

DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION

CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES

EFFECTIVE DATE: January 01, 2024

POLICY NO.: COR.10.H.07

SUPERSEDES (Policy No. & Date): COR.10E.05 of February 2011

SUBJECT:

FORM DEVELOPMENT AND REVISION CONTROL

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1.0 PURPOSE

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

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. <u>Hawaii Revised Statutes</u>, Section 26-14.6, Department of Corrections and Rehabilitation; Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. <u>Standards for Health Services in Prisons</u>. National Commission on Correctional Health Care, (2018).
- c. <u>Standards for Health Services in Jails</u>. National Commission on Correctional Health Care, (2018).
- d. <u>Standards for Mental Health Services in Correctional Facilities</u>. National Commission on Correctional Health Care, (2015).

4.0 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 (DCR XXX) and approved by the Health Care Division Administrator (HCDA) or designee.

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5.0 PROCEDURES

.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:

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.
- .3 Medical record forms shall include the State of Hawaii on the left top header. Health Care Division shall be in the header above the form title.
- .4 All forms shall include the patient's name, date of birth and SID number
- .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 DCR 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 DCR number for the form. After the evaluation period the form shall be submitted for implementation consideration or withdrawn from use.
- .9 All approved original DCR forms shall be maintained on the network computer drive. 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.

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- .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 DCR number.
 - b. A clean, clear copy of each form in use filed in a DCR 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.

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| Deputy Director for Corrections | Date |
| APPROVED: | |
| 24 | JAN 0 1 2024 |

APPROVAL RECOMMENDED:

DIRECTOR

Date