Health Forms Content Standards and Development Toolkit

V1.2 December 2020

Provincial Forms Standardization Working Group

Approved by the
Provincial Health Information Management Leadership Committee
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Document Revision History

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v0.3	July 2018	Draft	Additional Content and formatting update, Provincial Form Request form and checklist added as an appendix	Cassie Chisholm/Ann Vivian-Beresford
v1.0	August 2018	Final	Minor edits and additional content added	Ann Vivian-Beresford
v1.1	June 2019	Final	Minor edits and additional content	Marguerite Foote
v1.2	November 2020	Final	Annual Review and added in updated privacy statements for consent forms	Kaylah Parsons-Mercer

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1 INTRODUCTION

The purpose of this document is to outline a standard process and procedures for creation, approval and dissemination of forms utilized within Newfoundland and Labrador public healthcare settings. Prior to 2017, each Regional Health Authority (RHA) used its own internal forms, standards, and processes. This resulted in each RHA having its own set of documents, with significant duplication and variation in both content and format among them. In April 2017, the Provincial Forms Standardization Working Group (PFSWG) was assembled to begin the creation of a single set of provincial health forms using clinical and business best practices to guide content and format.

The PFSWG meets regularly throughout the year and is comprised of representatives from each Regional Health Authority (RHA), the Department of Health and Community Services (DHCS), the Memorial University of Newfoundland Family Practice Unit (MUNFPU), and the Newfoundland and Labrador Centre for Health Information (NLCHI). The PFSWG reports to the Provincial Health Information Management Leadership Committee (PHIMLC), in accordance with the terms of reference approved by the Provincial eHealth Executive Committee.

The standards described in this document address the complete life cycle of provincial health forms used at all points of care, as well as subsequent administrative processing. The scope encompasses forms utilized within RHAs and by healthcare providers interacting with the RHAs. ‘Forms’ are defined as documents used to request health services and/or to support health care business processes. ‘Forms’ include documents currently referred to as: forms, requisitions, investigations, consults, consult requests, assessments, and similar types of documents.

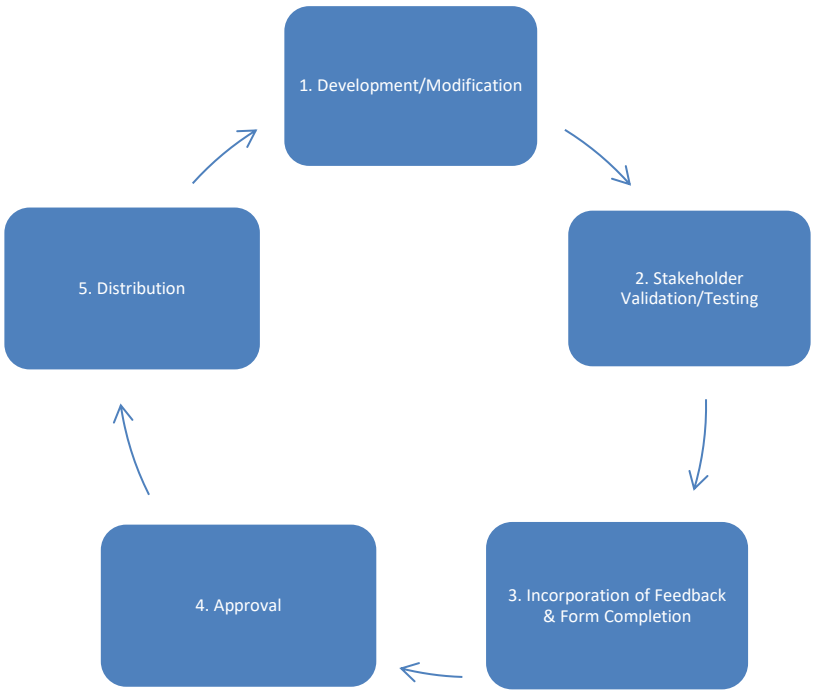
Figure 1.0 depicts the general lifecycle of a form. Ideally, the chronological order depicted here will be followed, however it is acknowledged there will be situations where events may take place out of sequence. It must also be noted that the conversion of existing health forms to a provincial standard document, and the purging from circulation of older versions will take place over time.

This document is developed and maintained by the PFSWG, and approved by the PHIMLC. The procedures outlined herein are subject to change based upon evolving business practices and changes to clinical best practices. All forms in the Newfoundland and Labrador Provincial Health Forms Library will undergo a regular cycle of review and revision. Each form submitted will have a primary contact individual (or group), expected to lead review activities at least every five years, or the required revision schedule agreed upon by the requestor.

2 OVERVIEW OF FORM DEVELOPMENT, APPROVAL, AND DISTRIBUTION PROCESS

This figure depicts the general process and sequence for form creation/modification. Each step is described in greater detail below.

Figure 1.0 Form Development/Approval/Distribution Process



DEVELOPMENT/MODIFICATION

The need for a new form can arise for two reasons:
1) A new form may need to be created to meet a specific purpose, or,
2) An existing form may require revision to update content or enhance usability.

Typically, this would be initiated by a stakeholder group (generally internal to the RHAs, or from the Department) in response to changing clinical and/or business practices. Initially, many forms for provincial standardization will be identified by the PFSWG in response to the needs of the provincial Electronic Medical Record (EMR) program, however, the scope of work will expand as the requirement for provincial standardization grows.

The input of relevant subject-matter experts is critical for ensuring the content of the form is appropriate, complete, and optimal for supporting the target clinical and/or business

process. Once the clinical/business content is confirmed by the stakeholder group, the draft content should be provided to the RHA forms lead.

The form should be formatted by the Requestor/RHA forms Lead using formatting standards and specific field requirements as described in Tables 1.0 and 2.0. This will ensure the content of early drafts will comply with foundational form standards, require less revision in the course of its development, and decrease the timeline from development to approval.

STAKEHOLDER INPUT, CONTENT VALIDATION AND TESTING

The importance of stakeholder input into the development of form content, as well as the vetting and testing of draft forms prior to approval cannot be overstated. It is critical to ensure a form meets clinical/administrative needs, supports safe and timely patient care, and facilitates communication between care providers within the health system.

Each draft form must be reviewed and tested by stakeholders, and indicated if the form is fillable and required to be used in eDOCSNL (EMR). This is not expected to be arduous, however it is necessary to demonstrate that prior to submission to the PFSWG, each form (new or revised) has been subjected to real-life validation. For minor forms revisions, the extent of validation and testing is expected to be significantly less than that required for new form development. This will ensure business and clinical needs relevant to the form under development/revision will be met or enhanced. The names of individuals or groups involved in this process should be recorded on the Provincial Forms Standardization Requisition.

The pre-submission testing and validation process does not sanction placing the word *DRAFT* on a document and entering it into general circulation. This practice is not permitted. Rather, the individual or group submitting the form is expected to seek high volume users to pilot the form under controlled circumstances.

Draft versions of health forms are not recommended to be made part of a patient's health record. This practice has been carried out in the past and may contribute to inefficiency, errors and potential risk to patients. However, if the form has been reviewed by all stakeholders and is used for a Pilot project, an exception can be granted. This is to reduce the significant amount of work to continuously edit the document with frequent change and adjustments. Once the pilot project is over, the revised form can go through the PFSWG committee as per the normal approval process.

INCORPORATION OF FEEDBACK & DRAFT FORM COMPLETION

When user testing has been carried out and the draft form has been fully evaluated by appropriate stakeholders the individual or group submitting the form for approval must consider the feedback received and proceed accordingly with changes. The finalized form is submitted to a member of the PFSWG (preferably the representative of the RHA bringing forward the request) accompanied by the Provincial Forms Request (See Appendix A). This form includes a 'Forms Submission Checklist' designed to help

submitters ensure the form being submitted is as compliant to the Provincial Forms Content Standard as possible.

The Provincial Form Request also contains fields for endorsement by appropriate leadership relevant to the form's clinical usage. The individual(s) signing off will vary according to the situation, however typically the relevant Program Director(s) and Clinical Chief(s) will approve and sign for submission. E.g. the medical lead of a provincial program will be expected to endorse a new or revised form request relate to that provincial program. Requests for forms related to the RHAs should indicate endorsement from the relevant clinical leadership of each RHA prior to submission for approval.

APPROVAL

The PFSWG meets regularly throughout the year, at least once a month. Each submitted form will be reviewed by the PFSWG and a level of recommendation is determined as: *Recommended, Recommended with edits, Rejected, Additional information required*. Rejection is anticipated to be a rare event; the rationale for these recommendations will be clearly articulated and communicated by the PFSWG to the primary contact identified. Every attempt will be made to avoid delay in the process and to work with the submitter toward a revised submission.

PFSWG recommended forms will have a provincial forms control number added and be submitted to PHIMLC for final approval. When this provincial forms standardization process is well established, it is envisioned the authority to approve provincial forms will shift to the PFSWG, with oversight provided by the PHIMLC. The aim for a one-committee approval is planned to be in place by January 2021.

To support both form control numbering and inventory management, forms will be categorized as follows:

> **Category 1: Requisition (R)**-Request a service or procedure e.g. Chest X-ray
>
> **Category 2: Consultation (C)**-Request an opinion or consultation e.g. Cardiology Consultation
>
> **Category 3: Third-Party Communication (T)**-Information passing between a health service provider and an outside party e.g. Driver's Medical, Medication Special Authorization
>
> **Category 4: Documentation (D)**-Documentation of service provided and/or routine documentation of patient/health care provider interactions e.g. Visit Report, Well Woman visit, Wound care documentation, Physiotherapy Report

Once approved, the official provincial form will be placed in the provincial forms repository and distributed to the RHAs as well as the eDOCSNL program for inclusion in the provincial EMR if relevant. The Clinical Advisory Committee (CAC) for eDOCSNL may review the forms to ensure the appropriateness for uploading forms into the EMR. This will be streamlined through communication between the EMR Representative on PFSWG and a member of CAC. Any objections will be communicated back to PFSWG.

DISTRIBUTION

Approved provincial forms will be distributed to stakeholders initially using email-based mechanisms for uptake through current processes in use by the RHAs and other users within the health care system.

Availability of the provincial form within the provincial EMR will occur in accordance with eDOCSNL policies and procedures.

The long-term planning includes a Provincial Forms Repository, which will be created to provide a searchable, up-to-date inventory of standardized provincial forms. The aim is to have this item on the 2021-2022 strategic plan.

CRITERIA FOR PROVINCIAL FORM DESIGNATION

The forms content standards and guidelines have been developed and adopted to provide a standard process and procedures for the creation, approval and dissemination of forms utilized within Newfoundland and Labrador public healthcare settings. Not all forms will meet the criteria for provincial standardization. It is expected that regional health authorities, departments and/or programs delivering healthcare in the province will continue to require forms which are specific to their mandate. The goal is to create, approve and disseminate provincial standardized forms where business requirements can be met. The following criteria are used to make this determination:

1. The program is provincial in nature, e.g., Maternal Serum Screening Program
2. The service is offered provincially and the requirements/conditions of service follow recognized standards of practice/process regardless where the service is offered. For example, Laboratory, Medical Imaging, etc.
3. The service/program is only offered at a particular site, generally Eastern Health, the provincial tertiary care center, and any patients requiring the service are referred to this program/service, e.g., Bariatric Surgery. It is by default a provincial program.

Forms which meet at least one of the above noted criteria will be identified by the use of the provincial forms header and the provincial logo. Regional health authorities, or other healthcare departments/programs are encouraged to use the provincial forms header for local forms but the provincial logo would not be used in these instances.

3 TRANSITIONING EXISTING FORMS TO NEW FORMAT

The forms content standards and guidelines described herein have been adopted for use following extensive stakeholder consultation, plus jurisdictional and literature review. It is acknowledged that these requirements may not align with fields/formatting in current use on many provincial health documents, and within electronic health information systems. As a result, a transition period will be necessary before existing forms are translated to the new format described here. Given there are over 3000 health forms

known to be in use today within the province, this is expected to take place over several years.

4 FORM SPECIFICATIONS

To ensure consistent formatting and functionality of provincial health forms, specific formatting standards must be used, and these may vary depending on the clinical or administrative requirement of the form. These standards create a consistent appearance to the forms for users which facilitates their use.

Table 1 describes the approved standards for the general layout and format of provincial forms.

Table 1: Formatting Standards for Form Layout and General Content

Form Layout /Content	Standard Format	Definition/Rationale
Page Size	All Forms must be 8.5 x 11 inches; or 11 x 17 inches (perforated to 8.5 x 11 inches).	
Margins	1/4" margins around the sides, top and bottom of a form.	This is the minimum space required around the content of the form in order for the content to be bar coded and scanned properly for use within the RHAs.
Date	YYYY/MON/DD	This is the provincially accepted alternate format for alphanumeric representation of date based on the ISO 8601 (date elements and interchange formats – information interchange – Representation of dates and times) for numeric representation of YYYYMMDD. CAN/CSA-Z234.4 *All Numeric Dates and Times* is the Canadian adaptation/adoption of ISO 8601. The date format must be indicated for every date field by use of watermarks or other field level instructions.
Time	HH:MM	This is the numeric representation of time based on ISO 8601 (Date elements and interchange formats – Information interchange – Representation of dates and times) The signature feature of ISO 8601 date and time representation is the ordering of date and time values from the most significant to the least significant or, in plain terms, from the largest (the year) to the smallest (the second). CAN/CSA-Z234.4 *All Numeric Dates and Times* is the Canadian adaptation/adoption of ISO 8601. Time is to be recorded starting with the largest unit (e.g., hour, minute, second) using the 24-hour system. Units of time are separated by a colon (e.g., 18:21:08).
Title	Bolded font, left justified, top left of page, minimum of 1/4 inch below the logo Font style-Arial (Regular or Narrow) Font size -14	A unique form title is required. This should be short, intuitive and use key words suitable for locating the form in a database. Font size and location may be adapted depending on the volume of word content required on the form.

	Colour: Black	
Default font type and size	Font style: Arial (Regular or Narrow) Font size: 10 or 11 Font colour: black	Font size may be adapted depending on the volume of word content required on the form.
Bar coding	A space (placeholder) for the addition of a bar code (equal to a minimum of 10 characters in length) to be left in the bottom left corner of the form.	RHA business requirements necessitate space and designated location for bar coding to support internal document management processes.
Forms Control Number	Placement: Lower right corner 10-Character spaces First character: alpha character representing the form category; Characters 2-5: form number starting with 0001; Characters 6-10: date (MONYY) **Example**: Outpatient Lab Specimen Requisition R0001JUN18	Every form requires a unique number searchable in a provincial repository. No reuse of an actual form number (four digit number assigned to a specific form) will be permitted if a form has been discontinued. Revised forms will continue to use the same number as previous versions with the revision date reflected in the form control number. NOTE: Due to character limitation and for greater clarity, the month precedes the year in the form control number sequence.
Logo	Provincial pitcher plant logo upper left corner; no text immediately below logo.	The NL pitcher plant logo is approved for this use by the Government of NL. The approved greyscale version of the logo will be used. Individual RHA or eDOCSNL logos are not supported.
Multiple page forms	Each page is a 'Part'. Form name must be at top of every page and subsequent pages must have a part number. E.g. Part I, Part II, Part III.	Many forms have multiple pages. It is necessary to indicate this to avoid user error in omitting a page. If signatures are required they are required on each page/part
Colour	Forms will be created in black and white or greyscale format.	Colour printing is generally not supported within the RHAs
Signature	Forms that require signature must have a line provided in the Ordering Provider Information section	Signatures can be applied manually or electronically.
Confidentiality Statement	This document (including any attachments) is intended solely for the	Communications requiring a confidentiality statement should use this text for consistent messaging.

	use of the person or persons to whom it is addressed and should be treated as confidential. If you are not the intended recipient, any use, distribution, printing, or copying of this document is strictly prohibited. If you received this information in error, please immediately notify the source and delete it from your system and/or files. Your cooperation is appreciated.	
Abbreviations and acronyms	A standardized provincial list of approved abbreviations and acronyms is under development. Until available, an RHA approved abbreviation and acronym may be used for form development and submission to the Provincial Forms Standardization Working Group.	Abbreviations and acronyms must be spelled out when first used on a form and noted in brackets following. Subsequent use may use the abbreviation or acronym only. This must be applied to all pages of a multi-page form.
Privacy notes (individual form)	This personal information is being collected under the authority of Section 61(c) of the s. 29 and s. 34(a)(m) of the Personal Health Information Act, and will be used for determining eligibility to receive influenza immunization and monitor provincial uptake of the flu vaccine. If you have concerns about the collection of your personal health information please contact the privacy office of your Regional Health Authority.	Updated standard privacy statement for consent forms.

Privacy notes (employee form)	This personal health information is being collected and used under the authority of s. 29 and s.34(a)(m) of the Personal Health Information Act, and will be used for determining eligibility to receive influenza immunization and monitor organizational uptake of the flu vaccine. If you have concerns about the collection, use or disclosure of your personal health information, please contact the privacy office of your organization.	Updated standard privacy statement for Government/RHA employee consent forms.

5 SPECIFIC FIELD REQUIREMENTS FOR COMMON DATA ELEMENTS

There is a core set of demographic, clinical, and administrative data elements required for accurate patient and provider identification and transmission of health information. The table below lists the commonly required data elements and their approved content standards. Please note that some forms may not require all elements (i.e. non-clinical/non-charting forms).

Table 2: Specific Field Requirements for Common Data Elements

Field	Standard Title and Format	Definition/Rationale
Health Care Number (HCN)	12-character alphanumeric field, left justified	Health care number is issued by jurisdictions of Canada to indicate eligibility for services provided by provincial and territorial health plans. This is the primary personal identifier used within publicly funded health care systems. For NL patients this will be the MCP number but for out of province patients it will be the HCN for the province or territory under which the HCN holder is currently insured. E.g. Ontario residents have an Ontario Health Insurance Plan (OHIP) number.

HCN Province/ Territory (Prov/Terr)	2-character field	The jurisdiction (province or territory) that issued the HCN. E.g. NL, ON, NB, QC, etc.).
Expiry	YYYY/MON/DD	Expiration date of the health care insurance coverage as indicated on the individual's HCN card.
Full Name	FIRST NAME, MIDDLE NAME and LAST NAME	The patient's full name is required on health requisitions. This should align with the name on the person's health card (MCP card for NL).
Patient DOB	YYYY/MON/DD	The patient's date of birth is required. This and all dates should be given in a standardized format. There are multiple formats utilized in various systems and forms however the YYYY/MON/DD format can be supported to the best knowledge of PFSWG.
Sex	Checkboxes for F, M, UN F=Female M=Male UN=Undifferentiated or Unknown	Sex is a biological term that can be relevant to the provision of health services. Some medical investigations and interventions are impacted by sex and therefore it is included on many forms. NOTE: An initiative is underway to identify a new provincial standard for the collection of sex and /or gender information within the health system. Once approved, a revision to this standard may be required.
Allergies	Format as: ALLERGIES (located at top of page)	Allergies need to be listed on the form as needed.
Mailing Address	Format as: MAILING ADDRESS CITY PROVINCE (2 digit mini postal code) POSTAL CODE (ANANAN)	Mailing address is the primary address collected in the health system. The exchange of information when a health referral is made may require mailing information to a patient either before or after the service is provided. Also patient address may be used for Positive Patient Identification (PPI) purposes.
Patient Telephone	HOME, WORK, CELL 12 character numeric field e.g. 123-456-7890 or three separate fields (one each for the area code-exchange code-	A current phone number for the patient is required. Many people provide Home, Work and Cell numbers and indicate BEST phone contact number with a check (✓) mark.

	unique customer number)	
Primary Provider	PRIMARY PROVIDER NAME	Indicates the primary provider of the patient.
Ordering Provider	ORDERING PROVIDER NAME	Ordering provider's full name is required. If not electronically added to the form, the name should be printed legibly.
Ordering Provider Clinic Name	CLINIC NAME	Ordering provider's clinic name
Ordering Provider Mailing Address	ORDERING PROVIDER'S CLINIC NAME, MAILING ADDRESS, CITY, POSTAL CODE, PROVINCE	Ordering provider's mailing address is required to enable paper correspondence if/when it is used to reach the correct provider.
Ordering Provider Telephone	ORDERING PROVIDER PHONE	Enables communication between referring and consulting providers
Ordering Provider Fax	ORDERING PROVIDER FAX	The number a referral has been faxed from can be important in paper processing to verify the source of the referral. This is less than ideal but is a reality of paper workflows.
Ordering Provider Meditech Mnemonic	ORDERING PROVIDER MEDITECH MNEMONIC	Ordering provider's Meditech mnemonic is required
EMR Clinic Mnemonic	EMR CLINIC MNEMONIC	EMR clinic mnemonic is a required field on NL health forms used to route information to electronic users. A 7-digit alpha-numeric clinic mnemonic located with physician information.
Physician's Signature	ORDERING PROVIDER SIGNATURE	Signature fields will be added where business requirements dictate the need. This will be determined on an individual form basis. Signatures can be applied manually or electronically. Electronic processes typically enable user authentication without a ‘wet’ signature.
Date Referral Received	DATE REFERRAL RECIEVED YYYY/MON/DD	This is a critical piece of information for calculating wait time between creation of referral and actual service to patient. It is important this be recorded accurately and in a standardized fashion

Date of Request	YYYY/MON/DD	This critical information is required to calculate wait time between creation of referral and actual service to patient. It is important this be recorded accurately and in a standardized fashion
Clinic Stamp	Open space for clinic stamp is designated in the same area where provider information is captured.	Space is provided on relevant forms to enable the clinic originating the request to apply a clinic stamp rather than fill out the clinic name, fax, phone, provider and mnemonic details.
Copy to Provider	Space is designated for requesting provider to indicate other providers to whom they wish to copy (cc) results.	Indicates additional providers to whom the requesting provider would like to send (cc) reports or results generated by the request e.g. primary provider may request spinal x-ray results be cc'd to a rheumatologist involved in the patient's care.

6 CLINICAL/BUSINESS CONTENT

The core clinical or business content of forms must be determined by the appropriate clinical or business leads for the services in which the form is to be used. Content must support clinical and administrative processes, effective communication, efficient and effective care.

Content should be based on applicable clinical practice guidelines, best practices, national or international standards, and local information and workflow requirements relevant to that service which have been vetted with stakeholders who use and rely on that form. Engagement of relevant clinical and business subject-matter experts is critical to sound accurate development, clinical efficiency and optimal use of forms throughout the health care system. There may be opportunity to leverage the advice of a medical practitioner so achieve the appropriate development and use of provincial forms.

7 APPENDIX

Newfoundland Labrador

PROVINCIAL FORM REQUEST

Prior to submission:
a. Complete all sections of this form.
b. Review checklist below to ensure completeness of submission.

Note: Awareness and education for a new or updated form(s) is the responsibility of the department, program or requesting group. If you require assistance with education on completing forms, e-mail forms@nlchi.nl.ca

FORM DETAILS	APPLICATION DETAILS
FORM TITLE:	
REQUESTED BY/PRIMARY CONTACT:	Primary Contact Name: Title: Organization: Telephone: Email:
REQUESTED ON BEHALF OF: State organization, provincial program, clinical service within an RHA, etc. if applicable	
REASON FOR REQUEST:	☐ New Form (state clinical/business need for new form) ☐ Replacing Regional Form(s): ☐ Revised Form (state current form name, form number and reason for revision):
DOES THE FORM REQUIRE DUPLICATE OR TRIPLICATE FORMAT? i.e. 1. White Copy - Chart 2. Yellow Copy - Pharmacy 3. Pink Copy – Physician	○ Yes ○ No
NAMES, TITLES, COMMITTEES OR GROUPS INVOLVED IN DEVELOPMENT, REVIEW/ TESTING OF THE FORM If the form contains medication-related information, ensure pharmacist input is received; or if legal advice is required, please include their information.	☐ Pharmacist Reviewed (if required) ☐ Legal Reviewed (if required) ☐ All Appropriate Committees Reviewed (if required)
NAME AND TITLE OF SENIOR LEADERSHIP/ CLINICAL PROGRAM LEADS ENDORSING THIS REQUEST	Name: Title: Program:

Signature of Requestor: Date:

FORM SUBMISSION CHECKLIST

All forms will be in the following format:

- All forms are 8.5 x 11 inches or 11 x 17 inches, perforated to 8.5 x 11 inches;
- The logo, title and form control number will appear on every page; for multi-part forms, subsequent pages will have part number on the top (e.g. Part I, Part II, Part III, etc.);
- A minimum of three identifiers [including Name, HCN/MCP (Health Care Number), and Date of Birth (DOB)] appear on all pages of client-specific forms;
- The provincial standard date format (YYYY/MON/DD) is indicated on every date field;
- The provincial standard time format is recorded using the 24-hour clock (HH:MM);
- The date and signature fields are included on each page (for forms that require a signature);
- A 'Provider Name' line accompanies a signature line whenever a signature is required;
- The provincial confidentiality statement is included on any form to be signed by a patient, client, resident or representative (if necessary).

Ensure the following is completed prior to submitting the form:

- ☐ Abbreviations and acronyms are spelled in full the first time they appear on the form and the shortened version used thereafter. This process is repeated on subsequent pages.
- ☐ Ensure the names of the individuals or groups that developed, reviewed and/or tested the content of the form are noted on the Provincial Form Standardization Request Form (above).
- ☐ If applicable, a pharmacist or pharmaceutical advisory group has reviewed the form content related to medications.
- ☐ The name(s) and title(s) of senior leadership endorsing the form being submitted is/are noted on the Provincial Form Standardization Request Form (above).
- ☐ All applicable existing forms that are being revised or replaced by the form being submitted are attached to the e-mail.

Upon completion of this form and checklist, submit your request to forms@nlchi.nl.ca

8 REFERENCES

Canadian Medical Association: Referral and Consultation Toolbox. www.cma.ca

Canadian Medical Association: The Referral and Consultation Process: Making the System Work Better for Patient Outcomes. IPSOS-REID. December 2001. www.cma.ca

Canadian Medical Association: Policy Document-Streamlining Patient Flow from Primary to Specialty Care: A Critical Requirement for Improved Access to Specialty Care. www.cma.ca

College of Physicians and Surgeons of Alberta: Standard of Practice Referral Consultation. January 2017.

Ontario Local Health Integration Network: eReferral Strategy White Paper- Clearing the Communications Fog, 2011.

The National Electronic Health Transition Authority **(**NEHTA**):** Referrals Environmental Scan Final Report. Valintus, December 2009.

The Cochrane Library. Interventions to Improve Outpatient Referrals from Primary Care to Secondary Care (Review). Akbari et al, 2008