

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: FEB 02, 2011	POLICY NO.: COR.10.1H.07
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10E.05 (02/17/2000)	
	SUBJECT: FORM DEVELOPMENT AND REVISION CONTROL		Page 1 of 3

1.0 PURPOSE

To establish guidelines for the standardization of the development and revision of Health Care Division medical record forms.

2.0 REFERENCES

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008).

3.0 POLICY

- .1 Form revision and control shall promote maximum economy and efficiency in health care communications and ensure a standard format and content for medical records.
- .2 Forms shall be standardized in content and application throughout the Health Care Division.
- .3 All forms indexed and filed in the medical record shall be issued a document number (DOC XXX) and approved by the Health Care Division Administrator (HCDA) or designee.

4.0 PROCEDURE

- .1 A written description or draft sample of a proposed new form shall be sent to the HCDA or designee for review. The proposal shall include/indicate:
 - a. Whether the form is new, a revision or a replacement. New forms shall have a statement of their purpose and if replacing an existing form, shall state what form is being replaced. Revised forms shall have the reasons for the revision stated. All form proposals shall indicate who will be responsible for completing the form and its distribution upon completion.
- .2 All forms shall be developed using a standard 8-1/2" x 11" paper or shorter.

COR P & PM	SUBJECT: FORM DEVELOPMENT AND REVISION CONTROL	POLICY NO.: COR.10.1H.08
		EFFECTIVE DATE: FEB 02, 2011
		Page 2 of 3

- .3 Medical record forms shall include the State of Hawaii on the left top header. Health Care Division shall be the header above the form title.
- .4 All forms shall include the patient's name, date of birth, SID number and facility.
- .5 The margins on the form shall be at the minimum 1" on all sides allowing for hole punch space.
- .6 When possible, the HCDA or designee shall circulate the form for comment to all applicable Health Care Sections.
- .7 If a form is not adopted, the HCDA or designee shall notify the person submitting the form of its failure to be implemented and the reasons. If the form is approved, it will be issued a DOC number and implemented.
- .8 Health Care Sections may test a form in their own clinic prior to presenting it to the HCDA or designee for system adoption. The involved Section and Branch Administrators shall agree to test the form for a specified time. The HCDA or designee shall issue a pseudo DOC number for the form. After the evaluation period the form shall be submitted for implementation consideration or withdrawn from use.
- .9 All approved original DOC forms shall be maintained on the network computer. The HCDA or designee is responsible for distribution of new and revised forms. The HCDA or designee shall inform the Health Care Sections when forms are discontinued.
- .10 The Medical Record Librarian or Technician (or a nurse in facilities without records personnel) shall keep inventory control of all medical record forms in use. Inventory control shall include, but is not limited to:
 - a. A manual with a table of contents that includes the form title and DOC number.
 - b. A clean, clear copy of each form in use filed in a DOC folder.
 - c. A secure, restricted area to store an inventory of forms used on a regular basis.
- .11 All medical record forms shall be reviewed every 2 years by the HCDA or designee for content revision or discontinuation.

COR P & PM	SUBJECT: FORM DEVELOPMENT AND REVISION CONTROL	POLICY NO.: COR.10.1H.08
		EFFECTIVE DATE: FEB 02, 2011
		Page 3 of 3

5.0 SCOPE

This policy and procedure applies to all branch facilities and their assigned personnel.

APPROVAL RECOMMENDED:

[Signature] 11/24/10

 Medical Director Date

[Signature] 11/29/10

 Health Care Division Administrator Date

[Signature] 2/2/2011

 Deputy Director for Corrections Date

APPROVED:

[Signature]

 Director
 2/2/2011

 Date