SUBJECT: **MEDICAL RECORD FORMS DEVELOPMENT AND CONTROL**

Policy No.: A334
Supersedes: December 2014
Revision Date: January 13, 2016

PURPOSE:

This policy provides guidelines for the development and control of patient forms that are filed in the patient's medical record at Rancho Los Amigos National Rehabilitation Center. This policy was developed to facilitate scanning processes that enable the electronic storage of health records into the Hospital Information System (Quantim) to improve medical record access to health care providers.

POLICY:

All forms that are intended for inclusion in the medical record must conform to this policy. Form Design Specifications (attachment II) shall guide the development and revision of all patient forms**. All forms that are filed in the patient's medical record must be an original.** Scanning processes may be compromised if forms are copied (including misaligned, dirty, or creased forms). For this reason, **copied forms are strictly prohibited from use if the intent is to file it into the patient's medical record.**

The Medical Record Forms Committee, a multidisciplinary committee and sub-committee of the Medical Record Committee (MRC) shall provide oversight of patient forms, including the development of new forms, form revisions and removal-from-use requests for the hospital. Form content, format, end-users and source of access are considered in the review process to promote forms standardization, consistency, centralization and ease of access within the hospital.

Standards for Form Control

1. The Medical Record Forms Committee has the authority to approve, postpone action if necessary, or disapprove form requests.

2. The Medical Record Forms Committee will recommend the appropriate source of access of all forms for access and consistency throughout the organization, with consideration for the organizations strategic direction toward electronic records. For example HIS/Affinity, the facility's Intranet, or maintaining an inventory of paper forms.

3. Forms from external sources such as federal, state, or county agencies will be reviewed for inclusion.

4. The Medical Records Forms Committee has minimum mandatory representation from Medical Administration, Information Management Services, Materials Management, Health Information Management, Nursing, and the Rehabilitation Therapy Division.

APPROVED BY:

Signature(s) on File.

5. Form numbers are issued and maintained by the committee and Materials Management for procurement of forms. Form numbers are unique to each form and shall not be duplicated.

6. The Medical Record Forms Committee reviews its own process periodically, and makes recommendations to the MRC for improvements in the process or policy.

7. The Chairman of the MRC is the Co-Chair of the Medical Record Forms Committee. An administrative Co-Chair shall be appointed by the Chief Operations Officer.

8. The Medical Record Forms Committee meets monthly, or as often as required, to assure prompt attention to requests.

Materials Not Covered in this Policy

1. General patient education materials

2. Envelopes or record storage materials not intended for inclusion in the written clinical record

3. Rubber stamps or card imprints

4. Research documents, such as clinical study information or consent forms that are regulated by governmental bodies or appropriate institutional review boards of Rancho, Los Amigos Research and Education Institute, or the Department of Health Services of the County of Los Angeles.

5. Documents received in correspondence from other institutions.

6. Forms mandated in particular formats by governmental bodies, acting within their jurisdictions and intended for inclusion in clinical records.

7. Communications and/or assessments that are developed by individual departments for their operations that are not intended for inclusion in the medical record.

PROCEDURES:

The co-chairs of the Medical Record Forms Committee shall ensure the following forms development and revision processes:

1. Collect form requests and send a timely response acknowledging receipt to those requesting approval of new forms, form revisions or remove from use requests.

2. Evaluate the completeness of the form request and draft request for compliance with policy, sign-off by identified stakeholders, medico-legal clearance where appropriate; pharmacy clearance where appropriate; compliance with format/content guidelines, and appropriateness for inclusion in patient clinical records, if contemplated. If necessary, a written request for correction, explanation of variances from guidelines or clarification on certain aspects of draft's format/content may be sent to the requestor before Request for New Form / Form Revision (attachment I) is presented to Medical Record Forms Committee via email.

3. Facilitate the committee in the review of the form draft by placing it on the agenda and confirming the attendance of the form's contact person at the scheduled Medical Record Forms Committee meeting.

4. Maintain a folder of active form requests that includes:
   - Form request
   - Sample of the draft form(s)
   - Copy of any correspondence with contact person
   - Any supplemental information relating to a form's content and format.

5. Request a form number for new forms and have designee maintain a log of form numbers for the committee's reference. The log tracks forms that have been reviewed and approved.

6. Serve as a liaison between the persons or entity procuring the form and requester during the development process through to completion.

7. Upon final approval of the vendor proof (for forms ordered through the print vendor), advise the requester about ordering through the Online Requisition System (OLR). A completed OLR request generates a purchase order that initiates the order for printing.

8. Prepare and maintain meeting minutes. Form Requests and accompanying documents may be discarded after one (1) year. Submit meeting minutes and finalized new and revised forms for review and approval by MRC.

Form Requests

1. Obtain the Request for New Form / Form Revision (attachment I) through the Intranet.

2. Develop a draft of the new form or the form revision (see attachment II-Design Specifications).

3. Complete and submit attachment I and the form draft electronically to the forms committee co-chair.

4. If the form involves medical or legal issues, the approval of the Director of Quality Resources is required. This approval is documented in section K of attachment I.

5. If the form involves pre-printing of medication, the review and approval of the P&T Committee is required.

6. New forms require a 90-day field-testing after receiving an initial approval. Upon request from the author, a 60 day extension will be granted, but not to exceed six months. The form in its current version will be deemed unacceptable and must be removed from use and resubmitted for the committee's review.
7. In collaboration with the print vendor, Materials Management coordinates inventory data and ordering processes for forms ordered through the print vendor, including:

   1. Inventory data of all approved forms with assigned form numbers that are ordered through Materials Management.

2. Upon request, Materials Management will provide current information on form utilization.

Form Circulation, Use and Electronic Storage

1. Once a form is approved, it is the responsibility of the primary end-user department to provide the necessary education, training and policy implementation that is required for utilization.

2. Forms received in Health Information Management that do not comply with this policy shall be forwarded to the Medical Record Forms Committee. The committee shall decide the necessary course of action of forms that do not comply with this policy.

Attachments

Attachment I – Request for New Form / Form Revision

Attachment II - Design Specifications