LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

HOSPITAL FORMS REVIEW AND APPROVAL PROCESS

Purpose:

To define the process for the review and approval of new forms, and changes to existing forms that are to become a permanent part of the patient’s medical record.

To ensure that the format and methods for storing data/information are standardized, whenever possible, and comply with the Hospital’s Information Management Plan.

Policy:

1. All forms, electronic, paper and pre-printed order sets, designed to become a permanent part of the patient’s medical record, must be submitted and approved by the Medical Records Committee prior to initial use.

2. Forms shall serve a useful purpose, be easily understood, provide sufficient space for recording required data, and conform to 8 ½ x 11 inches whenever possible.

3. Abbreviations shall be discouraged and minimized whenever possible. Uncommon abbreviations shall be spelled out on preprinted forms or a legend must be provided on the form.

4. The list of prohibited abbreviations approved by the medical staff shall be printed on all forms documenting free text information.

5. The original form must be deemed the chart copy. The distribution of other copies of the form shall be noted at the bottom of the form, i.e., chart copy, physician’s copy, etc.

6. Form numbers and/or bar codes will be assigned to all new medical record forms.

7. Multi-page forms will have page numbers and total pages on each page (i.e., 1 of 4, 2 of 4, 3 of 4, 4 of 4).

8. All standardized order sets will be reviewed at the time of re-order.
9. Standing order sets that reference pharmacy items must:
   a. be reviewed and approved by the Director of the Pharmacy/designee
   b. adhere to the approved formulary drug listing
   c. include the generic name of the drug
   d. clearly specify the dose and frequency
   e. indicate the reason or reasons for prn orders
   f. include an order for drug level monitoring, if appropriate
   g. be signed and dated by the physician according to hospital policy

10. The standard format for all forms is as follows:
    a. the name of the facility and title of the form in the upper left hand corner
    b. space for patient addressograph in the upper right hand corner
    c. have top holes pre-punched to facilitate binding in the patient’s medical record
    d. have title centered at the bottom of the page
    e. have “tumblehead” format for double sided forms with adequate clearance at the binding edge on the back of the form.

11. The Department of Purchasing is responsible for appointing a Forms Committee to oversee the process and to coordinate the development of forms with other organizational entities, such as the Hospital’s Medical Records Committee or the facility’s forms management contractor.
Procedure:

Person requesting the form shall:

1. Contact the Print Shop (55040) or the Hospital Forms Management Contractor to prepare a proof of the form. The telephone number of the current vendor may be obtained from the Print Shop or the Director of Health Information Management.

2. Review the draft with the area or individuals who will be expected to participate in the completion of the form.

3. Submit the prepared proof to the Director of Health Information Management prior to the 10\textsuperscript{th} of each month.

4. Attend or send a representative to the scheduled Medical Records Committee meeting to present the form and to answer any questions regarding the proposed form. Attendance is required to facilitate the review and approval process.

5. Contact the Director, Health Information Management following the scheduled meeting regarding the approval status of the form and contact the party responsible for the design and printing (Print Shop or approved Forms Vendor) to finalize the printing specifications and initiate the printing process.

6. For questions or concerns related to the development or implementation of forms design, contact the Director, Health Information Management, the Print Shop Manager, or the Chairman, Medical Records Committee.

Administrative

\sign{Joseph Morrow}

Administrator

1/22/10

Date

Approved by Clinical Board: 5/16/00, 4/17/01, 10/21/03, 9/19/06, 1/16/07, 1/19/10
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