



# Forms Development Tool and Standard practice for Forms Control/Analysis

Department Name: \_\_\_\_\_ Point Person: \_\_\_\_\_ Date: \_\_\_\_\_

- New Form
- Revision - List areas within the organization where this form is currently used.

This form needs to be expedited through the approval process. Reason?

## CONTENT

Name of Form: \_\_\_\_\_ Form Number: \_\_\_\_\_

- Do any other forms in the hospital have the same or a similar name? \_\_\_\_\_  
If yes, please list the form(s):
- Will this form eliminate the need for any other forms? \_\_\_\_\_  
If yes, please list the form(s):
- Is any of the information on this form also on another form? \_\_\_\_\_  
If yes, please explain:
- Could this form be automated and completed electronically? \_\_\_\_\_  
If yes, please explain:
- Will the original be filed in the medical record? \_\_\_\_\_  
If no, where will the original be filed?
- Is this form an order set? \_\_\_\_\_ • Does this need to be built as an electronic order set in POM? \_\_\_\_\_
- Is the form easy to read and locate information? \_\_\_\_\_
- Does the form layout assist with logical documentation flow? \_\_\_\_\_
- Is there enough space to write the necessary information? \_\_\_\_\_

- **Date and time must be included on clinical documentation forms.**
- **A legend including initials and signatures should be included on forms where personnel initial their documentation.**
- **Only use approved abbreviations.**

## DISTRIBUTION

Where will this form be used? (check all that apply)  ACC  ED  Endo  Inpatient/Obs  Health Centers

Other: \_\_\_\_\_

- Will this be a multi-part form? \_\_\_\_\_  
If yes, how many copies are needed? \_\_\_\_\_

**\*On multipart forms, destination legend must be clearly identified on the bottom of each copy. The original copy should remain in the patient's medical record.**

# COMMUNICATION

List the individuals and committees who have been involved with creating and reviewing this form.


Attach the proposed form (electronic copy preferred) and any forms it is replacing.

Department Head Approval \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*Once the form is approved for use, it is the department directors responsibility to remove all old versions of this form. It is also up to the department to order the new forms from the Print Shop (Materials). \*\*\***

## - FORMS TEAM USE ONLY -

	Date		Date
<input type="checkbox"/> Form & Form Request Received for Design in FormFast			
<input type="checkbox"/> Draft copy of Form Emailed to Originator for Design Approval			
<input type="checkbox"/> Form Sent to Forms Committee for Approval		<input type="checkbox"/> Form Approved	
<input type="checkbox"/> Form Sent to P&T <input type="checkbox"/> N/A		<input type="checkbox"/> Form Approved	
<input type="checkbox"/> Form Sent to MEC <input type="checkbox"/> N/A		<input type="checkbox"/> Form Approved	
<input type="checkbox"/> Form Approved			
<input type="checkbox"/> Order Set sent to IT/PHA to build <input type="checkbox"/> N/A			
<input type="checkbox"/> Form Sent to Print Shop			
<input type="checkbox"/> Form Uploaded into Meditech (If applicable) SDC/ENDO/Pain/Colby/OB only <input type="checkbox"/> N/A			
<input type="checkbox"/> Notification Sent New Form Ready for Use			