



Ambulatory Clinic Policy and Procedure

Title: MEDICAL RECORD FORMS STANDARDS AND APPROVAL PROCESS	Policy Number: 5.21
Regulation: Joint Commission Reference:	Effective Date: 10/2019

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to maintain standardized forms for documentation of patient care, treatment and services in the medical record; and to have a review/approval process for those forms to assure consistent and effective documentation and compliance with institutional and external applicable regulations.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso ambulatory clinics.

Procedure:

Definitions/clarifications:

Forms: Electronic or paper forms created or adopted officially by Texas Tech Physicians of El Paso for the purpose of entering on them information and/or signatures by providers, clinic staff or patients related to documentation of patient care, gathering patients’ information or consent/acknowledgement, or to be submitted to inform third parties.

Texas Tech Physicians of El Paso Clinics Medical Record: This is composed solely of the contents of the institutional Electronic Medical Record owned and maintained by TTUHSC El Paso. No individual clinic or department can maintain medical records in any form. Completed paper forms and paper records from other sources must be scanned into the EMR and the paper original destroyed.

The data contained in electronic forms is the final and valid information of the medical record at any time that a paper form scanned into the EMR contains data that belong to an electronic form.

Paper forms requirements:

The use of paper forms will be limited exclusively to situations where an electronic form cannot be used to meet the intended purpose or is highly impractical.

Any paper form that contains information filled out by the patient and this information is then entered manually into the EMR by a designated clinical provider or staff, must be discarded and destroyed.

Data in any paper form to be scanned in the EMR that belongs to existent electronic forms (chief complaint, HPI, histories, medications, allergies, physical exam, etc.) must be reconciled in the EMR before or at scanning. This is the responsibility of the provider utilizing the paper form. Forms intended for this use will include an acknowledgment by the provider in this regard.

Paper consents and acknowledgements and forms containing data not belonging to fields of electronic forms (disease specific questionnaires or similar) must be scanned into the EMR and labeled clearly. Although reference to this forms can be made in a visit note, they are not considered a part of the note itself.



Ambulatory Clinic Policy and Procedure

All paper forms will have the following heading on the Header:

Texas Tech Physicians of El Paso-Department of _____ Address, Phone Number, Fax Number NAME OF FORM	Patient Name: Medical Record Number: DOB: <i>or visit label</i>
-----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

- a. Page number of total (ie. Page 1 of 2)
- b. Date revised (right footer)
- c. Times New Roman or Arial, 11 to 12 point is recommended
- d. Additional information, such as date of service, provider, signature line, etc. as appropriate.
- e. A prompt for mandatory documentation by the teaching physician should be included, as appropriate.
- f. Forms intended to be scanned into the EMR and containing data belonging to electronic forms must include a signed acknowledgement by the provider of his/her responsibility to reconcile this information with that contained in the electronic forms and modify/update the latter when applicable.
- g. All handwritten information contained in paper forms will be legible

Review and approval process:

Requests: Requests for new form or revisions to a form must include:

- Clinic requesting the form
- Intended users of the form (individual, clinic, all clinics)
- Purpose of the form
 - location in the medical record where the form should be placed
 - who will be completing the form (for paper forms)
 - copy right issues must be disclosed
 - any other pertinent information
- Signed approval by the requestor’s clinic manager and clinic medical director (or Department Chairperson if latter non-existent)

Submission: Requests are to be submitted via e-mail to the Director of Medical Records for paper forms and to the Director of the Clinical Information Services for electronic forms. These Directors or designees will contact the requestor as needed for additional information and/or recommendations, and present the proposal to the Medical Records Committee. They will also communicate requests for revisions and eventual approval.

Review and approval: All proposed paper new or revised forms must be approved by the TTUHSC El Paso Medical Records Committee. Electronic forms new or revised meeting any of the criteria below must also undergo the same approval process. Other electronic forms additions or modifications will follow the procedures of the Clinical Information System Office. Forms will be distributed in advance of



Ambulatory Clinic Policy and Procedure

the Committee meetings to members representing the following offices: Medical Records, Quality Improvement, Compliance, Risk Management, Clinical Information Services and Clinical Operations, for their review and input at the meetings and recommended revisions or approvals.

Electronic form criteria:

- Proposed by TTUHSC El Paso offices other than a clinic
- Potentially affecting more than one clinic
- Use of the form potentially includes any new or modified work-flow for clinic staff including front desk, in-clinic assistants, contact center, registration, scheduling or back-office staff
- Any form that at the discretion of the CIS office requires review from other offices for regulatory compliance

Policy Number: EP 5.21	Original Approval Date: 10/2019
Version Number: 1	Revision Date:
Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Operations Committee, Chair Paul L. Foster School of Medicine	