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.

UW MEDICINE

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

Revising An Existing Form

Revised November 2005

UW Medicine

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"

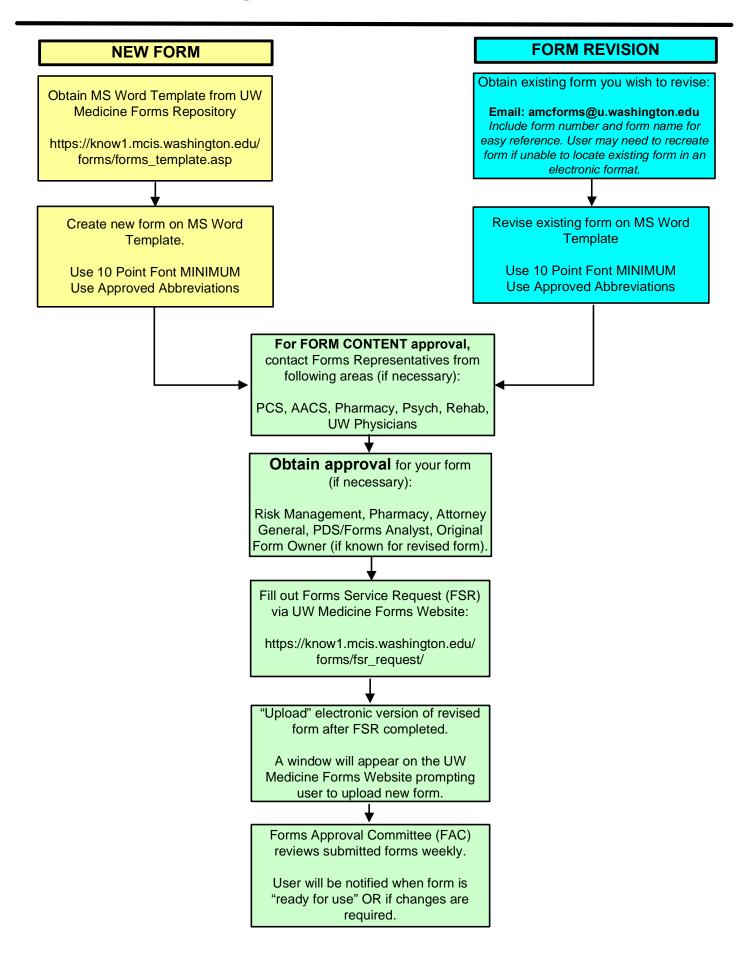
- Barcode & form number assigned to draft version of form by PDS Forms Design Analyst
- Submitted forms are reviewed weekly by the Forms Approval Committee (FAC).
- FAC review process includes form design/layout, document mapping in ORCA and document testing in ORCA.
- - If form approved by FAC, draft 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

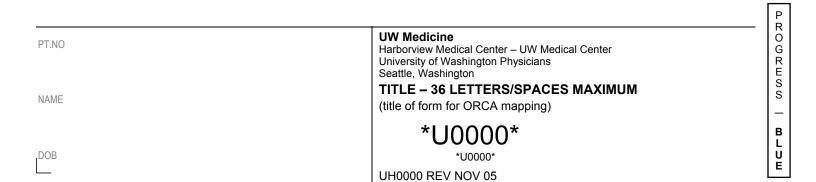
Abbreviation	Intended Meaning	Common Error	Preferred Term
U	Units	Mistaken as a zero or a four (4) resulting in overdose. Also mistaken for "cc" (cubic centimeters) when poorly written.	Write "unit"
hð	Micrograms	Mistaken for "mg" (milligrams) resulting in an overdose.	Write "mcg"
Q.D.	Latin abbreviation for everyday	The period after the "Q" has sometimes been mistaken for an "I," 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 "I."	Write "every other day"
тім	Three times a week	Misinterpreted as "three times a day" or "twice a week."	Write "3 time weekly" or "three times weekly"
сс	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)		Decimal point is	Never write a zero by itself
Lack of leading zero (.Xmg)		missed	after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS		Confused for	Write "morphine sulfate" or
MSO ₄		morphine sulfate or magnesium sulfate	"magnesium sulfate"
MgS0₄			

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"		
нѕ	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"		

Abbreviations – Avoid Using

BODY OF FORM: (Place Text Here)

Sample Word Template



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
PT.NO NAME	1	UW Medicine Harborview Medic University of Was Seattle, Washingt 36 CHARACT (title of form for	hington Physi on ERS/SPA	cians		
DOB		*U0	000*		WHITE - MED CANARY - PH PINK - NURSI	

UW MEDICINE - FORM APPROVAL CHECKLIST ᆕ

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 Red	cord? 🗌 YES 🗌 NO 🔰	f no, you do not need to fill out this form!
PART 1 – CONTACTS		
Contact Person for Form	Budget Name & Budget Num	nber Box Number
Contact Person Email	Contact Person Phone	Dete
		Date
Department Manager Approval (signature)	Department Manager Email	Dept. Mgr Phone
PART 2 – FORM DESCRIPTION		
Type Of Request New Rev	vision/Modification Name of Form O	wner:
New Form Title		1
	Form title may be no more the	an 36 characters
Template Used		
Name	of Form Used as Model	Model Form Barcode Number
Filename (must be in MS Word format)		
Form Purpose		1
-		
Type of Use (check all that apply)	Clinical Form 🗌 Inpatient 🗌 Out	patient 🗌 Administrative 🗌 Ancillary
Form Type: Which PowerChart categor	y would you like the form to live in? (S	elect only ONE category)
☐ Alerts	Historical Documents - Unmapped	Media
Clinical Pathway/Care Maps	History & Physical	OB & Birth Records
Consent/Refusal	HMHS Sensitive Records	Orders (Paper)
Diagnostic – All Other	Immunizations/Skin Test Record	Outpatient Flow sheets
Diagnostic – Historical	Inpt – Discharge/Transfer	Outpatient Records
Diagnostic – Lab/Pathology	Inpt – Flow sheets and MAR	Outside Clinical Records
Diagnostic – Radiology	Inpt – Multidisciplinary Records	Prescription Documentation
Emergency Department Records	Inpt Documents – All Disciplines	Sensitive Release Documentation
Finance/Reg	Legal/Admin	Surgical/Procedural Documentation
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 FILL		

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.

* Pathola Velasquez Assistant Director, HMC PDS - Forms Committee Chair 744-9002 gizmoditu vestimation.edu 359738 * Jack Olsen Nurse Manager, Patient Care Services 744-9541 bits@lu.washington.edu 359924 Barbara Fety Solders Clinical Instructor, Patient Care Services 744-9541 bits@lu.washington.edu 359926 Anna Marti Lead Analyst & Manager, Patient Care Information Systems 744-9810 namt@lu.washington.edu 359969 Janice Dilman-Long Director, Rehab Therapies Rehabilitation and Clinical Services 731-4422 bitt@lu.washington.edu 359710 Kath Rehrer Physical Therapist-Mgr. Outpl Musculoskaletal, Rehab Therapies 721-2784 bitt@lu.washington.edu 359710 * Barbara Cark Porgram Coordinator, PL and Family Resource Cntr 731-2700 deamads@lu.washington.edu 39710 * Barbara Lark PDS Application Analyst 744-954 deamads@lu.washington.edu 39773 * Barbara Cark Distan Coordinator, PL and Family Resource Cntr 731-2700 deamads@lu.washington.edu 39773 * Barbara Cark Dis Application Analyst 744-954 deamads@lu.washington.edu 39773	Forms Resources Representatives	Department	Phone	Email	Box
Particity Statistical Discrete Finite Confinement of the services The statistic discrete finite Configure and finite Configure Confi	HMC:				
*Jack Olsen Nurse Manager, Patient Care Services 731-3582 Istantique washington edu 359824 Barbara Fetty-Solders Clinical Instructor, Patient Care Services 744-9541 <u>Barbara Fetty-Solders</u> 359936 Anna Marti Lead Analyst & Manager, Patient Care Information Systems 744-9818 <u>mark@washington.edu</u> 359986 Monica Petrikin Director, Rehab Tharapies Rehabilitation and Clinical Services 731-4862 <u>idil@washington.edu</u> 359970 Kate Rohre Physical Therapis-Myr, Outpt Musculskeletal, Rehab Thorapies 521-1681 <u>korbine@washington.edu</u> 359710 * Togaran Coordinator, PL and Family Resource Cntr 731-2876 <u>maretans@washington.edu</u> 359710 * Deenna Clark Program Coordinator, PL and Pamily Resource Cntr 731-2876 <u>maretans@washington.edu</u> 359710 * Marting PL E di and Uctones, Pt and Pamily Resource Cntr 731-2876 <u>maretans@washington.edu</u> 359710 * Marting PL E di and Uctones, Pt and Pamily Resource Cntr 731-2876 <u>maretans@washington.edu</u> 359738 * Marting PL E di and Uctones, Pt and Pamily Resource Cntr 734-4961 <u>wwashington.edu</u> 359738 * Karles Stanker	* Patricia Velasquez	Assistant Director, HMC PDS - Forms Committee Chair	744-9002	gizmo@u.washington.edu	359738
Anna Marti Lead Analyst & Manager, Patient Care Information Systems 744-9818 marti@lu washington.edu 359969 Monica Perkins Powerchart Analyst, Patient Clinical Information Systems 744-9820 mperk@lu washington.edu 359969 Janico Diltran-Long Director, Rehab Therapies Rehabilitation and Clinical Services 731-4462 Zilliku washington.edu 359969 Kate Rohrer Physical Therapies Mgr. Outp Musculoskeletal, Rehab Therapies 521-1681 krohrer@lu washington.edu 359710 Kathy Merten Director, Clinical Care Systems AACS 731-12876 Kmetnes@lu washington.edu 359710 * Manager, PL Ed and Outcomes, PI and Family Resource Chtr 731-2872 granstel@lu washington.edu 359710 * Stephen Lundgren ACS Program Coordinator 731-2872 granstel@lu washington.edu 359738 * Aaron Parker PDS Application Analyst 744-9049 kstehr@lu washington.edu 359738 * Aaron Parker PDS Application Analyst 744-9051 uwashington.edu 359738 * Martina Hughes PDS Forms Design Analyst 744-9051 uwashington.edu 359738 * Martina Hughes PDS Forms Design Analyst 744-9054 mehughes@lu washington.edu 359738 * Martina Hughes PDS Forms Design Analyst 744-9051 uwashington.edu	*	Nurse Manager, Patient Care Services	731-3582	olsenj@u.washington.edu	359824
Monica Perkins Powerchart Analyst, Patient Clinical Information Systems 744-9820 mperk@u.washington.edu 359999 Janica Dilman-Long Director, Rehab Therapies Rehabilitation and Clinical Services 731-4462 <u>dill@u.washington.edu</u> 359992 Katle Rohrer Physical Therapiets/Mgr. Outpl Musculoskeletal, Rehab Therapies 521-1681 <u>kmertens@u.washington.edu</u> 359704 Eila Mae Kurashige Manager, PL Ed and Outcomes, Pt and Family Resource Cntr 731-2514 <u>allamaek@u.washington.edu</u> 359710 * Deanna Clark Program Coordinator, PL and Family Resource Cntr 731-2000 <u>deanna.edu</u> .washington.edu 359710 * Genana Clark Program Coordinator 731-2000 <u>deanna.edu</u> .washington.edu 359710 * Striste Stanker PDS Application Analyst 744-9051 <u>waenp@u.washington.edu</u> 359738 * Aaron Parker PDS Application Analyst 744-9051 <u>sabnington.edu</u> 359738 * Martha Hughes PDS Forms Design Analyst 744-9051 <u>sabnington.edu</u> 359738 * Martha Hughes PDS Forms Design Analyst 744-9051 <u>sabnington.edu</u> 359738 * Martha Hughes <td>Barbara Fetty-Solders</td> <td>Clinical Instructor, Patient Care Services</td> <td>744-9541</td> <td>blfs@u.washington.edu</td> <td>359735</td>	Barbara Fetty-Solders	Clinical Instructor, Patient Care Services	744-9541	blfs@u.washington.edu	359735
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Tara Fao Assistant Director of Regulatory Compliance 221-3346 tfao@uwp.washington.edu 359110	Kathleen Gallegos	Senior Compliance Analyst, CUMG & UWP Regulartory Compliance	520-5442	kgallegos@uwp.washington.edu	359110
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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?_____

What is the expected monthly usage of this Form?

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

5. For HMC forms: submit this form by e-mail to <u>slorenz@u.washington.edu</u> 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?
- For UH Forms: submit this form by e-mail by <u>uwmcmm@u.washington.edu</u> with subject line: Form Stock Request
- 5. For HMC Forms: submit this form by e-mail to: <u>slorenz@u.washington.edu</u> with subject line: Form Stock Request