

State Health Forms

Summary This policy and associated procedures outlines the requirement for health services to utilise standardised State Health Record Forms, describes the process to develop new statewide forms and introduces the NSW Health State Forms Management Committee.

Document type Policy Directive

Document number PD2009_072

Publication date 09 November 2009

Author branch Legal and Regulatory Services

Branch contact

Review date 27 November 2021

Policy manual Patient Matters, Purchasing & Supply - PHO, Supply Procedures - PS

File number

Previous reference N/A

Status Review

Functional group Corporate Administration - Purchasing, Records
Clinical/Patient Services - Records

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Distributed to Public Health System, NSW Ambulance Service, Ministry of Health

Audience All staff

STATE HEALTH FORMS

PURPOSE

This policy and attached procedures define the processes for the creation and management of State Health Record Forms incorporated in Health Care Records.

The scope of the policy is to have clinical statewide forms filed in the Health Care Record and the standardisation of the physical Health Care/Medical Record Cover as well as other health record documents such as labels and dividers. This policy includes but is not limited to Inpatient facilities, Community Health Centres and outpatient clinics/areas.

MANDATORY REQUIREMENTS

Health services are required to use standardised forms developed by the NSW Health State Forms Management Committee.

All State Health Record Forms for inclusion (or potential for inclusion) in the Health Care Record must be approved by the NSW Health State Forms Management Committee (SFMC) or Health Service forms for use only within the Health Service must be endorsed by the local forms committee.

Health Services must establish:

- A functional health service Health Records Forms Committee
- Processes to ensure all line managers are accountable for the effective implementation of standard health record forms across the health service, including Directors of Clinical Operations, Clinical Governance and Nursing and Midwifery Services, Health Information Management units and facility based Health Information services.

All NSW Health **State** Record forms can **only be obtained** from the State Print and Print Management contracted supplier.

IMPLEMENTATION

The Health Service Chief Executive is responsible for:

- Establishing a functional health service Health Records Forms Committee, a member of which must act as representative to the NSW Health State Forms Management Committee (SFMC).
- Establishing processes to ensure all line managers are accountable for the effective implementation of standard health record forms across the health service, including Directors of Clinical Operations, Clinical Governance and Nursing and Midwifery Services, Health Information Management units and facility based Health Information services.

The Health Service Records Forms Committee is responsible for:

- Reviewing clinical forms intended for statewide use.
- Approving all clinical forms to be used by its Health Service.
- Ensuring all clinical forms meet the requirements of relevant Australian Standards (e.g. AS2828), NSW Health Policy Directives, a Health Service and State Health Records Forms templates.
- Working with the NSW Health, appointed Print and Print Management Services contracted provider, to facilitate Statewide implementation of the Policy.

- To standardise clinical forms across their health service where possible.
- To provide a formalised communication network between Health Service forms users, Executive, the contracted Print Management Services provider and the SFMC.
- To make recommendations for ongoing introduction/amendment/deletion of forms.
- Ensuring that the terms of reference includes a requirement that direct clinical contribution is obtained as required.

The custodians and authors of Health Records Forms (including the NSW Department of Health) are responsible for:

- Ensuring all steps in the health record forms development processes adhere to policy.
- Submitting relevant forms through their health service representative to the SFMC for review and endorsement.
- If NSW Health Policy Directive or Guideline requires a Health Record form to be used or created in order to comply with that policy or guideline the form must be submitted directly to and processed through the NSW Health SFMC and form a part of that Policy Directive or Guideline before it is distributed for implementation.

Health Support is responsible for:

- Monitoring and Reporting:
 - Supplier (Print and Print Management Services) performance
 - Quality issues (product, artwork and supply)
 - Health Service usage and expenditure
 - Health Records Forms gallery
- Management and support of the SFMC.
- Implementation of a Communication Plan.
- Collaboration with Health Item Master File program.
- Maintenance of the State Health Record Forms and bar-code number allocation register.
- Management of print supplier contract and meeting costs associated with contract, (e.g. destruction of obsolete forms etc).

Persons undertaking the evaluation of forms are responsible for:

- Confirming that the form is compliant with the current Australian Standards on Hospital Medical Records (AS2828).
- Ensuring the form has a consistent format and template.
- Ensuring that the form meets the criteria as per stated throughout the Appendices to this policy.
- There is clear evaluation criteria against which the form is to be evaluated.
- A diverse group is selected to evaluate where applicable and possible and that consultation with any Health Service which is taking part in the evaluation has been consulted with at the highest level.
- Evaluation report is clearly documented and that any changes made to a form are within the boundaries of any policy directive which the form maybe written from.
- That any change which is outside a policy within which the form has been written from is referred back to the content owners for approval.
- That the form is in and remains in State Forms Management Committee State forms template.

REVISION HISTORY

Version	Approved by	Amendment notes
November 2009 (PD2009_072)	Deputy Director- General Health System Support	New policy introducing the State Forms Management Committee and standardisation of statewide health forms

ATTACHMENT

1. State Health Forms: Procedures.

State Health Forms

NSW HEALTH
PROCEDURES

Issue date: November 2009

PD2009_072

CONTENTS

1	BACKGROUND	1
1.1	About this document	1
1.2	Key definitions	1
1.3	Rationale	2
2.	NSW Health State Forms Management Committee	2
2.1.	Terms of Reference	2
2.2.	Governance	3
2.3.	Representation.....	3
3.	Development of Statewide Health Record Forms	3
3.1.	Identification of need for new or revised health record forms	3
3.2.	Development Stage.....	3
3.3.	Considerations	4
3.4.	Validation Stage	5
3.5.	Consultation Phase	5
3.6.	Evaluation Criteria.....	5
3.7.	Transition Period	5
3.8.	Health Record forms that require a trial	7
3.9.	Low Usage Forms	7
4	REFERENCES	8
4.1	External.....	8
4.2	Internal.....	8
4.3	Glossary.....	8
4.4	Appendices	8

1 BACKGROUND

1.1 About this document

In line with the strategic reform initiative, NSW Department of Health has instructed Health Support Services to include forms rationalisation and print management across NSW Health. This project will ultimately cover all forms however initially health records rationalisation is being addressed.

It is estimated that there are approximately 15,000 commercially printed health record forms being used across NSW Health. There is not a common Statewide process to develop or review health (clinical) record forms. Not all forms comply with current Australian standards (e.g. AS2828). NSW Department of Health develops policies and guidelines with health records forms incorporated for implementation across NSW Health without always making provision for -

- A co-coordinated implementation plan across all Health Services and agencies
- Compliance with the current Australian Standards (i.e. for paper-based health care records - AS2828)
- Review of the printing and distribution requirements and impact across all Health Services and agencies.

1.2 Key definitions

Health Record Form: A record of the provision of care, assessment, diagnosis, management and/or professional advice given to a person. This term is used interchangeably with clinical form. A Health Record Form is a Clinical form that is endorsed by Health Service Forms Committee for use within the area/service.

State Health Record Form is considered to be a:

- Clinical Form that is mandated by NSW Department of Health for statewide usage. See appendix 3 for the Statewide forms templates.
- Clinical Form that Health Services have devised for health service or agency use.
- Clinical Form that has undergone a NSW Health State Forms Management Committee (SFMC) approval process.

Health Care Record: A Health Care Record is a documented account of a patient's/client's health evaluation, diagnosis, illness, treatment, care, progress and health outcome that provides a means of communication for all health care personnel during each visit or stay at a health service. It is the primary repository of all information regarding patient/client care.

The record is used to care for the patient/client during an episode of care but may also be used for future episodes of care, communication with external health care providers and regulatory bodies, planning, research, education, financial reimbursement, quality improvement and public health. The health care record may also become an important piece of evidence in protecting the legal interests of a patient/client, clinician or Health Service.

The health care record may be in hard copy, electronic or other form, and unless otherwise indicated, the provisions of this policy directive apply equally to all health care records regardless of the media in which they are kept.

Health Service: a Health Service within the boundaries of the Health Service Act 1997 (which includes Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Hospitals)

SFMC: NSW Health State Forms Management Committee.

Site: Physical facility or service e.g. Hospital, Community Health Centre, Renal Service, Justice Health site.

Location: Ward, Oral Health, Clinic, Unit e.g. ICU, ED

1.3 Rationale

The introduction of statewide health records forms will assist in:

- Promoting quality processes through
 - Consistent business practices when designing and implementing clinical forms across NSW Health.
 - Statewide standardised document control for all Health Record Forms included in NSW Health Policies.
- Health Services and agencies transferring to electronic medical records systems.
- Streamlining the implementation of NSW Health Policy and forms at the Health Service and agency level.
- Supporting scanning of health care records, including a standardised bar-coding system and the maintenance of a State Health Record Forms Register.
- Promoting effective and efficient work practice by:
 - Decreasing the workload at Health Services and Agencies, who are currently responsible for the implementation of forms incorporated in NSW Health policies and guidelines.
 - Standardising information and formatting to assist staff across NSW Health to accurately and consistently collect patient information, regardless of the health care facility or service.

2. NSW Health State Forms Management Committee

2.1. Terms of Reference

The Committee has the following Terms of Reference:

- Co-ordinate the development of State Health Record Forms and documents.
- Standardise State Health Record Forms and documents and across the whole of NSW Health where possible.
- Ensure compliance with relevant Australian Standards where appropriate.
- Ensure liaison and co-ordination with the Electronic Medical Records Project (eMR) and other related electronic information systems.
- Provide a formalised communication network between form users, NSW Department of Health, Health Support and the contracted Print and Print Management Services Supplier.
- Disseminate forms and related information across NSW Health.
- Approve statewide health record forms and allocate a unique form number.
- Oversee the maintenance of the State Health Record Forms Register.

- Ensure actions and issues are assigned to the appropriate personnel either within Health Support, Health Services/Agencies, NSW Department of Health or the contracted Print and Print Management Services Supplier.
- Regularly review the statewide electronic forms web-site, when developed, for accuracy and initiate remedial action as required.
- Make recommendations for ongoing introduction/amendment/deletion of forms.
- To complement existing Health Service Forms Committees to ensure only endorsed approved (local or state) health record forms are produced for filing in the Health Care Record.

2.2. Governance

The Committee will be responsible to the Deputy Director-General, Health System Support.

2.3. Representation

NSW Health Services (NSCCAHS/HNEAHS/SESIAHS/SSWAHS/SWAHS/GSAHS/GWAHS/NCAHS/CHW and Justice Health)

Health Support

By Invitation as required

- Standards Australia representative
- NSW Department of Health representative
- eMR Project Team representative
- Ambulance Service NSW representative
- MH-OAT representative
- Print and Print Management Services Contractor representative
- Other persons involved with special projects involving clinical forms and health records

3. Development of Statewide Health Record Forms

3.1. Identification of need for new or revised health record forms

Sources for identifying the need for the development or revision of a State Health record form include, but are not limited to:

- State executive sources including legislative requirements, NSW Health Policy Directives, Guidelines, Australian Standards and specific industry requirements, better practice or research evidence
- Service reviews, Incident Information Management System (IIMS), complaints, root cause analysis (RCAs) and peer review
- Internal and External audit reports

3.2. Development Stage

Custodians and authors of proposed State Health Record forms are required to:

- Search for an existing or similar form.
- Source relevant documentation where possible and ensure forms comply with Best Practice, both in forms design and clinical practice.

- Ensure compliance with NSW Health policy directives, guidelines and information bulletins.
- Ensure there is endorsement from Health Services and supply confirmation of this in writing to the SFMC.
- Ensure that the form utilises the SFMC Forms Template.
- Contact relevant Health Service Forms Committee to identify which form is to be replaced and provide reasons for replacement
- Through their SFMC representative, send an electronic version of the form and completed application package for approval to the SFMC – see appendix 7 for application checklist
- Consider usage when stock numbers are being established.
- Specify colour, print and other specifications at the time of form submission.
- Comply with relevant Australian Standards (e.g. AS2828)
- Ensure forms are developed in liaison with appropriate clinical representation at both State and Area level.
- Ensure forms meet medico-legal requirements.
- Ensure relevant stakeholders are alerted to form development.
- Ensure training and/or implementation guidelines and materials are developed and distributed to appropriate Area representatives prior to the introduction of the form.
- The AHS is to establish a single line of communication with the SFMC; and the process for submission to the SFMC should confirm the above has been undertaken and the proposal endorsed at an Area Health Service level, prior to submission.

3.3. Considerations

The impact of creating new Health Record forms is to be considered. This impact may include:

- Increased staff work load due to staff completing the form and Medical Record/Clinical/Health Information Department filing the form.
- Increased size of medical records, which may impact on storage space and have potential OH&S issues due to the weight
- Costs – for example the colour of form or print, NCR paper, A3 size and booklets.

Instructions/protocols/checklists should not, as a general rule, be included on the back of forms. Rather, alternate approaches should be explored to minimize interference with clinical documentation and unnecessary space requirements in the health care record. For example, instructions can be laminated and placed in an obvious area when introducing the form and/or be included in a procedure.

Only Health Record forms endorsed by the SFMC (or Health Service Forms endorsed by the local Forms Committee) will be filed in the Health Care Record. If a Health Record form is released for use without an authorized form number and bar-code identifier when one is required, then it will be deemed ineligible to be filed into the Health Care Record.

Revised forms, once approved, will be printed for use when the current supply is depleted. If a form is deemed to pose a clinical risk it is to be destroyed at the contracted printers and the artwork removed.

Photocopying of blank State Health Record forms for use and filing in the Health Care Record is not permitted.

3.4. Validation Stage

The NSW Health State Forms Management Committee (SFMC) will review the proposed Health Record form based on the following criteria:

- Form must comply with NSW Health State templates and current Health Record Standards (e.g. AS2828).
- A unique form number must be allocated from the State Forms Register.
- A bar code identifier must be allocated based on the determined state form number.
- Working with the NSW Health contracted Print and Print Management supplier, to manage printing of the form using the approved SFMC template.
- Informing author or custodian of approval or non-approval
- Managing the gallery of State Health Record Forms.
- Provide support to authors in design and concepts (e.g. colours of print, paper, scanning requirements).

3.5. Consultation Phase

A consultation phase will occur for a two week period from the time the form is released to the AHS's or relevant Health Bodies for comments to be received back.

3.6. Evaluation Criteria

All Health Record Forms will be evaluated on:

- best practice through
 - Consistent format and standardised template.
 - Compliance with current Australian Standards on Hospital Medical Records (AS2828)
- provision of supporting policy and guidelines
- current clinical policy
- clinical work flow
- financial resources
- implementation requirements and the provision of training materials
- decrease in duplication of data items
- decrease in space requirements of health records i.e. storage requirements.

The evaluation process shall include consultation with the Health Services.

3.7. Transition Period

Implementation

High usage clinical forms will be identified for standardisation into the NSW Health statewide template. It is expected that this is where the greatest impact should be gained for cost saving and standard work practice. Examples of these forms are; Medical record covers, Progress notes, Fluid Balance charts, etc.

Phased Transition

The SFMC will determine based on usage and/or clinical criteria the priority for the standardisation of Statewide forms. If more than one form exists then there will need to be consultation with the key stake holders via the members of the SFMC about the design of the most clinically functional and cost effective solution.

Once the SFMC has developed a new form the Print Management Services vendor will be advised not to replace current stock of previous old forms. When the stock is low or no longer available the "Flag" on the Print Management Services vendor's web site will direct users to the NSW Health Statewide standardised form that must be used.

The replacement Statewide form must be available on the Print Management Services vendor's web site before old stock is depleted to ensure continuity of supply.

If old stock is still available after 6 months the Print Management Services vendor will identify this issue with the SFMC for a decision to either:

- Contact the owner of the form and advise them of "The option to write off old stock"
- Make the stock redundant
- Discuss with the relevant Health Service to determine who will bear this cost.

The Option to Write Off Old Stock

If a Health Service or NSW Department of Health Division needs to write off excess "old" stock (in order to introduce "new" stock rapidly), they must be advised that:

- a. The Service Level Agreement Contract allows that the Print Management Services vendor is responsible for the (write off) cost of the first 3 months of stock held,
- b. The Health Service would be responsible for the cost of the remaining (unused) "old" stock, and the costs of destruction.
- c. Where there is stock held which has not moved in the last 12 months, the Print Management Services contractor would notify the owner of the stock of their intent to write off and destroy (noting the above incurred costs), unless advised otherwise within 2 months time
- d. If no response or advice is given after that period, then the stock will be written off and the entire cost of the stock and destruction costs will be invoiced to the initiating source.

State Mandated Forms (those included in a NSW Health Policy Directive)

- a. If the form is Print on Demand (POD), it can be transitioned to the NSW State Forms Template immediately as there is no stock on hand.
- b. If the form is warehoused existing stock will be run out and the form transitioned into the NSW State Forms Template ready to be printed on the next reprint.

- c. New forms required by Policy Directives in the process of formulation will follow the requirements of this policy elsewhere described

3.8. Health Record forms that require a trial

The following guidelines are to be followed for introduction of a new State Health Record Forms which are not available in the NSW Health Print and Print Management Contractor's State Health Record Forms Library:

- a. Complete the request and forward it to the Health Service Forms Committee Representative advising of the need to develop/introduce a State Health Record Form. See Appendix 7 for the Application Checklist.
- b. The Health Service or agency Forms Representative is to advise the NSW Health State Forms Management Committee (SFMC) Convenor of the proposed form.
- c. The SFMC is to formulate the appropriate Working Party who will be responsible for co-ordinating, providing education and supervising the form trial.
- d. The time period required for the trial of a form will be dependent on the usage of form. For forms that have a high usage, a minimum trial period of up to 3 months may be required, whilst forms that have a low usage may require up to a 12 month trial period.
- e. During the trial period, stocks of the "old" form (if a revised form) must be withdrawn from circulation, to enable a true and accurate trial of the "new" form to occur.
- f. All trial forms to adopt the State Forms Template and to be allocated a 'Trial State Forms Number category and bar code'.
- g. At the end of the trial period, the outcome of the trial must be evaluated to determine whether the new form has been accepted by users (results of a compliance audit). If the trial is unsuccessful the current version should be deleted from the State Health Record Forms website as a State form or re-designed. If a local area wishes to continue using the trial form they must give it a local form number.
- h. The final form to be registered with State Forms Number, category and barcode.

3.9. Low Usage Forms

Those forms that are identified by the SFMC as extremely low usage can be made available via the relevant website (primarily the NSW Health authorised Print and Print Management suppliers' website). These forms can be viewed and printed direct from the website. These forms must adhere to this policy including usage of the approved NSW Health clinical forms artwork and must be approved by the NSW Health SFMC. As identified by the SFMC by usage at the present time this is expected to be in the realm of 100 per annum per site.

4 REFERENCES

4.1 External

Australian Standard AS2828 - Paper Based Health Care Records

4.2 Internal

Electronic Information Security Policy (PD2008_052)
Medical Records in Hospitals and Community Care Centres (PD2005_004)
NSW Health Patient Matters Manual
Principals for Creation, Management, Storage and Disposal of Health Care Records (PD2005_127)
Privacy Manual - Version 2 (PD2005_593)
Medical Records (PD2005_015)

4.3 Glossary

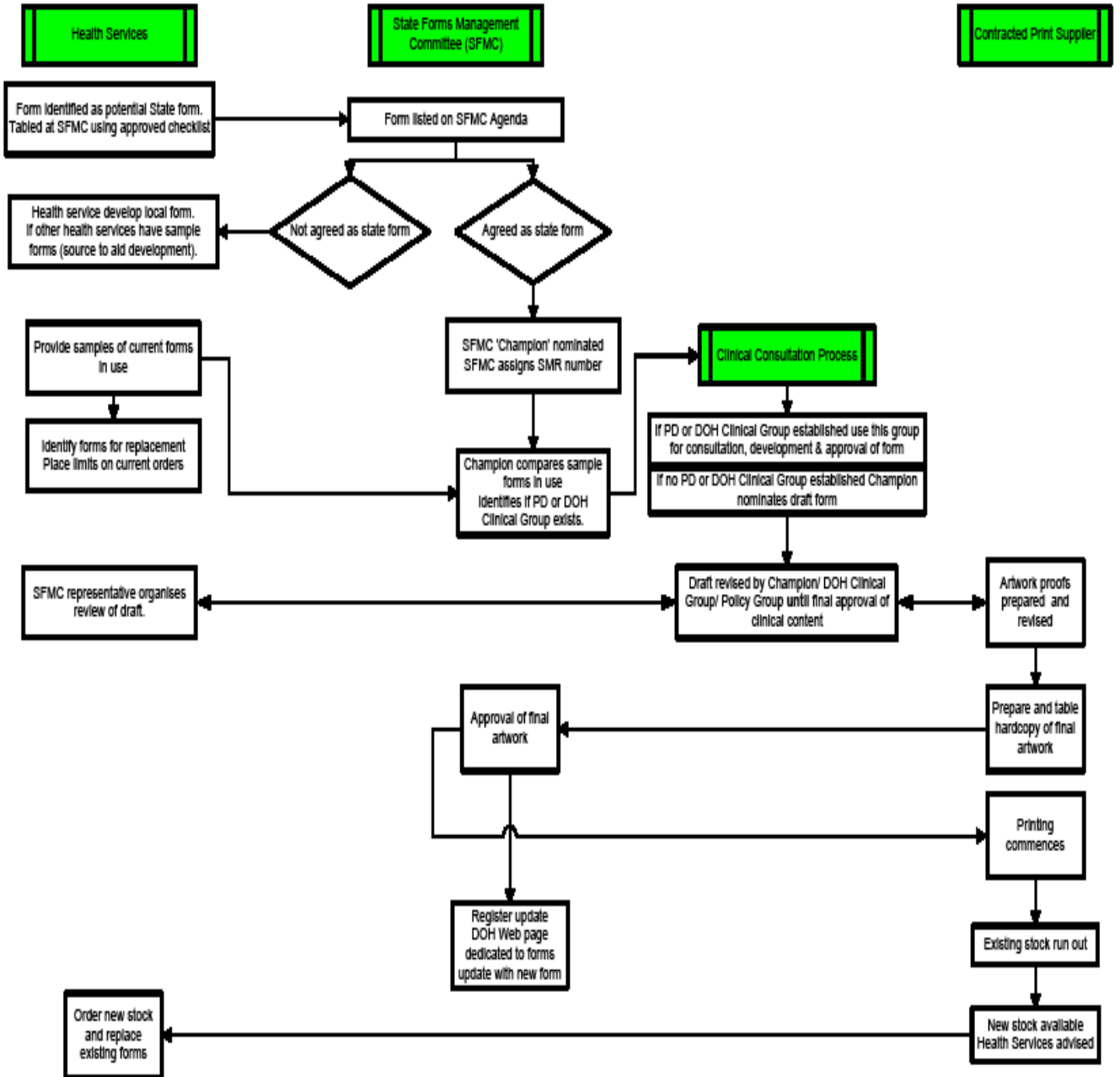
SFMC = NSW Health Statewide Forms Management Committee
HIMS = Health Information Managers
HS = Health Service
PD = NSW Health Policy Directive
POD = Print On Demand
HSS = Health Support
MHOAT = Mental Health Outcomes Assessment Tool

4.4 Appendices

Appendix 1 - Forms Committee Process and Procedure
 a – State Health Care Record Form Process – New Form Process
 b – State Health Care Record Form Process – Targeted Form standardisation
Appendix 2 - Health Forms Design
Appendix 3 - State Forms Templates
Appendix 4 - State Health Care Record Cover Artwork
Appendix 5 - Terminal Digit Colours for Health Care Record Covers
Appendix 6 - Strip Colours and Patterns
Appendix 7 - NSW Health State Health Record Form Design Checklist

Forms Committee Process and Procedure

State Health Care Record Form Process – New Form Process



Appendix 2

Health Record Forms Design

The Health Record Form should be structured in a manner that meets the needs of users and facilitates ease of access and storage of information. The structure of the record should be consistent across NSW Health and any variation to this must be reviewed and authorised by the NSW Health State Forms Management Committee (SFMC).

Where possible, design concepts have been adopted as the NSW Health standard, including the following items that are mandatory requirements in records design.

- State Forms templates at Appendix 2 must be used for all state health care forms that are filed in the healthcare record
- Forms are to comply with Australian Health Records Standard (currently AS2828)
- All forms must be double hole punched with a hole of no less than 6mm in diameter at the time of printing.
- All patient labels to be applied to Health Record Forms are to have as a minimum:
 - Family Name
 - Given name
 - DOB
 - Sex
 - Site Name
 - Area Health Service Unique Patient Identifier and/or Facility/Service identifier (Medical Record Number)
 - Barcode of the above unique identifier (either AUID/site/MRN)
- In the event that labels are not available, then the above as a minimum must be hand written on the Health Record Form (excluding barcode)
- All forms that are double-sided and have clinical documentation on both sides, must have a label attached or minimum data written on both sides.
- Where it is required that a form be signed by a practitioner the following criteria shall be adhered to in the following order; Print name, sign name, date (DD/MM/YYYY) and designation

1.1. Health Record Covers

Health records must not exceed a thickness of **3.5 cm**. This standard has been determined by the SFMC in line with manual handling and Occupational Health and Safety guidelines.

Health record covers/folders must:

- a) weigh 285 gsm,
- b) have base State artwork as defined below and attached in Appendix 3
- c) **only be obtained** from the State Print and Print Management contracted supplier
- d) be generally buff Manila board that is ph neutral
- e) have Tabs as follows:
 - Extended reinforced tab

- Folded 55 mm
- Option of nil, two and four terminal digit colours pre-printed back and front of tab
- Where a Number 9 is printed (i.e. Terminal digits 09, 19, 39, etc) the 9 is to be printed with an underscore
- Colour coding of terminal digits is attached in Appendix 4

Have an MRN Box:

- Minimum of 10 number places
- Number spacings are to be 6 digits / 2 digits / 2 digits each in a separately boxed area

Options available to Health Services for printing:

a) Gusseted style

- Flat size 358 x 525mm, finished size: 240 x 334mm
- hole punched for medi-clips of 216mm in length
- scored four times to facilitate assembly
- non-glued gusset style

b) Non-gusseted style

- Flat size: 358 x 485mm, finished size: 240 x 334mm
- No holes punched.
- Standard lateral file with double scoring
- Scoring 15mm to first score and 35mm in total.
- Self adhesive clip applied to standard position 1 - length of 216mm

1.2. Medical Record Dividers

All dividers filed in the Health Records must meet the following specifications:

- Buff manila
- No less than 150gsm
- Double hole punched – hole no less than 6mm in diameter.

Dividers in the hospital health record should be standardised across all facilities to ensure consistency. The set of dividers should be:

- 1st Admission (1st position)
- 2nd Admission (2nd position)
- 3rd Admission (3rd position)
- 4th Admission (4th position)
- 5th Admission (5th position)
- Emergency Department (1st position)
- Outpatients (2nd position)
- Correspondence (3rd position)
- Legal (4th position)
- Investigations (5th position)
- Blank (1st – 3rd positions)

1.3. Order and Numbering of Forms

A standard order and numbering of forms is to be implemented to support and promote the standardisation of clinical forms. When colour strips are used they are to be in accordance with current Australian Standards (AS2828) as follows.

CATEGORY BLOCK NUMBER	CATEGORY NAME	STRIP COLOUR
SMR 005.000	Front Sheet	No colour strip
SMR 010.000	Discharge Forms	Red - PMS 177U
SMR 020.000	Consent & Legal	PMS Purple U
SMR 025.000	Mental Health Forms	Dark Green – PMS 377U
SMR 030.000	Pre-Admission	Dark Green – PMS 347U
SMR 040.000	Emergency Admission Notes	PMS Rhodamine Red U
SMR 040.800	ICU Summary	PMS Reflex Blue U
SMR 050.000	Progress Notes	Light Green – PMS 389U
SMR 060.000	Assessment & Care Plans	Light Blue – PMS 304U
SMR 060.900	Rating Scales/Outcome Measures	Grey – PMS 400U
SMR 070.000	Allied Health	Light Green – PMS 389U with pattern (Appendix 5)
SMR 080.000	Cardiac Forms	Process Blue
SMR 090.000	Operation Notes	PMS Purple U with pattern (Appendix 5)
SMR 100.000	Diagnostic Results	Labs - PMS 467U -Brown Imaging - PMS Yellow U
SMR 100.500	Renal Dialysis	Lilac - PMS 272
SMR 110.000	Observation Charts	Light Blue - PMS 304U with pattern (Appendix 5)
SMR 120.000	Fluid Balance	Light Blue - PMS 304U with pattern (Appendix 5)
SMR 130.000	Medications	Black
Specialties **	Maternity	Orange - PMS 151U
	Paediatrics and Infant information	Olive - PMS 457U

**Note: Specialties will be interfiled in the above categories.

It is recommended that the following abbreviations are used by Health Services for forms that are Health service specific or are yet to be adapted into the statewide template. It is proposed that the alphabetic 3 character abbreviation for barcodes and forms numbers are used in place of the “SMR” characters above:

Health Service	Abbreviation
ASNSW	ASN
CHW	CHW
GSAHS	GSA
GWAHS	GWA
HNEAHS	HNE
Justice Health	JUS
NCAHS	NCA
NSCCAHS	NSC
SESAHS	SEI
SSWAHS	SSW
SWAHS	SWH

1.4 Form Barcode Specifications

The barcodes used should have the following specifications:

- Font to be Code 128 very wide
- Generally, the height of the barcode is to be one quarter the length, and the minimum length should be 3.8 cm (1.5 inches)
- Barcode location to be in the binding margin of the front of the form at the top left of the page (exception is A3 formats that require the barcode to be placed on the leading edge of the second or subsequent pages). Please refer to placement as per the templates in Appendices 2. These dimensions ensure adequate quiet zones around the barcode for scanning purposes.
- The barcodes are to follow the numbering specifications in 1.3 above, but the barcode itself is to be coded and printed without the “dot”. The form number printed on the right hand margin of the form is to be printed with the “dot” to facilitate manual assembling of records for those sites that do not as yet electronically scan records

1.5 Patient label Barcode Specification

Label Specifications


- 5mm of white space around the barcode
- Labels should not exceed the space available on the Patient ID section in the top right hand corner of the state forms template.
- Include mandatory identification criteria outlined in Appendix 1.

Barcode Specification

- Font to be code 128 very wide or 3 of 9
- Generally, the height of the barcode is to be one quarter the length, and the minimum length should be 3.8 cm (1.5 inches)
- Barcode should reflect the patients unique identifier (AUID or MRN) and facility it relates to (if required).

APPENDIX 3 – State Forms Templates

APPENDIX 2A - A4 PORTRAIT - SINGLE SIDED LAYOUT

 <p>SHMR0001</p> <p>Holes punched as per A32225-1099</p> <p>BINDING MARGIN - NO WRITING</p> <p>FORM #</p>	NSW HEALTH	FAMILY NAME	MRN
	Site:	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		D.O.B. ____/____/____	M.O.
	FORM TITLE	ADDRESS	
		LOCATION	
		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
	<p>Layout Form Here</p>		
	<p>This space for form information, notation, trial dates, etc...</p>		

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APPENDIX 3 – State Forms Templates

APPENDIX 2B - A4 PORTRAIT - DOUBLE SIDED LAYOUT

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SMR000002

NSW HEALTH	Site:	FORM TITLE	Layout Form Here
MEN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE FAMILY NAME GIVEN NAME D.O.B. ____/____/____ NO. ADDRESS LOCATION COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

This space for form information, notation, trial dates, etc...

NSW HEALTH	Site:	FORM TITLE	Layout Form Here	FORM #
MEN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE FAMILY NAME GIVEN NAME D.O.B. ____/____/____ NO. ADDRESS LOCATION COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				

This space for form information, notation, trial dates, etc... Continue overleaf...

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SMR000002

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APPENDIX 3 – State Forms Templates

APPENDIX 2C - A4 LANDSCAPE - SINGLE SIDED LAYOUT

The form template is oriented vertically on an A4 landscape page. It features a pink header bar at the top. The main content area is a large rectangle with a diagonal 'X' across it, containing the text "Layout Form Here".

Form Fields and Labels:

- Top Left:** A barcode with the number "SMFR000003" below it.
- Top Right:** A table for patient information:

MRN	
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. / /	N.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
- Left Side:** Two punch holes with the text "Holes punched as per AS2828-1999" and "BINDING MARGIN - NO WRITING" between them.
- Bottom Left:** The NSW Health logo and a box labeled "Site:" containing the text "FORM TITLE".
- Bottom Right:** A box labeled "FORM #".
- Right Side:** A vertical pink bar with the text "FORM TITLE" and "FORM #".
- Bottom Center:** The text "This space for form information, notation, trial dates, etc..."

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APPENDIX 3 – State Forms Templates

APPENDIX 2D - A4 LANDSCAPE - DOUBLE SIDED LAYOUT

XXXXXX-000000

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SMR000004

NSW HEALTH	
Site:	
FORM TITLE	

The space for form information, notation, trial dates, etc...
Continue overhead...

Layout Form Here

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

FORM #

FORM TITLE

NSW HEALTH	
Site:	
FORM TITLE	

The space for form information, notation, trial dates, etc...

Layout Form Here

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SMR000004

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

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APPENDIX 3 – State Forms Templates

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NSWHEALTH</td> <td style="font-size: 8px;">FAMILY NAME GIVEN NAME</td> <td style="font-size: 8px;">MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</td> </tr> <tr> <td>Site:</td> <td style="font-size: 8px;">D.O.B. / / M.O.</td> <td></td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">LOCATION</td> </tr> <tr> <td colspan="3" style="font-size: 8px;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td> </tr> </table> <div style="text-align: center; padding: 20px;"> <p>Instructions or Layout Form Here</p> <p>PAGE 1</p> <p style="font-size: 8px;">This space for form information, notation, trial dates, etc... Continue overleaf...</p> </div>	NSWHEALTH	FAMILY NAME GIVEN NAME	MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Site:	D.O.B. / / M.O.		ADDRESS			LOCATION			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			FORM #	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NSWHEALTH</td> <td style="font-size: 8px;">FAMILY NAME GIVEN NAME</td> <td style="font-size: 8px;">MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</td> </tr> <tr> <td>Site:</td> <td style="font-size: 8px;">D.O.B. / / M.O.</td> <td></td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">LOCATION</td> </tr> <tr> <td colspan="3" style="font-size: 8px;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td> </tr> </table> <div style="text-align: center; padding: 20px;"> <p>This Page is Intentionally Left Blank or For Notes or For Comments</p> <p>PAGE 4</p> <p style="font-size: 8px;">This space for form information, notation, trial dates, etc...</p> </div>	NSWHEALTH	FAMILY NAME GIVEN NAME	MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Site:	D.O.B. / / M.O.		ADDRESS			LOCATION			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
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ADDRESS																																
LOCATION																																
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE																																

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SMR000005

NSWHEALTH

FORM #

Has been printed as per A32220-1/09

BINDING MARGIN - NO WRITING

SMR000005

APPENDIX 2E - A3 DOUBLE SIDED LAYOUT

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NSWHEALTH</td> <td style="font-size: 8px;">FAMILY NAME GIVEN NAME</td> <td style="font-size: 8px;">MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</td> </tr> <tr> <td>Site:</td> <td style="font-size: 8px;">D.O.B. / / M.O.</td> <td></td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">LOCATION</td> </tr> <tr> <td colspan="3" style="font-size: 8px;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td> </tr> </table> <div style="text-align: center; padding: 20px;"> <p>Layout Form Here</p> <p>PAGE 2</p> <p style="font-size: 8px;">This space for form information, notation, trial dates, etc...</p> </div>	NSWHEALTH	FAMILY NAME GIVEN NAME	MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Site:	D.O.B. / / M.O.		ADDRESS			LOCATION			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NSWHEALTH</td> <td style="font-size: 8px;">FAMILY NAME GIVEN NAME</td> <td style="font-size: 8px;">MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</td> </tr> <tr> <td>Site:</td> <td style="font-size: 8px;">D.O.B. / / M.O.</td> <td></td> </tr> <tr> <td colspan="3">ADDRESS</td> </tr> <tr> <td colspan="3">LOCATION</td> </tr> <tr> <td colspan="3" style="font-size: 8px;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td> </tr> </table> <div style="text-align: center; padding: 20px;"> <p>PAGE 3</p> <p style="font-size: 8px;">This space for form information, notation, trial dates, etc... Continue overleaf...</p> </div>	NSWHEALTH	FAMILY NAME GIVEN NAME	MRN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Site:	D.O.B. / / M.O.		ADDRESS			LOCATION			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
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COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE																																

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SMR000005

NSWHEALTH

Has been printed as per A32220-1/09

BINDING MARGIN - NO WRITING

APPENDIX 2E - A3 DOUBLE SIDED LAYOUT

APPENDIX 4 – State Health Care Record Folder

Sample only
Do not print

Family Name _____ Given Name(s) _____ MEDICAL RECORD NUMBER _____

NSWHEALTH
<Area Health Service>

CONFIDENTIAL

CHECK FOR ADDITIONAL CLINICAL INFORMATION WHICH MAY BE HELD ELECTRONICALLY FOR THIS PATIENT

VOLUME: _____

HEALTH RECORDS MUST NOT BE REMOVED FROM THIS FACILITY

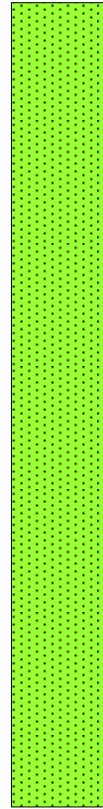
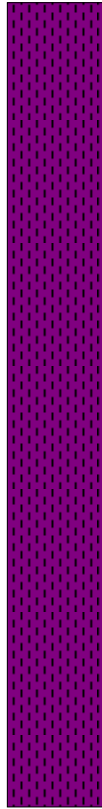
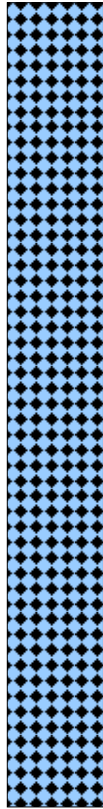
VERSION No. 101208

8	8
5	5

Terminal Digit Colours for Health Care Record Covers

	Colour	Number	PMS Code
PMS 2593 	PURPLE	0	2593U
PMS 1505 	ORANGE	1	1505U
PMS 355 	GREEN	2	355U
Rhodamine Red 	PINK	3	Rhodamine Red U
PMS 3005 	BLUE	4	3005U
PMS 1605 	BROWN	5	1605U
PMS 375 	LIGHT GREEN	6	375U
Pantone Yellow 	YELLOW	7	Pantone Yellow
 Black 6 2X	BLACK	8	Black 6 – 2X
PMS 199 	RED	9	199U

Strip colours and patterns



Fluid Balance

Observations

Operation notes

Referrals

Allied Health

NSW Health STATE HEALTH RECORD FORM DESIGN CHECKLIST

Please complete this form when designing a Health Service or NSW Health State Clinical Form using the standard NSW Health State Health Record Form template. Submit to your Health Service Forms Committee for endorsement and referral to the NSW Health State Forms Committee for approval before proceeding to design and or trial.

How to complete this form electronically.

- Please complete all relevant questions by removing the inappropriate response (ie YES / NO to answer YES you would delete the NO text)
- If you present your responses in BLUE text it will be clearer for those who need to read it to understand your responses.
- This CHECKLIST and the Draft of your Health record form MUST be submitted electronically to your local forms committee and the Statewide forms Committee.
- This allows for email consultation and electronic feedback.
- It is preferred that you keep your CHECK LIST in Word so that relevant Forms Committees can update it as necessary.
- If your form does not comply with all Checks in Parts A and B please revise it until it does.

HEALTH RECORD FORM NAME:Form No.....

Submission of form by (staff member email address):

Service Name.....

Contact No: Date:

Have you searched the SALMAT site for an existing or similar form?YES / NO

Does this form replace existing forms: YES / NO

Please clearly identify the form (s) it replaces and attach a scanned or electronic copy(ies) if applicable (include any designated number):

FORM NAMEForm Number.....

If form is to be trialled please specify the trial dates to be printed at the bottom of the form. (Trial may be between 3 and 12 months)

Trial period

Please list the people / committees who have been involved in the review of the form to date.

Name	Designation	Contact No.
Name	Designation	Contact No.
Name	Designation	Contact No.

PURPOSE OF FORM

What is the purpose of the form or changes to the form?

.....

.....

Is this form required as a result of an Australian Standard or NSW Health Policy Directive, bulletin or guideline. If so please quote the reference.

Reference Number	Title	Date

(A) Australian Standard 2828 compliance **Yes No**

- 1. Identification label area or prompt for identification details each side of form in top right hand corner of form in Portrait view
- 2. Ward/ Service Identification

(B) CONTENT

- 1. Is there any duplication of information?

If so please comment:

.....

Does your Health Record Form comply with the minimum standards for health record documentation as set out in PD2005_127?

(ie. Does it include the requirement to Date, Sign, Print and Designate)

- 2. Are there any omissions?

If so please comment:

(C) LAYOUT

- 1. A4 Size *If Not does it meet alternative requirements set bySFMC (e.g. A3 size fold to A4 size)*
- 2. All binding Margins are a minimum of 2 cm
- 3. If a double-sided form, margins of back page have been correctly adjusted as per State Forms design template AS2828?
- 4. Is there space for Service Name, Facility and Form Title in the top left hand corner of the portrait view?
- 5. Is the Revision Date in the bottom left hand corner margin?
- 6. Holes will be punched in the left hand margin as per AS2828 unless other wise specified. Please specify.....

(D) CHEKLIST FOR COMPLEX FORMS only – Require an estimated usage for off set printing and warehousing costs to be determined. **Yes No**

- 7. How many forms are required over a 12 month period or trial period (estimated)?
 Is it essential this form be printed in colour?
 Please provide reason why.....
 Does the paper weight of this form need to be greater than 80 gsm?
 Please provide reason why.....
- 8. Is it essential that this form be NCR?
 Please provide reason why.....
- 9. Is this a multiple pages (booklet) package form?
- 10. All documented faces of forms must include patient identification.
- 11. For multiple pages package form, is page number inserted at the bottom of each form?
- 12. Form has been formatted for Health record scanning?
- 13. Easy to read – Provide suggestions that were not possible in the draft?
- 14. Ease of use – Balanced with form cost?
- 16. What improvements could you suggest to the Printers when designing this form and why?

- 17. Which other Health Services/Services forms have been consulted for ideas?
 Please provide the names of the Health Services, contact details of staff and details of the source information you may be attaching.
Scanned Copy attached? **Yes/No**
Scanned Copy attached? **Yes/No**

Yes No

Following the redesign of the form, has the purpose of the form been met?

If no please comment:

OFFICE USE ONLY – to be completed by State Forms Admin Health Support

FORM Name	
Form Number	
Bar Code Category	
Bar Code Number	
Date submitted to Print Management Services vendor	

Please rename this form and save it in Word to your PC for future emailing.