

**CENTRAL STATE HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: **FORMS MANAGEMENT SYSTEM**

ANNUAL REVIEW MONTH: June

RESPONSIBLE FOR REVIEW: CSH Forms Committee (FC)

LAST REVISION DATE: February 2008

I. PURPOSE

The purpose of this policy is to establish concise guidelines for the management of forms utilized at CSH.

POLICY STATEMENT

Due to the high volume of revisions to new and/or existing forms, all first printing of new/newly revised CSH forms will be limited.

NOTE: Photocopied forms are not to be used in the medical records.

II. ISPE RESPONSIBILITIES

ISPE will provide the electronic needs to place approved forms on the web site. ISPE is not the owner of the form and will not make any changes or updates to any form.

III. FORMS COMMITTEE RESPONSIBILITIES

The Forms Committee (FC) is ultimately responsible for approval of all forms. The FC will meet regularly to review recommendations for forms submitted by CSH staff. Forms that are not approved by the FC will not be printed by the CSH Print shop or be placed on the CSH Website.

IV. PRINT SHOP RESPONSIBILITIES

The Print Shop will handle the printing of appropriate forms only after the approval of the FC. Only hospital-wide forms will be stored in the Print Shop forms room. All other forms will be picked up and stored by the requestor. The Print Shop will keep an updated list and sample of all printed forms. Printing requests may be emailed to Print Shop personnel.

V. **PROCEDURE FOR FORMS APPROVAL**
(New/Revised/Pilot Forms)

<u>Responsible Team</u>	<u>Action Required</u>
<u>Originator</u>	<ol style="list-style-type: none">1. Revise/develop form(s) to be piloted. Gathers input from impacted disciplines.2. Develop/revise instructions for pilot forms.3. Forward pilot form, instructions, and CSH-999 - Forms Committee (FC) Action Form to FC.4. Review impacted CSH policies and notify Risk Manager of any policies needing revision. Ensure that necessary policies are reviewed if applicable.5. Attend Forms Committee meeting to discuss form and instructions.
<u>Forms Committee</u>	<ol style="list-style-type: none">1. Review pilot form and instructions and make recommendations for approval or revision.2. Obtain changes/corrections as appropriate from originator.3. Forward Medical Record form to CSH Medical Executive Committee after review and approval.4. Non-medical Record form forwarded to Leadership for approval.
<u>CSH Medical Executive Committee</u> (Medical Record Forms Only)	<ol style="list-style-type: none">1. Review request for pilot form and approve as appropriate.2. If approved, forward form to FC Chair for distribution.
<u>Leadership</u>	Review form for approval.

<u>Responsible Team</u>	<u>Action Required</u>
<u>Forms Committee</u>	Monitors pilot period by periodically contacting originator for update.
<u>Originator</u>	After completion of pilot, submit pilot form with any revisions to Forms Committee for final approval.
<u>Forms Committee</u>	After review and approval, submit to Medical Executive Committee for approval.
<u>CSH Medical Executive Committee</u> (Medical Record Forms Only)	Review and approve.
<u>Forms Committee Chair</u>	Submit to Leadership for review and approval.
<u>Leadership Team</u>	Review and approve as appropriate.
<u>ISPE Staff</u>	Place approved form on CSH website.

Approved:

This policy was approved by the CEO and CMO in April 2008.

Attachment:
Attachment I: Forms Committee Action Form

**CENTRAL STATE HOSPITAL
FORMS COMMITTEE (FC)
ACTION FORM**

SECTION I

Date of Submission: _____ Originator: _____

Name of Form: _____ Form # if applicable _____

Purpose of Form: _____

Action requested: (Check appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> New Form | <input type="checkbox"/> Revised Form |
| <input type="checkbox"/> Clinical Form | <input type="checkbox"/> Administrative Form |
| <input type="checkbox"/> Instructions Attached | <input type="checkbox"/> Discipline area review |
| <input type="checkbox"/> Policy Attachment, Policy # _____ | |

SECTION II

FC Review: (Check appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved with changes |
| <input type="checkbox"/> Return to Sender | <input type="checkbox"/> Disapproved |

Comments: _____

Section III

Medical Executive Review: (Check appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Date Taken to Leadership _____ | <input type="checkbox"/> Approved with changes |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| <input type="checkbox"/> Return to Sender | |

Comments: _____

CSH-999

Section IV

Pilot Approval

Form to be Pilot: Yes No

Pilot Period: 30 Days 60 Days Maximum

Start Date: _____ Termination Date: _____

Location of Pilot: _____

Person Responsible for Pilot: _____

Frequency of Reports from Responsible Person: _____

Section V

FC – Final Disposition

Approved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sent to Leadership	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sent to Print Shop Manager:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sent to ISPE:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Final Disposition to Originator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Number of copies requested: _____

FC Chairperson Date