

FNIHB-OR Nursing Policy and Procedure

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| Section: | Administration | Policy Number: | I - 09 |
| Subject: | Standard Clinical Forms | Issued: | March 31, 2015 |
| Distribution: | All Nursing Facilities | Revised: | |

1. POLICY:

- 1.1 The First Nations and Inuit Health Branch – Ontario Region shall use standardized forms in its health facilities. All forms must be approved by the Regional Nursing Policy and Practice Committee (NPPC) before use in its health facilities is permitted.

There will be exceptions, whereby forms are created by a partner organization and used by FNIHB-OR staff to request services (e.g. laboratory and diagnostic imaging requisitions referral requests for zone specific services).

- 1.2 For health facilities using an EMR system, the FNIHB-OR approved forms should be adapted for use with the EMR whenever possible. The NPPC shall be consulted prior to the development of new EMR form to ensure all essential elements are included.

2. PRINCIPLES:

- 2.1 A committee shall be established to review the FNIHB-OR Forms and any submissions requesting the creation of a new form and/or revision of an existing form. This review committee shall be established under the direction of the Regional Nursing Policy and Practice Committee and be representative of the practice consultants and nursing educators across the region.

- 2.2 Using standardized forms that are created and reviewed by the committee upholds the objectives of ongoing Quality Assurance programs by ensuring the forms reflect current evidence based practices.

- 2.3 Standardizing forms across the Region will:

- 2.3.1 Improve awareness of information and resources available to nurses.
- 2.3.2 Reduce the incidence of developing duplicate forms.
- 2.3.3 Promote equitable and consistent nursing service delivery throughout the region.
- 2.3.4 Reduce clinical errors and incidents.

- 2.4 Every effort has been made to ensure the information contained within the clinical forms is reflective of current evidence-based practice. Best practices, however, continue to evolve as new nursing knowledge is developed and therefore, the contents of the standardized forms must be reviewed at regular intervals.

3. DEFINITIONS:

Form: Is defined as any information or communication vehicle with pre-printed information requiring the insertion of additional data either manually or computerised.

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

4. PROCEDURE:

- 4.1 When there is a need for a new form in the communities or when there is a need to revise an existing form, the request shall be submitted to the practice consultant or delegate for that zone. The nurse must include the rationale for the request (e.g. a recent change in clinical practice guidelines).
- 4.2 The practice consultant or delegate will discuss the request with the Forms Management Working Group to evaluate the need for developing or revising the requested form.
- 4.3 The Forms Management Working Group shall inform the Regional NPPC of the intent, and rationale for the form revision or development.
- 4.4 The working group shall draft the form template based on current literature and evidence based practices and submit it to the NPPC chair (or delegate) along with all relevant references.
- 4.5 Content experts from the information management unit and legal services shall be consulted as required throughout the form development process.
- 4.6 The NPPC will review the draft form. Once the new or revised form receives approval from NPPC, the NPPC lead will submit the final edited copy to the Regional Nursing Office for final approval.
- 4.7 Some forms may require a trial period to illicit feedback from the intended users of the form before disseminating to all communities. The terms involved in pilot project will be established by the Forms Review committee and in consultation with the NPPC.
- 4.8 The final edited copy shall be disseminate to the communities:
 - 4.8.1 Submit the electronic version of the new form to the designated public folder.
 - 4.8.2 Arrange for all expired hard copies and electronic copies to be removed from the nursing stations.
 - 4.8.3 Prepare an e-mail to be released to all Senior Management Staff, Regional Executive, Zone Nursing Officers, Zone Nursing Managers, Practice Consultants and NPPC members.
 - 4.8.4 The Zone Nursing Officer / Zone Nursing Manager, in consultation with the practice consultant, will be responsible for informing the FNIHB-OR staff in the communities who are affected by the new form.
- 4.9 The Forms Management Working group shall maintain a master inventory of all current and archived forms.

4.10 Archiving will be done electronically as well as by hard copy and must be easily retrievable.

4.11 All forms require formatting as follows:

4.11.1 The Health Canada logo;

4.11.2 The form title; and

4.11.3 The form number

4.11.4 Additional requirements for all clinical forms to be used in client records include:

i. A 3.5 X 2 inch plaque area for client information;

ii. 5/8 inch margin on left or top edge; and

iii. A maximum 8.5 X 11 paper size.

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| Approved by: | | Effective Date: March 31, 2015 |
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| Director of Nursing Ontario Region | Date: | |
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| Regional Director Ontario Region | Date | |