I. POLICY

A. Oregon State Hospital (OSH) will maintain a medical record forms management program that verifies standardization, effective communication, and efficient review and adoption of procedures for medical record forms used at OSH.

B. The Medical Records Committee (MRC) is responsible for the medical record forms management program, and must verify that proposed medical record forms and medical record form revisions are promulgated, reviewed, and implemented in a manner consistent with OSH policies and procedures, state government standards and rules, Centers for Medicare and Medicaid Services regulations, and Joint Commission standards.

C. All adopted medical record forms must be in a standard uniform format established and approved by the MRC.

   1. The MRC must review forms containing clinical documentation and make a determination whether the form should be approved for inclusion in the medical record.

   2. State agency forms may be included in the medical record if the form has been approved for use by the MRC.

   3. Any new or existing medical record form that requires emergency approval to meet a regulatory requirement must be referred to the MRC Chair and Health Information Department (HI) manager for review and approval.

   4. Medical record forms must be maintained by HI and made available to health care personnel (HCP).

   5. A sample copy of all medical record forms must be kept on file in HI.

D. Printing requests for paper medical record forms must be processed through the HI. An approved pilot medical record form may be reproduced at any photocopy machine.
E. A list of medical record forms stocked by, and which may be requisitioned from, the Material Distribution Warehouse must be maintained in the Warehouse Catalog.

F. HCP must follow Procedures A, “Medical Record Forms Process”.

G. Medical record forms implemented or revised outside the process in Procedures A of this policy or without the approval of MRC, including form revision for pilot projects, will be considered to be invalid, and may not be used in the medical record.

H. A HCP who fails to comply with this policy or related requirements may be subject to disciplinary action, up to and including dismissal.

II. DEFINITIONS

A. “Health care personnel (HCP)” for the purposes of this policy means the population of health care workers working in healthcare settings. HCP might include, but is not limited to: physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, students and volunteers, trainees, contractual staff not employed by the facility, and persons not directly involved in patient care (e.g., clerical, dietary, housekeeping, maintenance).

B. "Medical record form" for the purposes of this policy means a paper or electronic document with blank spaces for specific data used by HCP to collect observations and facts concerning a particular patient. The medical record form identifies the patient, justifies the diagnosis, documents treatment and the patient’s response to treatment, and is filed in the patient’s medical record.

C. “Sponsor” for the purpose of this policy means the person who maintains responsibility for the medical record form, including any necessary changes or updates.

III. PROCEDURE

Procedure A Medical Record Forms Process

IV. ATTACHMENT

Attachment A Medical Record Forms Map

IV. REFERENCES


Oregon State Hospital Policy and Procedure Manual. Medical record handling, transportation, maintenance, 2.014. Author.
<table>
<thead>
<tr>
<th>Responsible Person/Group</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor</td>
<td>1. Submit a draft new form or draft revised form to the Medical Records Committee (MRC) prior to any clinical use.</td>
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<td></td>
<td>2. If the form approved has been requested as a pilot, update MRC on any form changes during the pilot.</td>
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<td></td>
<td>3. Return to MRC as scheduled to request final approval of the form.</td>
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<td></td>
<td>4. Reply to an inquiry regarding form copyright law or regulation verification.</td>
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<td></td>
<td>5. Keep exceptions granted to documents that are protected by copyright in a file.</td>
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<tr>
<td>Health Care Personnel (HCP)</td>
<td>1. Before making photocopies of copyrighted materials, verify the HCP is not violating copyright laws or regulations by contacting the sponsor with the request.</td>
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<tr>
<td></td>
<td>2. Submit requests for form revision to the Sponsor.</td>
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<td></td>
<td>3. Submit an appeal on a form decision to the MRC chairperson.</td>
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<tr>
<td>Medical Records Committee (MRC)</td>
<td>1. Review forms submitted to MRC as indicated in policy.</td>
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<tr>
<td></td>
<td>2. Approve or deny submitted form requests as indicated in policy.</td>
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<tr>
<td>Health Information (HI)</td>
<td>1. After a new paper medical record form or revision is approved, review the form with the sponsor to format the document, obtain a form number, and decide whether the form will be electronic or printed and stocked at Material Distribution Warehouse (MDW).</td>
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<td>2. If HI determines revisions are needed, contact the form sponsor and make the form revision, when possible, prior to ordering new stock.</td>
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<tr>
<td>Technology Services</td>
<td>1. When a new electronic medical record form is approved, build the form into the electronic health record,</td>
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<td></td>
<td>2. Enter the form into the electronic health record update release schedule.</td>
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<td></td>
<td>3. Coordinate with HI to create a corresponding downtime form for the Avatar Downtime Binder.</td>
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</table>
| Materials Distribution Warehouse (MDW) | 1. Forward medical record forms stocked in MDW to HI for review.  
2. Submit a purchase order to Procurement Services for printing request job other than reproduction such as: binding, punching more than three holes, padding, stapling more than 30 sheets, multiple-copy NCR.  
   a. Submit the purchase order with a “camera-ready” sample;  
   b. include pertinent instructions (e.g., copy back to back, etc.)  
   c. include a completed DHS 1001, Forms Design and Printing Request with the purchase order. |
Receives Notification of MRC Approval

Is the Form Printed or Stored Electronically?

Printed

Send Form to Warehouse

Receives Form to be Printed

Print Form and Send to Warehouse

Proof Form for Accuracy in Collaboration with HI

Is Form Accurate?

Send PDF and 2 Hard Copies to HI

Send PDF and 2 Hard Copies to HI

Send out Hospital Wide Notification

Electronic

Save Copy of Form on I Drive

Email Electronic Form to Sponsor Requesting Sponsor to Send Out Hospital Wide Notification

File Hard Copies in Master Chart

Send Out Hospital Wide Notification

Receive Form for Review or Approval

Printed

Send Form with Edits Back to Publications

NO

YES

Approved