



Subject: <b>Approval of New and/or Revised Printed and Electronic Forms and Material</b>		Section: II
Effective/Revision Date: Revision August, 2003; September 2004; June, 2005, June 2007, January, 2008, July, 2008, February, 2009		Policy Number: 12
Supersedes: <b>All HFHS forms related policies</b>		
Approved by: Product Acquisition Management Team (PAM) Medical Records Committee (PDAT) Hospital Medical Executive Committee (HMEC)	Approval Date: <b>March, 2002</b>	Page: 1 of 4

**1.0 Philosophy/Purpose**

To reduce cost and standardize forms and material

**2.0 Scope**

This policy applies to all forms & material (printed, electronically created and/or purchased) within the Henry Ford Health System (HFHS)

**3.0 Responsibility**

The implementation and follow up of this policy shall be the responsibility of the HFHS Forms Management in coordination with the Process, Design and Applications Team (Medical Records Committee).

**4.0 Policy**

To reduce cost and standardize within HFHS, the procedure listed below must be followed for any/all printed forms/material requests (new or revised), electronic form creation (available through HFHS intranet or the electronic medical record) and requests for purchased material.

**5.0 Practice/Procedure**

Send all requests for new or revised printed forms/material with appropriate completed attachments (A) to the facility Forms Committee liaison for approval. All forms **including drafts, proofs and typesets must** be routed to the HFHS Forms Management Committee for review or for information purposes. Forms containing medication orders must be approved by the Pharmacy & Therapeutics Committee in addition to Forms Committee approval.

Requestor will be notified, by the liaison, of the results of the Forms Management Committee decision

**6.0 Liaison Information:**

Application available (paper or electronically):

Liaison may send via e-mail

Policy & Attachment: Intranet HENRY - Medical Record Department

Liaison (membership) of Forms Management Committee (Attachment B)

Be aware of other members / liaisons who can assist if needed

Questions to ask person submitting (or requesting to submit) form:

Are there similar forms within the facility, system or other departments?

These include Wyandotte, Henry Ford Hospital, Macomb Warren Campus, Kingswood, Maplegrove, Henry Ford Medical Group (clinics) and Corporate Offices.

If form is a medical record form, see criteria below

Logo

Margins

Form #

Provide information on Forms Management process

Policy review with liaison prior to submitting to Committee

Complete forms

Submit to liaison to bring to monthly meeting

Liaison brings the form to the HFHS Forms Management Committee for review

Letter and/or communication from Forms Committee

Additional guidelines for form approval:

- No pain scale pictures (happy/sad faces)
- General vs. specific (general in that entire system may utilize form vs. one dept/specialty)
- Abbreviations should be avoided – see below: 7.0 “Abbreviations”
- Future scanning (no colored paper, no highlighting, readable MRN, name, black ink)
- Design form with thoughts of electronic uploads and/or electronic forms in the future
- Other items as discussed at future meetings

**7.0 Medical Record Forms Guidelines:** *All forms that will become part of the medical record will meet the following criteria:*

- Henry Ford Health System Logo --The proper logo will appear on all forms in accordance with the Henry Ford Health System Corporate Policy.
- Separate Business Unit identification should be avoided whenever appropriate (HFHS logo only).
- The form title will appear near the top of the form.
- Pre-printed order set forms containing more than one page will require signature, date & time on each page.
- **Margins will be a minimum of ½ inch on all sides.**
- Form number and revision date will appear in the left lower corner. The form number will be updated, and the revision date will be update if necessary, or added if it doesn't appear.
- Abbreviations should not be utilized; all words should be written in full;  
Abbreviation exceptions must be justified and in compliance with regulatory requirements.
- All words should be spelled out whenever possible. If abbreviations are used, they must not be on the “Do Not Use” abbreviations list.
- Forms will not be reprinted if they have not been reviewed within the last two years.
- Punching and imprint areas will follow requirements for respective facilities. Text should not overlap punched areas:
  - HFH, Clinics, West Bloomfield - 3 hole on left side, imprint upper right. Imprint size 3.5" x 2"
  - Wyandotte - 5 holes on top, imprint upper right. Imprint size 3.5" x 2 1/8"
  - Macomb Warren Campus - 5/2 hole top, imprint upper right. Imprint size 3.5" x 2 1/8"
  - Kingswood – 3 holes on left side, imprint upper right. Imprint size 3.5" x 2 1/8"
  - Cottage Hospital – 3 holes on left side, imprint upper right. Imprint size 3.5" x 2 1/8"
- All medical record forms will be on, or fold into, size 8 ½" x 11" paper.
- Paper will be white in color (without shading).
- Fold out sheets that require documentation to flow across the page must have the following:
  - Each page must conform to the information requirements above.
  - Information on each page must be contained within required margins, and not flow across one page to another. Information will be lost when scanned if margins are not adhered to.
  - Each page will be perforated for ease of separation as they are prepared for scanning into the imaging system.
  - Page numbers must appear on each panel, next to the form number and revision date.
- Pilot Forms must be approved by Forms Committee Liaison.  
Form can be a “Pilot” for three months.  
Form will be marked “Pilot” with three month date on it.  
After three months, author must route form to Forms Committee for approval. (Form will not be printed after three month date.)

FORMS COMMITTEE LIAISON MEMBERS <sup>1</sup>

	Name	Department	Telephone	E-Mail
1	Theresa Crump	Manager, HIM/Medical Records - Wyandotte	(734) 246-8872	<a href="mailto:tcrump1@hfhs.org">tcrump1@hfhs.org</a>
2	Lois Eagal	Nursing Admin., West Bloomfield Hospital	(248) 325-0790	<a href="mailto:leagal1@hfhs.org">leagal1@hfhs.org</a>
3	Aileen Figueras	Specialist, Clinical Quality and Safety	(313) 874-6612	<a href="mailto:afiquer1@hfhs.org">afiquer1@hfhs.org</a>
4	Suzette Gendjar	Clinical Pharmacist, Pharmacy Admin. - HFH	(313) 916-4254	<a href="mailto:sgendja1@hfhs.org">sgendja1@hfhs.org</a>
5	Susanne Gleason	Director, HIM - HF Macomb Warren	(586) 263-2471	<a href="mailto:sgleaso1@hfhs.org">sgleaso1@hfhs.org</a>
6	Marilyn Holland	Clinical Nurse Specialist, Patient Care Services	(313) 916-8274	<a href="mailto:mhollan9@hfhs.org">mhollan9@hfhs.org</a>
7	Karen Karwowski	Manager, Employee Health Clinic - HFH	(313) 916-6140	<a href="mailto:kkarwow1@hfhs.org">kkarwow1@hfhs.org</a>
8	Susan Klotz	Nursing Administration - Cottage Hospital	(313) 640-2380	<a href="mailto:sklotz1@hfhs.org">sklotz1@hfhs.org</a>
9	Donnyell Marshall	Nursing Administration - Henry Ford Hospital	(313)-916-1614	<a href="mailto:dmarsha1@hfhs.org">dmarsha1@hfhs.org</a>
10	Lisa McFarland	Manager, Professional Fee Audit / HFMG	(313) 916-8944	<a href="mailto:lmcfar1@hfhs.org">lmcfar1@hfhs.org</a>
11	Terry Moore-McLean	Supervisor, Medical Records - Henry Ford Cottage	(313) 640-2473	<a href="mailto:tmclean1@hfhs.org">tmclean1@hfhs.org</a>
12	Lorraine Purcell-Connole	Manager, Business Support, HFMG	(313) 916-9924	<a href="mailto:lpurcel1@hfhs.org">lpurcel1@hfhs.org</a>
13	Prema Prabakaran	Supervisor, Health Information Mgmt. - Kingswood	(248) 691-4839	<a href="mailto:pprabak1@hfhs.org">pprabak1@hfhs.org</a>
14	Karen Schmidt	Director, Medical Records Henry Ford Hospital	(313) 916-1178	<a href="mailto:kschmid1@hfhs.org">kschmid1@hfhs.org</a>
15	Rita Toboy	Forms Liaison / Coder - Wyandotte	(734) 246-7327	<a href="mailto:rtoboy1@hfhs.org">rtoboy1@hfhs.org</a>
16	Karen Wurmlinger	Supervisor, Infectious Diseases HFMG	(313) 916-3618	<a href="mailto:kwurml1@hfhs.org">kwurml1@hfhs.org</a>

<sup>1</sup>Liaison membership includes attendance at the monthly Forms Management Meetings with knowledge of forms criteria and requirements.



## FORM / MATERIAL AUTHORIZATION

Date: \_\_\_\_\_ Contact Name \_\_\_\_\_

Business Unit \_\_\_\_\_ Dept \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Proposed Form Title \_\_\_\_\_

(Check all apply to your form/material)

New Form  Revised \_\_\_\_\_ (form number & title)

Replacing existing form(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Form number & title) (Form number & title)

This form will become part of the Medical Record

Form will be ordered through the Document Center on demand (FedEx Kinko's)

Form to be ordered on line (Peoplesoft)

Deplete old stock  Destroy existing stock, charge cost center: \_\_\_\_\_  
Current volume (quantity on shelf) \_\_\_\_\_  
Estimated month usage \_\_\_\_\_

ISC notified by:  Phone  Fax  E-mail Date notified: \_\_\_\_\_ Who notified: \_\_\_\_\_

Forms potential use:  Facility Only  
 Department Only  
 Internal Use Only \_\_\_\_\_  
 Purpose of the proposed form \_\_\_\_\_

Department using or impacted by form have been notified of changes. Identify departments notified:  
1) Department: \_\_\_\_\_ Date: \_\_\_\_\_ Who notified: \_\_\_\_\_  
2) Department: \_\_\_\_\_ Date: \_\_\_\_\_ Who notified: \_\_\_\_\_  
3) Department: \_\_\_\_\_ Date: \_\_\_\_\_ Who notified: \_\_\_\_\_  
Comments: \_\_\_\_\_

### All Items must be checked by person submitting form:

- Other business units have been checked to see if there is a similar form in the health system (samples have been obtained)
- Henry Ford Health System Logo appears in the upper left hand corner
- Abbreviations have been avoided (following Abbreviation Policy Medical Records Manual, Section II, Policy 1)
- Required format and margins applied (Approval of New and/or Revised Printed and Electronic Forms and Material Medical Records Manual, Section II, Policy 12)
- If medications in form, approval obtained from Pharmacy & therapeutics Committee

**Forms Committee Liaison Draft Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Forms Committee Liaison Final Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed / Presented to Forms Committee by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New and revised forms or records must be submitted for APPROVAL, along with this form, to the appropriate facility liaison for signature. No new or revised form will be processed without the appropriate signatures.