

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**MEDICAL RECORD FORMS COMMITTEE**

---

<b>Effective Date:</b>	<b>June 1993</b>	<b>Policy No:</b>	<b>AD058</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>AD</b>
<b>Reviewed Date:</b>	<b>06/00, 06/03, 12/03, 04/09, 12/11</b>	<b>Authority:</b>	<b>Chief Financial Officer</b>
<b>Revised Date:</b>	<b>12/11, 03/15</b>	<b>Page:</b>	<b>1 of 4</b>

---

**SCOPE**

This policy is applicable to all Hackettstown Regional Medical Center medical record forms.

**PURPOSE**

To provide guidelines to facility personnel for the development, revision, and approval of forms that are to be maintained permanently in the legal medical record.

**POLICY**

A Medical Record Forms Committee has been established to manage the forms in the medical record. Forms considered for this process are new, revised (content and/or formatting modifications), consolidated and/or eliminated.

Forms that have not been approved will be considered unauthorized and the area generating the form will be contacted and asked to submit the form to the Medical Record Forms Committee. Once forms have been approved, they may not be altered in any way without approval of the Medical Record Forms Committee.

**PROCEDURE**

1. Accountability/Responsibility
  - A. Medical Record Forms Committee:
    - o Establish and maintain an adequate and effective control program for forms usage.
    - o Maintain a forms catalog and an appropriate numbering system.
    - o Periodically review forms currently in existence to ensure that a need exists for continuation of the form and that the form does not unnecessarily duplicate information contained on other forms.
    - o Ensures that all forms have a standard acceptable format for the economical and efficient production and usage of a needed form.
    - o Prevent revision of existing forms without coordination of a forms management process.
    - o Provide an interdisciplinary approach by eliminating duplicate forms from various services and specialties and promoting generic forms that will support interdisciplinary documentation.
  - B. Department Managers:
    - o Design, revise and/or consolidate a form as needed to facilitate documentation of care and meeting various regulatory requirements.
    - o Ensure that the draft of form is reviewed by all users, including those outside of the department, for their input.
    - o Complete a "Request for New or Revised Form" and obtain Administrative or Clinical Approval for the request.
    - o Submit the approved request along with new/revised form to the Chairperson one week prior to the Medical Records Forms Committee scheduled meeting. The Committee meets on the second Thursday of every month.

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**MEDICAL RECORD FORMS COMMITTEE**

---

<b>Effective Date:</b>	<b>June 1993</b>	<b>Policy No:</b>	<b>AD058</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>AD</b>
<b>Reviewed Date:</b>	<b>06/00, 06/03, 12/03, 04/09, 12/11</b>	<b>Authority:</b>	<b>Chief Financial Officer</b>
<b>Revised Date:</b>	<b>12/11, 03/15</b>	<b>Page:</b>	<b>2 of 4</b>

---

- Maintain an inventory control for forms used in their area to prevent unexpected shortages.
  - Order forms from Standard Register online.
  - Any form and volume you order will be charged to ordering department.
  - The manager of Health Information Management (HIM) will monitor usage and note any unusual ordering patterns and report to the manager or the ordering department/area.
- The department from which a form originated will be responsible for reviewing their forms on an annual basis to ensure currency.

2. Medical Records Forms Committee Membership

The Chairperson of the Medical Record Forms Committee is the HIM manager. A representative from each of the following areas will serve on the committee:

Nursing Service	Medical Staff	HIM Department
Information Systems	Performance Improvement	Coordinator Special Projects
Materials Management	Cerner Team Representative	Ancillary Departments (Ad Hoc)
Pharmacy		

3. Forms Design

A. HRMC will use the Cerner electronic document imaging system for permanent medical record processing and storage. The system requires that upon discharge all documents are either scanned or electronically interfaced.

- Documents electronically interfaced are automatically indexed (filed) in the system, thus made available for immediate viewing.
- Permanent medical record documents that are not electronically captured will be scanned and that requires a bar code and compliance with specific formatting requirements.
- All scanning documents should be originals. The only exception should be photocopies of faxed or other documents that are of poor paper or contrast quality.

B. Form Specifications

- Forms should use a full page measuring 8½” x 11”.
- Allow at least a 3/8” margin on each side of the form.
- For portrait layout documents, allow a ¾” margin for punch holes on the margin.
- A minimum blank space of ¼” around the bar code is required.
- Do not place bar codes near a signature block or area where handwriting could potentially ruin the bar code.
- Tri-fold documents are no longer allowed because of scanning.
- Forms should be on white paper [standard copy paper] with black ink.
- Shading is not allowed anywhere on the form.
- Use only stickers that are white with black print or clear with black print.

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**MEDICAL RECORD FORMS COMMITTEE**

---

<b>Effective Date:</b>	<b>June 1993</b>	<b>Policy No:</b>	<b>AD058</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>AD</b>
<b>Reviewed Date:</b>	<b>06/00, 06/03, 12/03, 04/09, 12/11</b>	<b>Authority:</b>	<b>Chief Financial Officer</b>
<b>Revised Date:</b>	<b>12/11, 03/15</b>	<b>Page:</b>	<b>3 of 4</b>

---

- Only yellow highlighting should be used on documents.
- Two-sided forms must include patient identification on both sides.
- Allow a 3½” wide and 1½” tall space for the patient information (patient sticker).

C. Rhythm Strips

- Rhythm strips must be mounted on forms and completely fit on the form.
- Strips cannot be folded and attached to the mounting form.
- Forms with adhesive strips should be spaced appropriately to prevent tracings from overlapping. Only three adhesive strips should be placed per page.

4. Approval Process

The manager/staff person requesting approval must present the form to the Medical Record Forms Committee.

If the form is to be piloted prior to permanent use, this should be indicated on the Request for New or Revised Form along with the pilot period dates.

- A. Each department manager is responsible for assisting the Medical Record Forms Committee in eliminating printing of obsolete forms as follows:
  - The Manager identifies the need for a new or revised form and requests the current volume and usage rate.
  - A revised form will be printed once the current inventory reaches its reorder level.
  - Copying of Medical Record forms is prohibited.
- B. Any proposed form submitted without a “Request for New or Revised Form” attached will automatically be returned to the originator.
- C. Forms used in clinical patient care must be reviewed by appropriate medical staff and hospital leadership committee. The Chief Nurse Executive and/or the Chief Medical Officer will provide guidance as to what reviews are needed.
- D. To ensure the form has been appropriately reviewed, the person submitting the form should document on the Request for New or Revised Form, under Form Information, the review date and attach any supporting documentation.
- E. The Medical Record Forms Committee will review each request utilizing the following questions:
  - Is the material necessary?
  - Does it duplicate existing material?
  - Is it properly identified?
  - Does it have the hospital name and logo?
  - Does it have a form number and date of origin/revision?

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**MEDICAL RECORD FORMS COMMITTEE**

---

<b>Effective Date:</b>	<b>June 1993</b>	<b>Policy No:</b>	<b>AD058</b>
<b>Cross Referenced:</b>		<b>Origin:</b>	<b>AD</b>
<b>Reviewed Date:</b>	<b>06/00, 06/03, 12/03, 04/09, 12/11</b>	<b>Authority:</b>	<b>Chief Financial Officer</b>
<b>Revised Date:</b>	<b>12/11, 03/15</b>	<b>Page:</b>	<b>4 of 4</b>

---

- F. At the Medical Record Forms Committee's discretion, a form may be approved pending minor changes and additional approval will not be necessary.
- G. If the form is not approved, the requestor is responsible for making the appropriate changes and re-submitting the form to the Medical Record Forms Committee.

5. Implementation Following Approval

The Coordinator Special Projects will submit the form to Standard Register.

- o The initial order will be placed by the department based on the anticipated usage recommended and/or usage history.
- o A copy of the Request for New or Revised Form will be maintained as a permanent part of the Medical Record Forms Committee meeting minutes.

## REQUEST FOR NEW OR REVISED FORM

**INSTRUCTIONS:** THIS FORM MUST BE FILLED OUT AND FORWARDED TO THE CO-CHAIR OF THE FORMS COMMITTEE. ALL REQUESTS FOR NEW OR REVISED FORMS MUST HAVE A SAMPLE FORM ATTACHED. ALL FORMS NEED TO BE IN PLAIN WHITE AND NO SHADING FORMAT

DATE \_\_\_\_\_

REQUEST FOR:     NEW FORM  
                       REVISED FORM  
                       REPLACING FORM  
                       OLD FORM TO BE DELETED

FORM TITLE \_\_\_\_\_

REQUESTER \_\_\_\_\_ TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
PHONE # \_\_\_\_\_ DEPARTMENT COST CENTER \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_

WHAT PROMPTED THIS REQUEST?

NEW OR CHANGE     REGULATORY     INTERNAL DEPT     OTHER  
PROCEDURE            REQUIREMENT            REQUIREMENT            \_\_\_\_\_

FOR USE IN PERMANENT  
MEDICAL RECORD

YES     NO

INITIAL DELIVERY QUANTITY \_\_\_\_\_ PER YEAR    EXPECTED VOLUME USAGE \_\_\_\_\_ PER MONTH

**FORM ATTRIBUTES:**

ONE SIDED \_\_\_\_\_ TWO SIDED \_\_\_\_\_ NCR PAPER \_\_\_\_\_ OTHER \_\_\_\_\_

**FORM INFORMATION**

YES     NO

Does a similar form exist within the Hospital

If yes, please indicate why this other form cannot be used for the purpose described above.

If no, can this form be used by other units?     YES     NO

Describe effort to make this into a hospital wide form and reasons it cannot be accomplished

YES     NO

Will there be specific instructions for implementing this form? If yes, who will be responsible for instructing staff on the use of this form? Specify Name or Dept \_\_\_\_\_

YES     NO

Is there a policy or procedure for use of this form? If yes, Name the policy and where can it be obtained?  
\_\_\_\_\_

**APPROVAL**

ALL REQUESTS FOR NEW OR REVISED FORMS REQUIRE ADMINISTRATIVE AND/OR CLINICAL APPROVAL:

ADMINISTRATIVE APPROVAL \_\_\_\_\_

CLINICAL APPROVAL: DEPT CHAIR \_\_\_\_\_ and/or CMO \_\_\_\_\_

ORDERS FORMS THAT CONTAIN MEDICATION REQUIRE PHARMACY REVIEW AND APPROVAL:

PHARMACY APPROVAL, if necessary: \_\_\_\_\_

**NOT A PART OF THE PERMANENT MEDICAL RECORD**