inventory of current forms
 Destroy current form
Charge to Cost Centers: _____

I. WILL THE PATIENT NEED TO READ AND/OR SIGN FORM?
 YES NO
IF YES, MUST BE 12 POINT FONT

J. ESTIMATED MONTHLY USAGE _____

All outpatient forms require Ambulatory Care Council approval; all forms containing medication information require pharmacy approval; all consents require Medical-Legal Committee approval.

	APPROVED	DATE APPROVED
<input type="checkbox"/> AMB CARE COUNCIL	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<input type="checkbox"/> PHARMACY	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<input type="checkbox"/> MEDICAL-LEGAL COMMITTEE	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

FOR FORMS COMMITTEE USE ONLY

FORM # ASSIGNED _____ DATE _____

FORM STRUCTURE APPROVED / BARCODE TESTED

ELECTRONIC EDM FOLDER LOCATION: _____

DEPARTMENT OF HEALTH SERVICES
 HARBOR - UCLA MEDICAL CENTER
 DEPARTMENT OF HEALTH SERVICES

**FORM
MUST FOLLOW
THIS
APPROVED
HARBOR - UCLA
MEDICAL CENTER
FORMAT**

TITLE: _____
HARBOR-UCLA MEDICAL CENTER

H2010-HUCLA (05-03-12)



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: FORMS/TEMPLATE DEVELOPMENT AND CONTROL

POLICY NO. 137

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:		-		-		Time:		:		AM / PM	
RN Printed Last Name:											
RN Signature:										Initials:	
Date:		-		-		Time:		:		AM / PM	
Clerk/LVN Signature:										Initials:	
Date:		-		-		Time:		:		AM / PM	

SIGNATURE BLOCK
"A"

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:		-		-		Time:		:		AM / PM	
RN Printed Last Name:											
RN Signature:										Initials:	
Date:		-		-		Time:		:		AM / PM	

SIGNATURE BLOCK
"B"

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:		-		-		Time:		:		AM / PM	

SIGNATURE BLOCK
"C"

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:		-		-		Time:		:		AM / PM	

SIGNATURE BLOCK
"C2"

Provider Printed Last Name										Provider I.D. Number	
Provider's Signature											
Date						Time				Pager Number	

SIGNATURE BLOCK
"C3"

LVN Printed Last Name						LVN Signature					
Date						Time					
RN Printed Last Name						RN Signature					
Date						Time					

SIGNATURE BLOCK
"C4"

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:		-		-		Time:		:		AM / PM	
Attending Last Name:											
Attending Signature:											
Date:		-		-		Time:		:		AM / PM	

SIGNATURE BLOCK
"D"

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:			-		-		Time:			AM / PM	
RN Printed Last Name:											
RN Signature:										Initials:	
Date:			-		-		Time:			AM / PM	
Clerk/LVN Signature:										Initials:	
Date:			-		-		Time:			AM / PM	

**SIGNATURE BLOCK
"A"**

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:			-		-		Time:			AM / PM	
RN Printed Last Name:											
RN Signature:										Initials:	
Date:			-		-		Time:			AM / PM	

**SIGNATURE BLOCK
"B"**

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:			-		-		Time:			AM / PM	

**SIGNATURE BLOCK
"C"**

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:			-		-		Time:			AM / PM	

**SIGNATURE BLOCK
"C2"**

Provider Printed Last Name										Provider I.D. Number	
Provider's Signature											
Date			Time			Pager Number					

**SIGNATURE BLOCK
"C3"**

LVN Printed Last Name						LVN Signature					
Date			Time								
RN Printed Last Name						RN Signature					
Date			Time								

**SIGNATURE BLOCK
"C4"**

Provider Printed Last Name:											
Provider Signature:										ID#:	
Date:			-		-		Time:			AM / PM	
Attending Last Name:											
Attending Signature:											
Date:			-		-		Time:			AM / PM	

**SIGNATURE BLOCK
"D"**