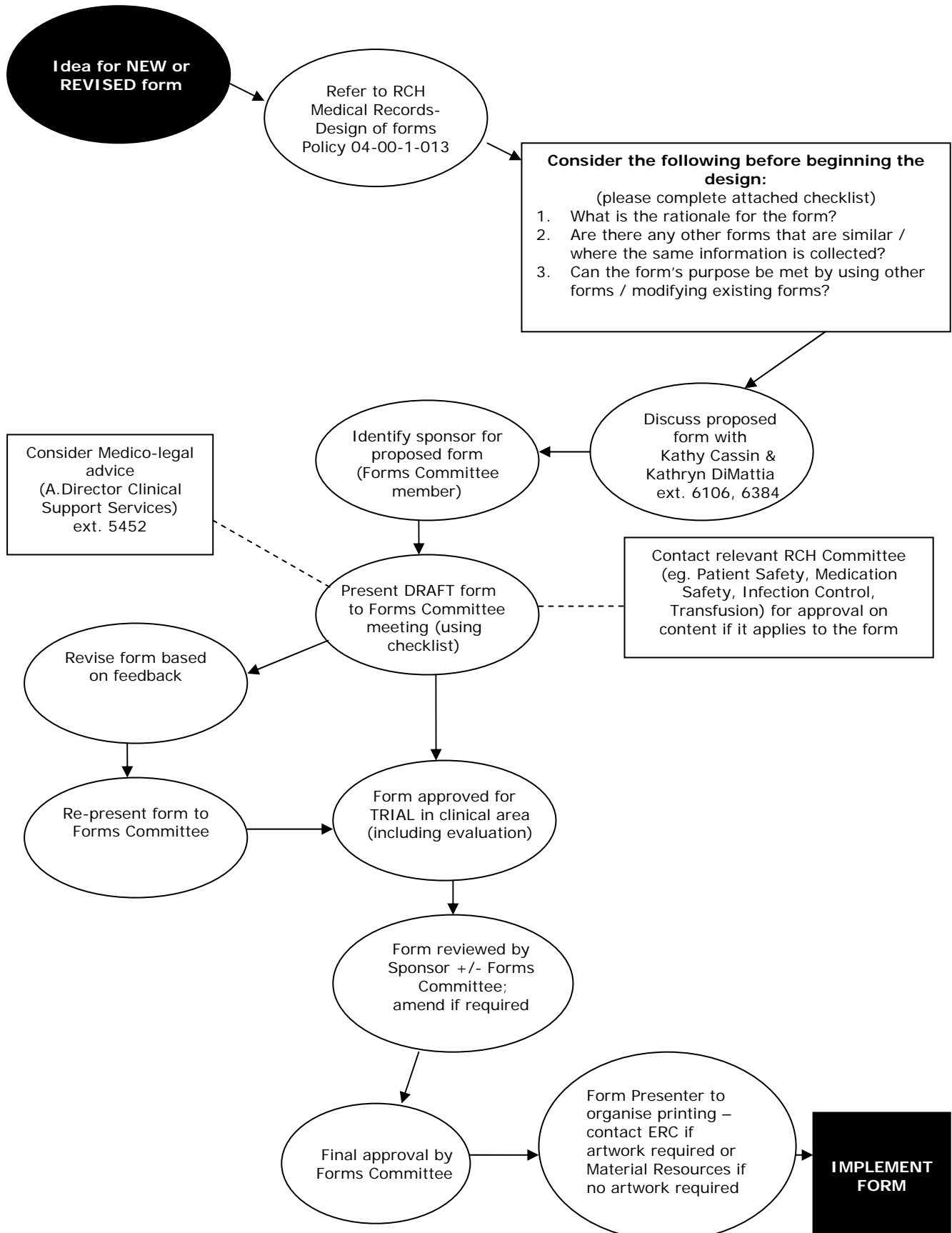


MEDICAL RECORD FORMS DESIGN AND DEVELOPMENT

The **RCH FORMS COMMITTEE** is responsible for reviewing all new and current medical record forms, and evaluating the suitability of forms to ensure they meet current work practices and design requirements. If you are interested in designing or updating a medical record form for your area, please use the information provided in this Medical Record Forms Design and Development guide.



Form Development or Modification Checklist

Name of form: MR number

Name of person responsible:

Contact details: e-mail: Ext / Pager

Position Ward / department

Are you: Developing a new form? ☐ Yes ☐ No

Modifying an existing form? ☐ Yes ☐ No

Is there a form currently in use which, if modified, would meet your needs? ☐ Yes ☐ No

Who are the key stakeholders? (eg. other departments or disciplines who it may impact?)

Who will be responsible for completing the form once in use?

Who will use the information contained in the form?

Estimated usage / number of forms required (monthly or yearly estimate)

RCH Relevant Committee have approved the content and layout of this form:

☐ Patient Safety ☐ Medication Safety ☐ Infection Control ☐ Transfusion ☐ N/A

If unsure, please contact the Quality Unit

Name & Signature (Chair) Date

Forms Committee Signoff for trial Date

Forms committee have approved the content of this form and it may now be lodged with ERC or Material Resources

Name & Signature (FC Chair) Date

Please Note: It is expected that the form will be completed with a maximum of three drafts by ERC. However there are situations where additional drafts may be required. This needs to be negotiated with ERC prior to the second draft.

ERC Use Only

Draft 1 Name & Signature Date

Draft 2 Name & Signature Date

Draft 3 Name & Signature Date

This form has been completed by ERC and is ready for printing

Name & Signature Date

Forms Committee final sign off Date

DESIGN OF A NEW FORM / FORM REVISION

Once the development of a proposed form is agreed upon, the format needs to fulfil the criteria outlined below:

- Black print on white paper (if other colours are requested, please seek advice from Health Information Services as all forms must be reproducible)
- A4 size with a 1cm margin top, bottom and right side, and 2cm margin on the left side
- Hospital name and logo (top left hand side)
- Have space for the patient ID label on the top right hand corner (on each page if pages may be separated)
- Area for the user to sign, print name and designation, and date the form
- Must have two holes punched in the left hand margin
- Form name should be consistent between the top heading and border
- Avoid using abbreviations on forms
- Have a MR strip (colour and number designated by HIS)
- A reorder / stock number on the bottom left hand corner in the margin including the month and year of design
- While being trialled, the word trial should be printed in the left hand border. Once the form has final approval an MR number will be allocated.

Trialling the form

Before implementing any new form it is important to iron out any problems / minor errors by trialling the form. The required length of the trial varies depending on how often the form will be used and how many staff will need exposure to the form. Feedback should be received throughout the trial so that improvements can be made to the form if required. A standard evaluation tool has been designed that will suit the evaluation of most forms during the trial period. Please seek assistance from your Form Sponsor regarding the most effective evaluation method for your new / revised form.

Implementation guide

To enable new medical record forms to be utilised properly, all users need to be well informed and educated about them. For the best effect, implementation needs to be thorough, imaginative and include any staff who may use or refer to the form at any stage (not just those who will use it regularly).

The following implementation tools are recommended:

- posters (bright, colourful, placed anywhere that will be seen by users)
- notes on time cards / memos
- provide background literature if appropriate
- educate staff from all disciplines / departments who may use or refer to the new form

Discontinuing old Forms

If you are replacing an existing Medical Record Form the following procedure is to be followed:

1. Contact Material Resources Department to determine:
 - a) how many old forms are in stock
 - b) what these forms cost
2. If a new form is being designed, ask Material Resources to discontinue printing of the existing form
3. Old forms need to be either:
 - a) used up before the new form is implemented; or
 - b) paid for by the relevant department(s)

Evaluation of Medical Record Form

Name of form

Return evaluation to

UR NUMBER

SURNAME

GIVEN NAME

DATE OF BIRTH

Affix patient label

This form is currently being trialled

Please fill in the evaluation tool below

- | | | | |
|----|----------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Is the form clear and unambiguous | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Does the sequence of the form flow well? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does the form capture all required / desired information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments

RCH FORMS COMMITTEE MEMBERS

Any of these individuals can sponsor a new/updated medical record form.

Kathy Cassin, Health Information Services	ext 6106
Kathryn DiMattia, Health Information Services	ext 6384
Michael Marks, Paediatrician	ext 6512
Barbara McDonald, Education and Resource Centre	ext 5481
Jayne Morrison, SSU	ext 4567
Sarah Carter, Quality Unit	ext 7996
Gabrielle Carroll, ICU	ext5225
Zoe Asher, CQS Registrar	ext4918