


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: December 12, 2016	POLICY NO.: A-RC110	PAGE: 1 of 6
TITLE: STANDARD FORMAT AND APPROVAL PROCESS FOR MEDICAL RECORD FORMS				
LAST REVIEWED/REVISED: 12/2016				
ENDORSED: HIMC: 12/2015; EMC: 04/2016				

PURPOSE:

To set a standard format for all medical record forms.

POLICY:

The Health Information Management Committee (HIMC) provides organization wide oversight and direction regarding health information management related to the medical record, paper or electronic.

The Health Information Management Committee (HIMC) will set standards so that all Guam Memorial Hospital forms used in the medical record are uniform.

PROCEDURE:

I. STANDARD FORMAT FOR MEDICAL RECORD FORMS

- A. Standard size for medical record forms is standard letter size paper, 8.5" by 11".
- B. Margins are as follows:
 - Top = One half inch (0.5) inches from top
 - Bottom = One quarter inch (1/4 or .25)
 - Sides = Three quarters inch (3/4 or .75 inch)
- C. Font is Times New Roman
- D. Font size standard is eleven (11) but there may be some exceptions, such as the name of the form at the bottom of each page which shall be font size 14. If the title of the form is long and exceeds the middle of the page the form name may take the 2nd line.
- E. Forms with multiple pages:
 - a. Back to back
 - b. Reverse side to be printed on the flip short side
 - c. Pages should be numbered and the number of pages included
Example: Page 1 of 3
Page 2 of 3
Page 3 of 3

If the form is a one (1) page form there is no need to indicate the page number.

- F. Form and stock numbers will be issued by the Inventory Management Officer in Materials Management for all stock forms. The Clinical iMed Nursing Specialist will provide form numbers for all iMed forms.
- G. All GMHA forms in the medical record must include the following information on the bottom of each page:

Left side of the form:

Right side of the form:

1st line Title of Form (Font size 14 and bold)
2nd line Guam Memorial Hospital Authority
3rd line Page __ of __
Review/Revised Date: ____ Approved Date: ____
4th line Form #: ____ Stock #: ____

Patient I.D. Label

Note: There may be times when the title of a form may run onto the 2nd line, in those cases, lines 2 thru 4 will each move down a line.

II. FORMS APPROVAL PROCESS

The required approvals listed below must be obtained prior to submission of form to the Health Information Management Committee with completion of Attachment 1 for all forms.

The following approvals are needed:

Department Head
Committee/Department(s) with designated oversight
Health Information Management Committee

- A. Once the form draft and Attachment I is submitted with required approval signatures to the Chairperson of the Health Information Management Forms Committee, the form will be added to the agenda of the next Health Information Management Committee Meeting.
- B. All new or revised forms must be submitted for review with appropriate department policy in proper Guam Memorial Hospital format that coincides with the form.
- C. Forms must be submitted to the Health Information Management Committee chairperson, a minimum of five (5) working days prior to scheduled committee meeting to be included on the agenda (HIMC meetings will be set on the 3rd Friday of every month).
- D. Forms submitted to the Health Information Management Forms Committee must be as near "print" ready as possible.
- E. The form requestor may be called upon to attend the next scheduled meeting to discuss the new or revised form.
- F. Requestors will be notified in writing once the form has been approved by the Health Information Management Committee
- G. Follow-up from this point is the responsibility of the requestor's department. Status should be tracked through the Materials Management department.
- H. Proof reading of any mock up is the responsibility of the requestor's department.

- I. The requestor's department is responsible for notifying appropriate areas/Departments once the form is available or for deletion in Materials Management.
- J. If there are no questions at any level in the approval process and if there are no unforeseen circumstances, the following time frames can serve as a guide in determining when a form will be available for use:

Forms to go out for bid = 30 days

III. REVIEW/REVISION PROCESS

All forms that become a part of the medical record are to be reviewed/revised no later than 3 years from the last approval date.

IV. DELETION OF FORMS

Electronic or hard copy forms need to be deleted when they are no longer required or when a new form replaces an old form. The form and Attachment I is submitted to the Health Information Management Forms Committee for review and deletion.

V. REQUEST FOR TRIAL RUNS, PHOTOCOPIES

All forms must be approved, there will be no form used in the medical record on a trial basis or as a photocopy prior to final approval from the Health Information Management Forms Committee. Department Heads should provide to their Division Associate Administrator the amount of current stock of a particular form to be considered prior to approval of a new form to ensure old forms are not wasted.

RELATED POLICY:

Policy A-RC100, Health Information Management Committee of the administrative manual.

ATTACHMENT:

- I. Forms Specification Sheet

ATTACHMENT 1

FORMS SPECIFICATION SHEET

SECTION A: MUST BE COMPLETED FOR ALL FORMS THAT WILL BE PART OF THE MEDICAL RECORD

1. Date: _____
2. Title of Form: _____
3. Form is New: Yes No

If No, list and attach forms to be replaced: _____
4. Submitted By: _____
5. Contact Person: _____ Extension: _____
6. Primary User of Form: _____
7. Estimated usage for three (3) month period: _____
8. This form is to be a permanent part of:

Inpatient Medical Record	Yes	No
Outpatient Medical Record	Yes	No
Ambulatory Surgery Record	Yes	No
Observation Record	Yes	No
Emergency Department Record	Yes	No
Urgent Care	Yes	No
Skilled Nursing Facility	Yes	No
9. This form **WILL NOT** be a part of the medical record. _____ Go to Section B.

Justification:

SECTION B: FORM DELETION

Form Title: _____ Contact Person: _____

Primary Use of Form: _____

Form used in Medical Record? Yes No

Form being replaced? Yes No

Reason form is being deleted _____

SECTION D: FORMS SPECIFICATIONS

Paper:

Weight: _____

Grade: _____

Finish: _____

Color of Band (if applicable) _____

Color: _____

Grain: _____

Size: _____

Duplicating Method: Circle applicable specification.

NCR

Office Duplication (photocopy)

Order of Copies and Color for NCR Form(s)

Original _____

(Must be white but can have colored band)

Copy 1: _____

Copy 2: _____

Copy 3: _____

Commercial Printing

Purchase Standard Form

Color of link: (Original must be blank) _____

Enumeration Yes No

If yes, start with number _____ and stop with number _____.

If form requires serial numbering, specify start and stop numbers. Start with serial number _____ and stop with serial number _____.

Binding Pad at: Top Side N/A

Pre-punched Holes: Top Side N/A

Proof: Yes No

Other Printing Instructions: _____

SECTION C:

CERTIFICATION OF APPROVAL

TITLE OF FORM: _____

**Title (Department Head or
Committee with Oversight)**

Signature

Date

**Title Chairperson,
Medical Executive Committee**

Signature

Date

**Title Chairperson, Health
Information Mgmt.
Committee**

Signature

Date

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Bylaws

Submitted by Department/Committee:

Health Information Management Committee
(HIMC)

Rules & Regulations

Policy No:


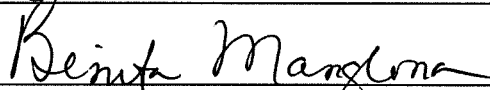
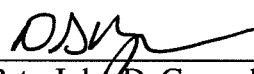
A-RC110

Policies & Procedures

Title:

Standard Format And Approval Process
For Medical Record Forms

Rational for policy: To set a standard format for all medical record forms.

Reviewed/Endorsed	Date	Signature	
Title	12/04/2015		
		Name: Michael C. Klemme, RHIT Title: Health Information Management Chairperson	
Reviewed/Endorsed	Date	Signature	
	Title	04/25/2016	
			Name: Benita Manglona, CPA, CGMA Title: Chief Financial Officer
Reviewed/Endorsed	Date	Signature	
	Title	04/29/16	
			Name: Peter John D. Camacho, MPH Title: Executive Management Committee Chairperson