

FORM GUIDELINES

CONSIDERATIONS

- Will a simple directly-entered document template in ORCA meet this need?
- Is there an existing form in the Forms Repository that could be used to suit your needs? (<https://know1.mcis.washington.edu/forms/>)
- Will multiple users use the form?
- Will it be used by multi-facilities?
- Is there a UW Physicians charge associated with the form?
- In order to locate documentation in ORCA, all forms & templates must be mapped to ORCA applications.

FORMAT

- Footer on template is not to be changed except for the form name.
- Form Name: 36 character limit, including spaces, in form footer (desired form title can be placed in document header)
- Margins: follow template
- Font Size: 10 pt. or higher
- If the form is to be read by a patient, font size should be 12 point. Refer to Pt. Education web site for recommendations.
- Barcode and Form Number issued by Patient Data Services.
- Template: MS Word

CONTENT

- Authorizations & Consents requiring a patient signature require Attorney General, Risk Management, Clinical reviews, and at times, HIPAA reviews.
- Medical Terms: Requires forms representative, nursing, physician and pharmacy review.
- Abbreviations: Stedman's Abbreviations is approved list. Refer to "*Do Not Use Abbreviation and Dangerous Abbreviations Policies*" on APOP.
- Signature Approvals: Required sign-off on checklist from department manager, forms representative, reviewers and/or PDS Analyst

FINAL REQUIREMENT

- Materials Management: Forms Service Request (FSR) requires Budget #.
- You may incur costs for destruction of any existing forms (replaced by new form) in stock.
- **Distribution and communication of the new form is to be planned and disseminated by requesting user/department.**



CREATING A NEW FORM

REVISED NOVEMBER 2005

CREATING A NEW FORM

STEP 1

Where to Start When Creating A New Form.

- Contact PDS Forms Design Analyst at amcforms@u.washington.edu for Policy & Procedure
- Obtain Forms Template:
 - Use Forms Repository to download “MS word template” form <http://know1.mcis.washington.edu/forms/> **OR**
 - E-mail amcforms@u.washington.edu to request “MS Word template.”

STEP 2

Requestor Creates New Form (See back of pamphlet for guidelines)

- Use MS Word
- Type & format new form to required template, margins & footer
- Follow requirements listed in this document & on template
- Obtain Forms Approval Checklist for signature approvals (for a Word version, contact amcforms@u.washington.edu)
- Obtain departmental manager approval on Checklist—fax **signed** Checklist to PDS Forms Design Analyst: UWMC@206-598-6186 or HMC@206-744-9998
- Electronic (email) approvals can be emailed to amcforms@u.washington.edu

STEP 3

Requestor Contacts Forms Representative For Pre-Review

(See area representatives listed on back of Form Approval Checklist)

- PCS – Patient Care Services (UWMC/HMC)
- ACS – Ambulatory Care Services (UWMC/HMC)
- Pharmacy (UWMC/HMC)
- Psych/Mental Health
- Rehab (HMC)
- PDS – Patient Data Services (UWMC/HMC)
- UW Physicians
- SCCA
- Representative will make initial recommended actions

STEP 4

Requestor Obtains Appropriate Reviews & Approvals

- Forms Representative (review & change recommendations)
- Risk Management - (approval needed for forms with consents & studies)
- Attorney General - (approval needed for forms with consents & studies)
- Pharmacy (medical terms, drug names, dosages, & abbreviations)
- PDS Analyst (review, format, naming, mapping & testing)

STEP 5

Requestor Submits “Final Word Draft” After Review & Checklist Approvals

- Complete Forms Service Request (FSR)-“Create a New Form” found in Forms Repository <http://know1.mcis.washington.edu/forms/> Under Forms Link”. **Use UW Net ID**
- Upload Word file on formatted template to the repository (“Upload Link” will appear after FSR has been submitted). *Form Upload should occur AFTER it has been approved and signed off by the necessary representatives.*
- Make sure the Word file name matches the form name as closely as possible.
- **Enter UH0000 when requested to enter a form number on the upload link.**
- Submit completed FSR, include budget #. Answer **ALL** printing, packaging, distribution, communication & contact info.
- The form will **NOT** be approved until **steps 6 and 7** (below) have been completed.

STEP 6

PDS Forms Design Analyst Creates “Final Form Draft”

- Barcode & form number assigned to draft version of form by PDS Forms Design Analyst
- Submitted forms are reviewed weekly by the Form Approval Committee (FAC)
- FAC review process includes form design/layout, document mapping in ORCA and document testing in ORCA
- - If form approved by FAC, draft version will be finalized.
- - If form NOT approved by FAC, draft will be sent back to requestor with recommendation for changes.

STEP 7

Approved “FINAL” Form is Uploaded & Released

- Once the form has been approved by FAC, the requestor will receive email notification of approval and pending finalization of form
- PDS Forms Design Analyst uploads the form to the Repository and notifies requestor that form is complete and ready to use; once on the Repository, the form is ready to print
- The requestor **MUST** submit a Stock Request (attached) to UWMC or HMC Materials Management before they will bring a new form into stock. (for a Word version, contact amcforms@u.washington.edu)
- The requestor may contact Materials Mgmt. to receive an estimated date of when a new stock form will be available to order from inventory.
- **It is the REQUESTOR’S responsibility to educate and communicate the use of the form to all necessary departments, managers and users once it is available on the Forms Repository.** They should also let departments know when it will be available to order from Materials Mgmt. if it is a new stock form.

FORM Guidelines

CONSIDERATIONS

- Will a simple directly entered document template in ORCA meet this need?
- Is the form in the Forms Repository? (<https://know1.mcis.washington.edu/forms/>)
- Does another existing form meet the need?
- Has previous form owner been contacted on these changes?
- Has the form been previously mapped & tested in ORCA?
- Will multi-users use the form? Will it be used by multi-facilities?
- Is there a UW Physicians charge associated with the form?
- Have recommended changes been reviewed by “all affected users”?

FORMAT

- Footer on template is not to be changed except for the form name.
- Form Name: 36 character limit, including spaces, in form footer (desired form title can be placed in document header)
- Font size: 10 pt. or higher
- If the form is to be read by a patient, font size must be 12 pt. or higher. Refer Pt. Education website for recommendations
- Barcode and Form Number Issued by Patient Data Services
- Template: Word

CONTENT

- Authorizations & Consents requiring a patient signature require Attorney General, Risk Management, Clinical reviews, and at times, HIPAA reviews.
- Medical Terms: Requires forms representative, nursing, physician and pharmacy review.
- Abbreviations: Stedman’s Abbreviations is approved list. Refer to “*Do Not Use Abbreviation and Dangerous Abbreviations Policies*” on APOP.
- Signature Approvals: Required sign-off on checklist from department manager, forms representative, reviewers, and/or PDS Analyst

FINAL REQUIREMENT

- Materials Management: Forms Service Request (FSR) requires Budget #.
- Costs may be incurred for destruction of any existing forms (replaced by revised form) in stock.
- Ensure outdated remaining forms have been removed from areas new forms are to be used.
- **Distribution and communication of revised form is to be planned and disseminated by requesting user/department**

UW Medicine

Revising An Existing Form

Revised November 2005

Revising An Existing Form

STEP 1

Requestor Locates Existing Form

- Contact PDS Forms Design Analyst at amcforms@u.washington.edu for Policy & Procedure
- Use Forms Repository to review existing form <http://know1.mcis.washington.edu/forms/>
- E-mail amcforms@u.washington.edu to request the electronic MS Word version of the "existing form." **Include existing form name and form number in email subject line**
- Reference paper form (if not found in the forms repository). Form may need to be recreated.

STEP 2

Requestor Revises "Drafted" Form

- Use MS Word
- **Format** to required template, margins & footer
- Follow the guidelines listed on the last page of this document
- Obtain Form Approval Checklist for signature approvals (for Word version, contact amcforms@u.washington.edu)
- Obtain Departmental Manager signature on the Form Approval Checklist-fax **signed** Checklist to PDS Forms Design Analyst: UWMC@206-598-6186 or HMC@206-744-9998
- Electronic (email) approvals can be emailed to amcforms@u.washington.edu

STEP 3

Requestor Contacts Forms Representative For Pre-Review

(See area's representative listed on back of Forms Approval Checklist)

- PCS – Patient Care Services (UWMC/HMC)
- ACS – Ambulatory Care Services (UWMC/HMC)
- Pharmacy (UWMC/HMC)
- Psych/Mental Health
- Rehab (HMC)
- PDS – Patient Data Services (UWMC/HMC)
- SCCA
- UW Physicians
- Representative will make initial recommended actions

STEP 4

Requestor Obtains Appropriate Reviews & Approvals

- Forms Representative (review & change recommendations)
- Risk Management - (approval needed for forms with consents & studies)
- Attorney General - (approval needed for forms with consents & studies)
- Pharmacy (approval needed for forms with drug names, dosages, & abbreviations)
- PDS Analyst (review, format, naming, mapping & testing)

STEP 5

Requestor Submits "Final Word Draft" After Review & Checklist Approvals

- Complete Forms Service Request (FSR)-"Revise Existing Form" found in Forms Repository <http://know1.mcis.washington.edu/forms/> Look under "Forms Link". **Use UW Net ID**
- Upload Word File on formatted template to the repository ("Upload Link" will appear after FSR has been submitted). *Form Upload should occur AFTER it has been approved and signed off of by the necessary representatives.*
- Make sure the Word file name matches the form name as closely as possible.
- Be sure to enter the existing form number at the upload link, i.e. HMC0100.
- Submit completed FSR. Include budget #. Answer **ALL** printing, packaging, distribution, communication & contact info.
- The form will NOT be approved until **steps 6 and 7** (below) have been completed

STEP 6

PDS Forms Design Analyst Creates "Final Form Draft"

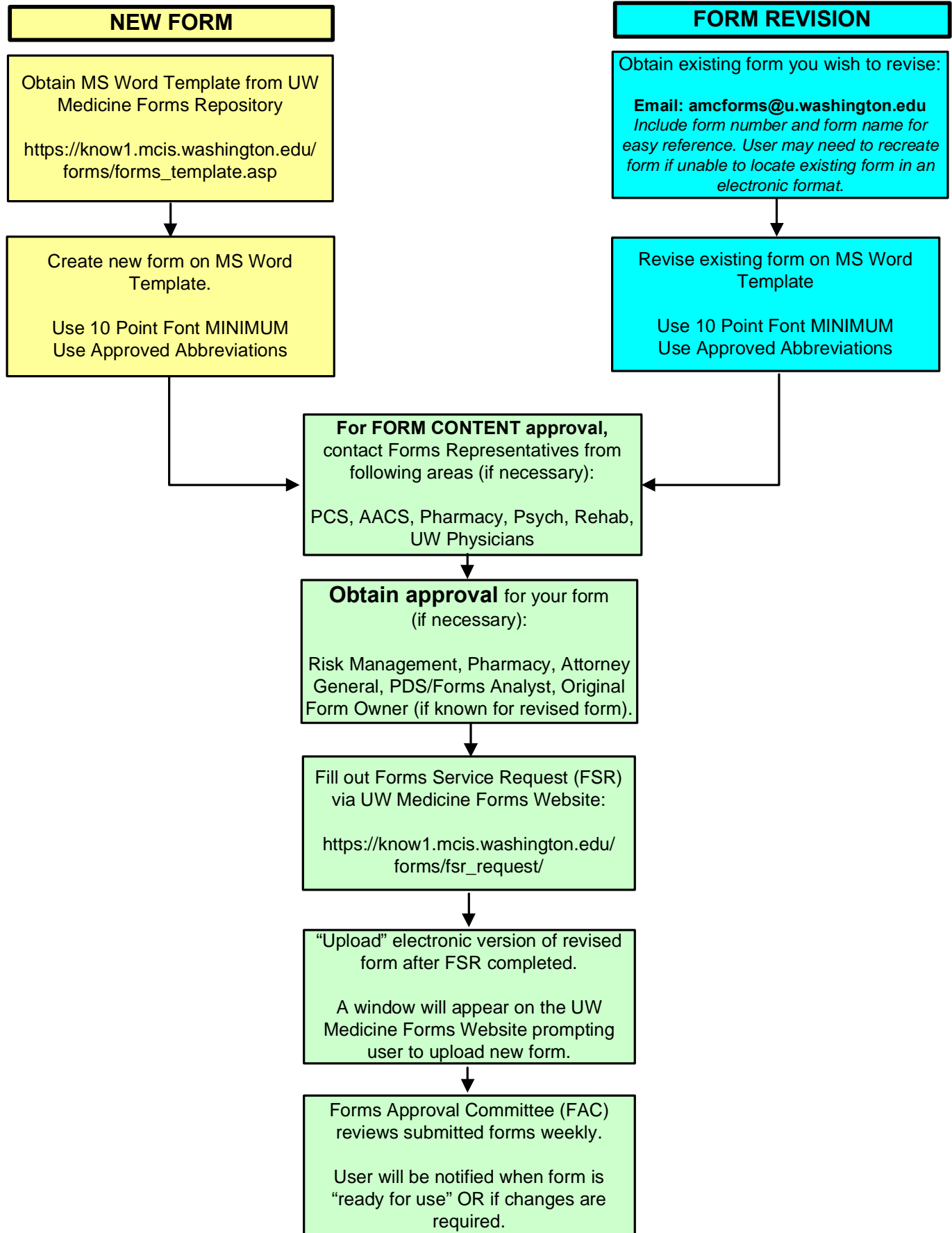
- Barcode & form number assigned to draft version of form by PDS Forms Design Analyst
- Submitted forms are reviewed weekly by the Forms Approval Committee (FAC).
- FAC review process includes form design/layout, document mapping in ORCA and document testing in ORCA.
- - If form approved by FAC, draft version will be finalized.
- - If form NOT approved by FAC, draft will be sent back to user with recommendation for changes

STEP 7

Approved "FINAL" Form is Uploaded & Released

- Once the form has been approved by FAC, the requestor will receive email notification of approval and pending finalization of form
- PDS Forms Design Analyst uploads the form to the Repository and notifies requestor that form is complete and ready to use; once on the Repository, the form is ready to print
- IF the revised form is a stock form, UWMC/HMC Materials Mgmt. requires that ALL existing stock in the warehouse MUST be used up or bought out BEFORE the new form will be printed. REQUESTOR is responsible for contacting Mat. Mgmt. about this process
- The requestor MUST submit a Stock Request (attached) to UWMC or HMC Materials Management before they will bring a new form into stock (for a Word version, contact amcforms@u.washington.edu)
- The requestor may contact Materials Mgmt. to receive an estimated date of when a new stock form will be available to order from inventory.
- **It is the REQUESTOR'S responsibility to educate and communicate the use of the form to all necessary departments, managers and users once it is available on the Forms Repository.** The requestor should also let departments know when the revised form will be available to order from Materials Mgmt., if it is a new stock form.

Simplified Forms Process



LIST OF UNACCEPTABLE ABBREVIATIONS

Abbreviations – DO NOT USE

Abbreviation	Intended Meaning	Common Error	Preferred Term
U	Units	Mistaken as a zero or a four (4) resulting in overdose. Also mistaken for "cc" (cubic centimeters) when poorly written.	Write "unit"
µg	Micrograms	Mistaken for "mg" (milligrams) resulting in an overdose.	Write "mcg"
Q.D.	Latin abbreviation for everyday	The period after the "Q" has sometimes been mistaken for an "l," and the drug has been given "QID" (four times daily) rather than daily.	Write "daily"
Q.O.D.	Latin abbreviation for every other day.	Misinterpreted as "QD" (daily) or "QID" (four times daily). If the "O" is poorly written, it looks like a period or "l."	Write "every other day"
T I W	Three times a week	Misinterpreted as "three times a day" or "twice a week."	Write "3 time weekly" or "three times weekly"
cc	Cubic centimeters	Mistaken as "U" (units) when poorly written.	Write "ml" for milliliters
IU	International units	Mistaken as IV or 10 (ten)	Write "international units"
Trailing zero (X.0mg) Lack of leading zero (.Xmg)		Decimal point is missed	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS MSO ₄ MgSO ₄		Confused for morphine sulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate"

Abbreviations – Avoid Using

Abbreviation	Intended Meaning	Common Error	Preferred Term
SC or SQ	Subcutaneous	Mistaken as “SL” (sublingual) when poorly written.	Write “sub-Q” “subQ,” or “subcutaneously”
D/C	Discharge; also discontinue	Patient’s medications have been prematurely discontinued when D/C, (intended to mean “discharge”) was misinterpreted as “discontinue,” because; it was followed by a list of drugs.	Write “discharge”
HS	Half strength	Misinterpreted as the Latin abbreviation “HS” (hour of sleep).	Write out “half-strength” or “at bedtime”
AU, AS, AD	Latin abbreviation for both ears; left ear; right ear	Misinterpreted as the Latin abbreviation “OU” (both eyes); “OS” (left eye); “OD” (right eye)	Write ‘left ear,” “right ear,” or “both ears;” “left eye,” “right eye,’ or “both eyes”
OU, OS, OD	Latin abbreviation for both eyes, left eye, right eye	Misinterpreted as AU, AS, AD	Write out “both eyes,” “left eye,” or “right eye”



BODY OF FORM: (Place Text Here)

Sample Word Template

PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

TITLE – 36 LETTERS/SPACES MAXIMUM

(title of form for ORCA mapping)

U0000

U0000

UH0000 REV NOV 05

P
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E

PAGE HEADER: (Place Complete Title Here)

SERVICE	ATTENDING	RESIDENT
DIAGNOSIS	CONDITION	
ALLERGIES		

BODY OF FORM: (Place Text Here)

Sample Word Template

(for Physician Orders)

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN	DATE	TIME
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PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

36 CHARACTERS/SPACES MAXIMUM
(title of form for ORCA mapping)

U0000

U0000

UH0000 REV NOV 05

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

PHYSICIAN ORDER - YELLOW

UW MEDICINE - FORM APPROVAL CHECKLIST

The UW Medicine Forms Committee reviews and approves all new and modified forms. Please submit these as paper or electronic formats in either draft or final versions. For further assistance, contact the appropriate representative for your area (see list on other side). Submit this checklist along with your form when contacting a representative for approval.

Is the form to be included in the Medical Record? YES NO **If no, you do not need to fill out this form!**

PART 1 – CONTACTS

Contact Person for Form	Budget Name & Budget Number	Box Number
Contact Person Email	Contact Person Phone	Date
Department Manager Approval (signature)	Department Manager Email	Dept. Mgr Phone

PART 2 – FORM DESCRIPTION

Type Of Request	<input type="checkbox"/> New <input type="checkbox"/> Revision/Modification	Name of Form Owner: _____
New Form Title	_____	
	<i>Form title may be no more than 36 characters</i>	
Template Used	_____	_____
	Name of Form Used as Model	Model Form Barcode Number
Filename (must be in MS Word format)	_____	
Form Purpose	_____	
Type of Use (check all that apply)	<input type="checkbox"/> Clinical Form <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Administrative <input type="checkbox"/> Ancillary	
Form Type:	Which PowerChart category would you like the form to live in? (<i>Select only ONE category</i>)	
<input type="checkbox"/> Alerts	<input type="checkbox"/> Historical Documents - Unmapped	<input type="checkbox"/> Media
<input type="checkbox"/> Clinical Pathway/Care Maps	<input type="checkbox"/> History & Physical	<input type="checkbox"/> OB & Birth Records
<input type="checkbox"/> Consent/Refusal	<input type="checkbox"/> HMHS Sensitive Records	<input type="checkbox"/> Orders (Paper)
<input type="checkbox"/> Diagnostic – All Other	<input type="checkbox"/> Immunizations/Skin Test Record	<input type="checkbox"/> Outpatient Flow sheets
<input type="checkbox"/> Diagnostic – Historical	<input type="checkbox"/> Inpt – Discharge/Transfer	<input type="checkbox"/> Outpatient Records
<input type="checkbox"/> Diagnostic – Lab/Pathology	<input type="checkbox"/> Inpt – Flow sheets and MAR	<input type="checkbox"/> Outside Clinical Records
<input type="checkbox"/> Diagnostic – Radiology	<input type="checkbox"/> Inpt – Multidisciplinary Records	<input type="checkbox"/> Prescription Documentation
<input type="checkbox"/> Emergency Department Records	<input type="checkbox"/> Inpt Documents – All Disciplines	<input type="checkbox"/> Sensitive Release Documentation
<input type="checkbox"/> Finance/Reg	<input type="checkbox"/> Legal/Admin	<input type="checkbox"/> Surgical/Procedural Documentation
<input type="checkbox"/> Historic (Paper) Summary Documents		
Required if Revision or Replacement:	_____	_____
	Former Barcode Number	Revision Date to Go onto Form
Contact Person Signature:	_____	
	Date	

PART 3 – APPROVAL (TO BE FILLED OUT BY FORMS COMMITTEE MEMBERS ONLY!)

ACS Representative	Date	Psych Representative	Date	Forms Design Analyst	Date
PCS Representative	Date	Rehab Representative	Date	PDS Analyst	Date
Pharmacy Representative	Date	Forms Comm. Service Rep	Date	Forms Comm. Chair	Date
UWP Rep. (if applicable)	Date	Risk Mgmt. (if applicable)	Date		

UW MEDICINE - FORM APPROVAL CHECKLIST

The simplified Forms Approval Process is provided on the front of this document for modifying “existing forms”. For assistance with the form revision and approval process, contact the appropriate representative listed below. Thank you for your prompt attention to this matter. Submit this checklist along with your form when contacting a representative for approval.

Forms Resources Representatives	Department	Phone	Email	Box
HMC:				
* Patricia Velasquez	Assistant Director, HMC PDS - Forms Committee Chair	744-9002	gizmo@u.washington.edu	359738
* Jack Olsen	Nurse Manager, Patient Care Services	731-3582	olsenj@u.washington.edu	359824
Barbara Fetty-Solders	Clinical Instructor, Patient Care Services	744-9541	blfs@u.washington.edu	359735
Anna Marti	Lead Analyst & Manager, Patient Care Information Systems	744-9818	marti@u.washington.edu	359969
Monica Perkins	Powerchart Analyst, Patient Clinical Information Systems	744-9820	mperk@u.washington.edu	359969
Janice Dillman-Long	Director, Rehab Therapies Rehabilitation and Clinical Services	731-4462	jdill@u.washington.edu	359897
Kate Rohrer	Physical Therapist-Mgr, Outpt Musculoskeletal, Rehab Therapies	521-1681	krohrer@u.washington.edu	359920
Kathy Mertens	Director, Clinical Care Systems AACS	731-2876	kmertens@u.washington.edu	359704
Ella Mae Kurashige	Manager, Pt. Ed and Outcomes, Pt and Family Resource Cntr	731-2154	ellamaek@u.washington.edu	359710
* Deanna Clark	Program Coordinator, Pt. and Family Resource Cntr	731-2000	deannac@u.washington.edu	359710
Stephen Lundgren	AACS Program Coordinator	731-2872	grenstef@u.washington.edu	359710
Glenette Olvera	Division Manager, HMHS, Mental Health and Psychiatry Services	744-9680	gjo@u.washington.edu	359797
* Kristie Stanker	PDS Application Analyst	744-9049	ksbehr@u.washington.edu	359738
* Aaron Parker	PDS Application Analyst	744-9051	uwarp@u.washington.edu	359738
* Sandra Gardner	PDS Forms Design Analyst	744-9053	sandyg@u.washington.edu	359738
* Martha Hughes	PDS Forms Analyst	744-9054	mehughes@u.washington.edu	359738
* Beverly Sheridan	Asst Director, Pharmacy -HMC/UWMC	731-3377	rower@uwashington.edu	359885
Cindy Wilson	Sup. Pharmacy Services Inpatient Pharmacy	731-4356	cinwil@u.washington.edu	359885
SCCA:				
Cynthia Hurst	Supervisor, Gen Oncology/Hematology, SCCA Health Info Mgmt	288-6262	churst@seattlecca.org	G7605
Clemente Salazar	Supervisor, SCCA Health Info Mgmt HSCT & ROI	288-6260	csalazar@seattlecca.org	G7605
Debbie Miller	HIM Manager SCCA	288-2174	dmiller@seattlecca.org	G7605
UWMC:				
* Beth Powell	Assistant Director, UWMC PDS	598-1909	bpowell@u.washington.edu	356024
* Janet Kelly	Outcomes & Cost Mgmt, UWMC Pharmacy	598-0219	rjexpress@u.washington.edu	356148
* Liz Carr	Forms Design Analyst, UWMC PDS	598-5444	lizc@u.washington.edu	358126
Barb Shearer	CIS Clinical Analyst	598-2505	shererb@u.washington.edu	354700
Cezanne Garcia	Manager Patient and Family Education Services	598-8424	ccgarcia@u.washington.edu	358126
Lorie Wild	Director, Patient Care Services, Nursing Services UWMC	598-5626	lwild@u.washington.edu	356153
Materials Mgmt.:				
Beth Wickwire	Assoc. Director, Materials Management - UWMC	598-3017	wickwire@u.washington.edu	356018
Susan Malysiak	Buyer I, Materials Management - UWMC	598-6023	smaly@u.washington.edu	356018
Eddy Smith	Buyer III, Supply Chain Management - HMC	744-9153	evs2@u.washington.edu	359795
Susie Lorenzana	Buyer I, Supply Chain Management - HMC	744-9162	slorenz@u.washington.edu	359795
UW Physicians:				
Kathleen Gallegos	Senior Compliance Analyst, CUMG & UWP Regulatory Compliance	520-5442	kgallegos@uwp.washington.edu	359110
Tara Fao	Assistant Director of Regulatory Compliance	221-3346	tfao@uwp.washington.edu	359110

**Request for change or addition of Stock Form in
UWMC or HMC Materials Management**

Any new Stock Form being developed or any existing Stock Form being revised **MUST** have this questionnaire filled out.

New Form

1. Who is the intended user of this form? (Specific departments and budget numbers) Please list each department separately. If this information is not available, please write a one-paragraph narrative explaining the purpose of the form and it's use. This narrative will be sent out to all forms users, requesting they initiate an order.

Budget Numbers & Department name: _____

Narrative:

2. What Form does this replace? _____

3. What is the expected monthly usage of this Form? _____

4. For UH forms: submit this form by e-mail to uwmcmm@u.washington.edu with subject line: **Form Stock Request**

5. For HMC forms: submit this form by e-mail to slorenz@u.washington.edu with the subject line: **Form Stock Request**

Revised Forms

1. Will this Form revision replace any other Form/s, which? _____

2. Distribution of Form:

- Use up existing stock
- Replace existing stock, IF replacing stock, old stock must be charged out.

What budget number(s) do you want to charge stock to? _____

3. Is there a specific date when form needs to be available? _____

4. For UH Forms: submit this form by e-mail by uwmcmm@u.washington.edu with subject line: **Form Stock Request**

5. For HMC Forms: submit this form by e-mail to: slorenz@u.washington.edu with subject line: **Form Stock Request**