

## Forms Management

<b>Policy Number</b>	2.027
<b>Policy Function</b>	Leadership and Management
<b>Issue Date</b>	22 August 2017
<b>Summary</b>	This policy establishes an organisation-wide framework for developing, designing, approving, distributing and reviewing clinical and non-clinical forms in a consistent manner.
<b>Responsible Officer</b>	Executive Director Commercial Services
<b>Applicable Sites</b>	<input checked="" type="checkbox"/> Administration Centres (JHAC, D&A Central Discharge Planning Office) <input checked="" type="checkbox"/> Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.) <input checked="" type="checkbox"/> Health Centres (Adult Correctional Centres or Police Cells) <input checked="" type="checkbox"/> Health Centres (Juvenile Justice Centres) <input checked="" type="checkbox"/> Long Bay Hospital <input checked="" type="checkbox"/> Forensic Hospital
<b>Previous Issue(s)</b>	Policy 2.027 (November 2011)
<b>Change Summary</b>	<ul style="list-style-type: none"> <li>• Combines corporate and health record forms policies into one</li> <li>• Updated procedure content to include Health Record &amp; Clinical Forms Committee (HR&amp;CFC), and management of Justice Health and Forensic Mental Health Network electronic Health System (JHeHS) forms.</li> <li>• Reconfigured to align with the current policy template.</li> <li>• Updated legislation, processes and related documents.</li> </ul>
<b>TRIM Reference</b>	POLJH/2027
<b>Authorised by</b>	Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

Forms are an effective way of collating information or guiding users through relevant procedural steps in order to comply with a policy and/or procedure. The use of forms that are clearly written and consistently formatted assists the organisation in carrying out its functions.

This policy establishes an organisation-wide framework for developing, designing, approving, distributing, monitoring and reviewing official forms, both clinical and non-clinical, in a consistent manner.

This policy does not apply to the development, use or management of unofficial forms or document templates.

## 2. Policy Content

### 2.1 Mandatory Requirements

Official Justice Health & Forensic Mental Health Network (JH&FMHN) forms must be:

- Developed when there is a need to collate information in a consistent manner across a department, stream or the organisation. Forms must be developed or reviewed in light of:
  - Best practice,
  - Available resources,
  - Existing information collections,
  - Existing Workflows, and
  - Established delegated authority.
- Designed in a standard layout (paper or electronic) and reviewed by appropriate stakeholders.
- Approved by the following committees:
  - Corporate Forms by the Corporate Information Steering Committee; and
  - Health Record and Clinical Forms by the Health Record & Clinical Forms Committee (HR&CFC).
- Corporate Forms are to be allocated a form number, entered into a forms register and captured in the *HP Records Manager System* (HPRM) database when approved by the Corporate Information Steering Committee.
- Health Record and Clinical Forms (HR&CF), paper-based and electronic (eform) are to be allocated a form number and entered into the HR&CF register that is stored in the *HP Records Manager System* (HPRM) database when approved by the HR&CFC.
- All forms are to be reviewed at least once every three years by the relevant stream. The relevant committee can also begin a review of forms if required.
- If a form is associated with a JH&FMHN policy, the policy owner should review the form at the same time as the policy is due for review and submit it to the relevant forms committee for approval.

In addition to the above requirements, HR&CF must be managed in accordance with:

- Australian Standard [AS 2828.1-2012](#) *Health records Paper-based health records* and [AS 2828.2\(Int\)-2012](#) *Health records Digitised (scanned) health record system requirements*;
- [Health Records and Information Privacy Act 2002](#);
- [State Records Act \(1998\)](#);
- [PD2013 033](#) *Electronic Information Security Policy – NSW Health*
- The JH&FMHN [Health Record Procedure Manual](#); and
- The International Organisation for Standardisation (ISO) [27001:2013](#) *Information Security Management Systems (ISMS)*.

## 2.2 Implementation – Roles and Responsibilities

### Representatives on Relevant Forms Committees

The functions and roles of the HR&CFC are to be consistent and comply with Ministry of Health (MoH) [PD2009 072](#) *State Health Forms*.

In line with each committee's defined Terms of Reference (HR&CFC / Corporate Information Steering Committee), representatives on the relevant forms committees are responsible for:

- Ensuring a holistic approach occurs in the development of forms i.e. consideration to transitioning or developing a paper form into an electronic format and reporting benefits that may lead to best practice;
- Ensuring existing paper and electronic forms within their department/stream are regularly reviewed;
- Assisting the action officer/form owner to complete the appropriate forms application package ([CORP069](#));
- Reviewing the appropriateness of all forms tabled at the relevant forms committee for approval;
- Ensuring an efficient and effective communication strategy exists for all forms;
- Achieving financial savings through the standardisation and rationalisation of existing and new forms;
- Ensuring compliance with statutory and other regulatory requirements concerning the collection, storage and use of forms; and,
- Identifying any statewide corporate or HR&CF that should be implemented within JH&FMHN.

### Action Officers

An Action Officer is responsible for:

- Ensuring new or existing forms are developed or reviewed in line with current delegations, best practice, JH&FMHN policies, MoH policy directives and guidelines;
- Completing the appropriate forms application package ([CORP069](#)) prior to submitting to the relevant forms committee;
- Considering the inclusion of any recommended changes to forms that are proposed by the relevant committee;
- Consulting with appropriate stakeholders and form owners (refer to [Section 3.2](#)); and

- Attending the relevant forms committee to present the form.

An Action Officer can also be a Form Owner.

### 3. Procedure Content

These procedures outline the process that must be used by JH&FMHN staff to improve the development of new forms, the quality of existing forms due for review and for consulting stakeholders during the development or review of an official form. The following definitions should be noted:

#### 3.1 Development or Modification of Official Forms

The need to develop or revise an official form may be identified by way of:

- Operational changes (including updated delegations); New service methods for clinical and/or corporate practice(s);
- Updated legislative or policy requirements; recommendations resulting from *Root Cause Analysis* (RCA) investigations, complaints management, coroner's report or internal and external audit reports;
- Availability of electronic solutions; or,
- A routine/related policy review.

If the need to develop/revise a form has been identified, nominated action officer should ensure form development procedures are followed as outlined below.

#### Procedure

1. For all Corporate forms and paper-based HR&CF, a *Form Application* ([CORP069](#)) must be completed and include:
  - The type of form (e.g. Corporate or HR&CF);
  - Supporting policies or procedures;
  - The reason a form is being developed/revised; and
  - Signature and approval from the relevant Service Director/or equivalent line manager.
2. For all electronic HR&CF, a [JHeHS Change Request](#) must be completed with appropriate line manager authorisation.
3. A minimum of three stakeholders who would use and/or authorise the Corporate form or the paper-based HR&CF should be nominated.
4. Any relevant policies and procedures should be reviewed and updated.
5. Use of Form Template Corporate ([CORP060](#)) and paper-based HR&CF templates ([HRM25L/HRM25P](#)). Considerable thought should go into the content and layout of these forms and it should be designed with the intended audience and purpose in mind.
6. When developing/revising content within the form, action officers should consider:
  - Grammar and use of language, including audience and clarity of instructions to support quality and compliance;

- If paper, the possibility of transitioning to an electronic format;
  - Standardised response options available to the user within JHeHS when the paper-based form is transitioned into an eform;
  - Amalgamating similar forms into one;
  - The type of questions asked (open or closed);
  - The requirement of mandatory questions;
  - The order in which questions are asked;
  - The space allowed for answers or input; and
  - Change management and implementation processes.
7. Stakeholders consulted in accordance with [Section 3.2.2](#).
8. For Corporate forms or paper-based HR&CF the form application package with the draft form must be submitted to the relevant forms committee. When approving forms, the relevant committee must be satisfied that:
- The existence of the form is appropriate;
  - The content and layout is standardised as per [CORP060 Form Template](#) and HR&CFC templates (HRM25L/HRM25P);
  - Appropriate stakeholders have been involved in the development or review of the form;
  - Comments or corrections in the stakeholder feedback have been addressed by the action officer; and
  - Any supporting policy or procedure has been reviewed and updated accordingly.
9. The relevant forms committee must determine the appropriate frequency of review by assigning a review date between one and three years. Forms that are likely to change, should be assigned a lesser review period.
10. Once the application has been approved the
- Corporate Information Steering Committee secretariat must:
    - If paper-based:
      - Assign a form number
      - Capture the form in the register and store it within the designated container within HPRM (as a new or replacement record),
    - If electronic:
      - Advise the Action Officer to forward the form request to myICT for a feasibility assessment of requirements, design and build
    - Post an *Important Notice* ([CORP026](#)) to all staff listing all approved corporate forms on the Intranet.
  - HR&CFC secretariat must:
    - If paper-based:

- Assign a form number;
  - Advise the printing company of the new, updated or replacement form for addition to the electronic portal for ordering documents (ePOD); and
  - Ensure the final artwork created by the publisher is reviewed by the action officer of the form before publishing,
- If electronic:
    - Assign an electronic form number;
    - Ensure the JHeHS data dictionary is updated by Information Management;
    - Be informed by Information Management when the form/s have been developed in JHeHS;
    - Advise the printing company to remove any paper-based versions of the form from ePOD once developed within JHeHS; and,
    - Create, manage and distribute downtime forms for an electronic JHeHS form.
  - Update the HR&CF register - recording the owner, date, version of the form;
  - Forward a Memo to the Clinical Operations Committee summarising the status of forms; and
  - Post an *Important Notice* ([CORP026](#)) on the Intranet addressed to all staff outlining the status of forms.

### 3.2 Stakeholder Identification and Consultation

Effective consultation with stakeholders assists with identifying issues to be addressed and promotes the effective implementation of a JH&FMHN form.

#### 3.2.1 Identification of Stakeholders

A stakeholder is any person, officer, group (e.g. unit or directorate) who may be significantly impacted and therefore, should have input into the content and structure of a form. Action Officers should nominate a reasonable number of stakeholders to provide comments on a draft form prior to review by the relevant forms committee.

#### 3.2.2 Stakeholder Consultation

In the context of these guidelines, 'consultation' refers to the processes and techniques employed by JH&FMHN to ensure form owners, stakeholders and relevant experts have effective and appropriate input into forms for the purpose of improving or maintaining service delivery.

#### Procedure

1. Identify a reasonable number of positions (three or more) that may be significantly impacted by the implementation of a new/revised form. These positions should include staff that complete the form and those who should authorise the form. Form Owners must be consulted with in regards to any changes applied to forms prior to submission to the relevant forms committee.
2. If the consultation relates to an electronic HR&CF, appropriate line manager authorisation is required.

3. Submit a draft copy of a Corporate or paper-based HR&CF to the nominated stakeholders. The following should be considered when requesting feedback from stakeholders:
  - Seek advice relating to their work unit or area of expertise. This provides an opportunity to identify the implications of using the form in terms of their service configuration.
  - Provide a reasonable time to review the form (usually within two weeks). Where stakeholders do not respond to a request to review a draft form, this should be noted on the *Form Application* ([CORP069](#)).

### 3.3 Official Forms that Require a Trial

With the introduction of a new form, and where appropriate, the relevant forms committee may recommend an initial trial of the form.

- The form must be approved in accordance with [Section 3.1](#) of this policy.
- If it is recommended that the form is trialled, the action officer must establish timeframes for the trial, determine responsibility for coordinating the trial, provide education to staff and evaluate the feedback from staff using the new form.
- Outcomes must be evaluated to determine whether any improvements to the form or approval process are required, this is not limited to the end of the trial and changes can occur throughout the trial period.

### 3.4 Official Forms that are No Longer Required

Official forms that are no longer required or contain obsolete information must be considered for deletion.

#### Procedure

1. Complete a *Form Application* ([CORP069](#)) and tick that it is a request to delete an established form.
2. Cite a reason why the form should be made obsolete and removed from circulation.
3. Forward the completed *Form Application* ([CORP069](#)) to the relevant forms committee(s) for approval.
4. Upon approval, the secretariat for the relevant forms committee to proceed with the same procedure as outlined in [Section 3.1](#).

### 3.5 Management of Unofficial Forms

- Unofficial forms are those used at a local level to capture information that is of a routine or instructional nature and have no continuing value to JH&FMHN. This includes forms without an approved form number and photocopied forms, (which will not be filed within the patient's paper-based health record or scanned in the patient's electronic health record).
- If there is an unofficial form being used within a health centre, the action officer must be notified to review the form and if it is determined that the form should be used then seek approval to make it an official form as per [Section 3.1](#). Unofficial forms that are identified to no longer be used must be destroyed.
- Photocopied forms must not be filed within the patient's paper-based health record or scanned into the patient's electronic health record.

## 3.6 Management of forms within Clinical Application Systems

### 3.6.1 Scanning

All requests to scan a HR&CF are to be made to the JHeHS Application Advisory Group via a [JHeHS Change Request](#) for approval. Only approved HR&CF are to be scanned into JHeHS in accordance with the [JHeHS Scanning Categories of Scanned Documents in JHeHS](#). All scanned documents are to be forwarded to Health Information and Records Service (HIRS) for quality checking.

As a guiding principle, internal paper-based JH&FMHN forms should not be uploaded into JHeHS as a scanned document and instead be reviewed for transitioning into an eform.

### 3.6.2 Downtime

In the event of a Clinical Application System being unavailable, downtime forms must be made available within all clinical areas. All downtime forms can be accessed and printed via the [intranet](#). It is the responsibility of all clerical staff to ensure that there are numerous downtime forms available in the event of a Clinical Application System being unavailable. These forms must be made available for clinical and clerical staff to capture information before retrospectively updating the patient's record within the correct Clinical Application System when Downtime has ended. If required, this should also be communicated via Clinical Handovers.

## 3.7 Privately Operated Correctional Centre Forms

Any privately operated correctional centre must use JH&FMHN clinical forms unless there is a special requirement for a form that doesn't exist in the current suite of JH&FMHN forms. Any privately operated correctional centre standalone clinical form must be approved by JH&FMHN prior to inclusion in the patient health records and added to the JH&FMHN suite of forms.

## 3.8 Policy Compliance Monitoring

HIRS will undertake audits to monitor policy compliance and the use of unapproved HR&CF. Audit results will be reported to the HR&CFC on a bi-annual basis.

# 4. Definitions

### Corporate Form

Relate to the management of support services and do not contain clinical management information. Corporate Forms often address matters such Workforce, Finance, Work Health & Safety (WH&S), Quality Improvement, Risk Management, and Facilities & Logistics etc. Corporate Forms can be paper-based or electronic. These forms do not relate to guides, letters or minute type documents.

### Health Record & Clinical Form (HR&CF)

A JH&FMHN Health Record encompasses the patient's paper-based and electronic health record that contains clinical information through the use of health record forms. A Health Record form is a form that is to be included within the patient's Health Record and extends to scanned documents, which are uploaded into JHeHS. A Clinical form contains clinical management information that are not filed in a patient's Health Record.



**Must**

Indicates a mandatory action or requirement.

**Should**

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislation	<a href="#">Health Records and Information Privacy Act 2002</a> <a href="#">State Records Act (1998)</a>
NSW MoH Policy Directives and Manuals	<a href="#">PD2013_033 Electronic Information Security Policy – NSW Health</a> <a href="#">PD2009_072 State Health Forms</a> <a href="#">PD2012_069 Health Care Records - Documentation and Management</a> <a href="#">NSW Health Privacy Manual for Health Information</a>
JH&FMHN Policies and Procedures	<a href="#">2.014 Corporate Records Management</a> <a href="#">2.022 Delegations Authority</a> <a href="#">2.135 Policy Development, Review &amp; Distribution</a> <hr/> <a href="#">Health Record Procedure Manual</a> <a href="#">JHeHS Change Request</a> <a href="#">JHeHS Scanning Categories of Scanned Documents in JHeHSTerms of Reference HR&amp;CFC</a> <a href="#">Terms of Reference Corporate Information Steering Committee</a>
JH&FMHN Forms	<a href="#">CORP026 Important Notice Template</a> <a href="#">CORP060 Form Template</a> <a href="#">CORP069 Form Application</a> <a href="#">HRM25L Health Record Form Template – (A4) Landscape</a> <a href="#">HRM25P Health Record Form Template – (A4) Portrait</a>
Australian/ New Zealand Standard	<a href="#">AS 2828.1-2012 Paper-based health records</a> <a href="#">AS 2828.2(Int)-2012 Health records - Digitized (scanned) health record system requirements</a> <a href="#">ISO 27001:2013 Information Security Management Systems (ISMS)</a>