



Health Record Form Design Guideline

1. Guiding Principles

The Australian Standard for Healthcare Records (AS2828) contains comprehensive form design detail. The following information includes the fundamental principles associated with these. The WACHS [Manager, Health Record Forms](#) can provide a WACHS specific template and advisory design support.

2. Guideline

2.1 Forms Structure

- Should be self-explanatory.
- Wherever possible and practical the physical layout of forms should be simple and uncluttered. A well-designed form flows well and is easy to follow and complete.
- There should be a demonstrated need for every item included on the form. Duplication of information from other parts of the record should be avoided.
- Items should be listed in a logical sequence. If the form is to be used for data entry it may increase efficiency if the sequence of data on the form reflects the associated system.
- Forms usually have one colour strip identifier and content areas are commonly black and white. A secondary colour such as red is sometimes used to highlight important text or sections. Each additional colour incorporated requires complexity to the printing process incurring further cost. Colour usage should be restricted only to clinical requirement (e.g. rainbow observation charts flag deterioration in condition).
- Tick boxes, where appropriate, can save time and provide for the uniform collection of information. However the data or field item is to be sufficiently descriptive to capture consistent and meaningful information.
- The wording of data items on forms is critical. It must be evident from the wording of these items exactly what information is required to be documented.
- General instructions for completion may be added to the reverse side of the form or included in particular sections where it may be unclear what or how information is to be recorded.
- Provision is to be made for recording date, time, name, signature and designation. When recording "Name" use (*Please print*) alongside to assist legibility. A signature register can accompany a form to identify those staff assigned to shifts with their signature and initial samples.
- Terminology should be consistent throughout all documentation within the health record. When documenting clinical staff need to give careful consideration to how information within the health record will be used and by whom, and apply appropriate terminology accordingly.
- The use of abbreviations should be avoided other than those in line with the Australian Commission on Safety and Quality in Health Care [Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation](#) or the Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols.

2.2 Forms Constructional Requirements

Patient Identification Label

Patient identification is to be at the top right hand corner of the front face of the form with sufficient space to affix a label. Space is to be provided on all subsequent form faces (or joined pages) for minimum patient identification information such as patient name and identifier. The space provided may allow patient identification labels to be attached.

Size

For ease of handling and retrieval, general availability and cost savings associated with uniformity, health record forms (other than personally held health records) are to be A4 in size. A3 or other size may be used for complex documentation e.g. intensive care unit charts, but should fold to A4 compatibility. Smaller forms to be incorporated into the hard copy record are to be mounted on A4 size mount sheets.

Paper Grammage

The paper weight is dependent on how it is utilised and filed. The grammage for one and two-sided use no less than 80gsm bond paper. Heavier frequency of use 110gsm e.g. progress notes. For no carbon required (NCR) paper, the top form of the set no less than 55gsm, the intermediate form(s) is to be approximately 50gsm and the bottom no less than 54gsm.

Paper quality

Generally paper is to be of non-coated stock, other than if necessary, e.g. photographs or graphics. Moisture content should be less than 10%. Thermal paper is not recommended as it deteriorates with age. (**Note:** ECG strips are currently produced on thermal paper).

Paper Colour

The colour of the paper is to be white unless clinical exceptions are determined. Where coloured paper is used, it is to be pastel. Non-white paper can create reproduction difficulty when scanned or copied, which may have legal implications.

Print Colour

Print that is not intended to be written over in pen should be black. Printed background text, graphics, gridlines, etc. that are intended to be written over in pen may be a dark non-black colour that is legible after reproduction by processes such as imaging, faxing or photocopying. Reverse printing is permissible, provided that reproducibility is maintained. The printing ink is to be water-fast and readily reproducible.

Writing on Forms

Written entries on forms are to be made in permanent ink that is readily reproducible. Fluorescent markers, erasable pens and pencils are not to be used. Black ballpoint pens meet this requirement, while felt-tip, gel-ink and fountain pens are not recommended. (**Note:** Pharmacists may use purple ink to differentiate their notation on medication charts).

Binding Margin

Minimum binding margin of 20 mm is to be allowed on the left hand side of the form. A direction against writing on the binding margin should be present.

Drilling (Punching)

There are to be two 6 mm drilled holes in the binding margin centred on the left of the form with 80 mm between the centres of the two holes. Holes are to be 10 ± 1 mm from the left-hand edge of the form to the centre of the hole.

2.3 Forms Layout – Portrait A4 example (as per Australian Standards AS2828)

See notes specific to WACHS in red sections below

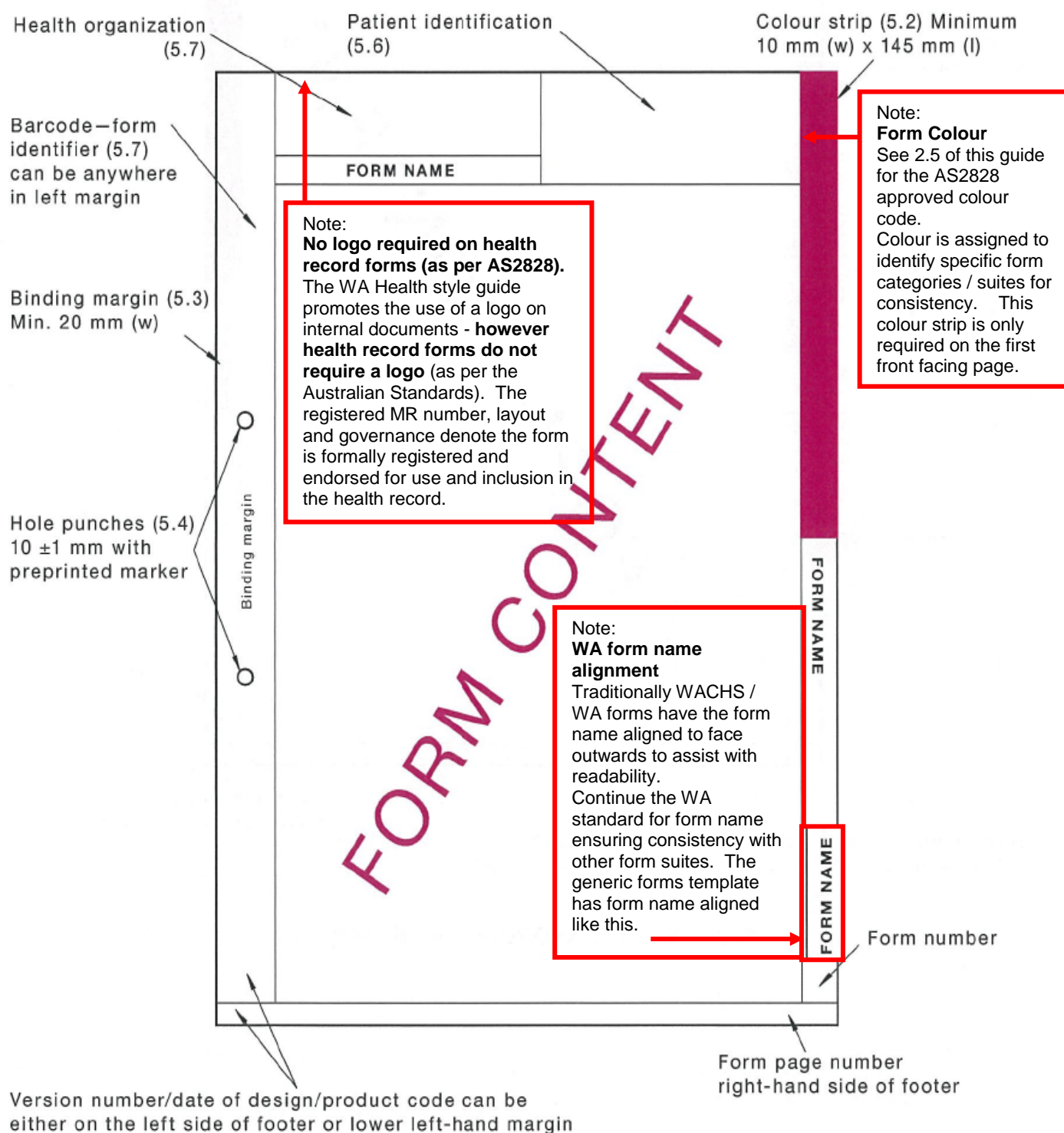


FIGURE A1 PORTRAIT A4 EXAMPLE

2.4 Forms Layout – Landscape A4 example (as per Australian Standards AS2828)

See notes specific to WACHS in red sections below

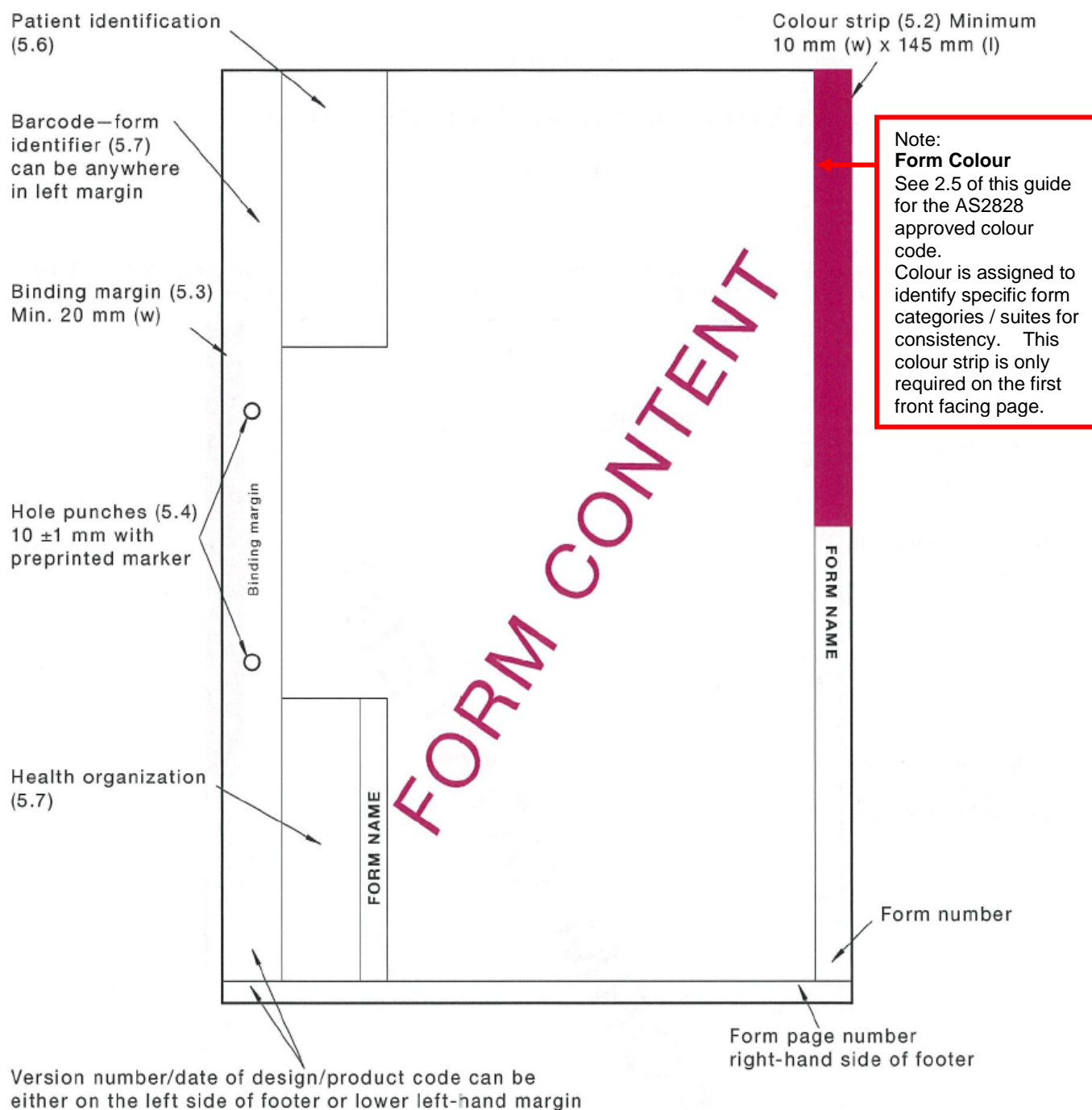


FIGURE A2 LANDSCAPE A4 EXAMPLE

2.5 Forms – Colour Coding (Informative as per Australian Standard AS2828)

The Manager, Health Record Forms is to advise of the applicable WACHS colour code for your form so it aligns to current form suites. The PMS (Pantone Matching System) denotes colour specific to print production / colour process identification.

Category Name	Strip Colour
Assessment and Care Plans	Light Blue - PMS 304U or 306U
Rating Scales / Outcome Measures	Grey - PMS 400U
Consent and Legal	PMS 525U
Discharge Forms	PMS 177U
Fluid Balance	Light Blue - PMS 304U or 306U with pattern
Patient Registration / Patient Admission Form	No colour strip
Medications / Prescriptions	Black
Observation Charts	Light Blue - PMS 304U or 306U with pattern
Peri Operative Notes	PMS Purple U with pattern
Other Diagnostic Reports	Brown – PMS 471U
Pre-Admission	Dark Green – PMS 347U
Progress Notes / Consult Notes	Light Green - PMS 389U or 375U
Referrals	PMS 177U with pattern
Specialties	
Allied Health	Light Green - PMS 389U with pattern
Cardiac Forms	Process Blue
Cytotoxics	Purple – PMS 267
Emergency Admission Notes	PMS Rhodamine Red U
Intensive Care Unit (ICU) Forms	PMS Reflex Blue U
Maternity / Women's Health	Orange – PMS 151U
Medical Imaging	PMS Yellow U
Mental Health Forms	Dark Green – PMS 377U
Pathology / Laboratory	Brown – PMS 467U or 464U
Paediatrics and Infant Information	Olive – PMS 457U
Renal Dialysis	Lilac – PMS 272

3. Trial Implementation

In order to successfully gauge the practicality and effectiveness of a form, it is recommended conducting a trial implementation. A “T” prefix must be utilised to denote trial status (e.g. TMR ### Form Name) with an accompanying “Trial” watermark. A consultation phase is to be determined from the time the form is released.

The time period required for the trial of a form is dependent on the usage of the form. High usage forms can be trialled for a period of three to six months while low use forms may require a lengthier trial. During the trial period, stocks of the “old” form (if a revised form) is to be withdrawn from circulation to enable a true and accurate trial of the “new” form to occur.

At the end of the trial period, the findings of the trial is to be evaluated to determine user acceptance (results of a compliance audit). If the trial is unsuccessful, the form should be re-designed factoring in feedback consideration from users or revert to the former version.

Forms are to undergo regular review based on risk management strategy similar to policy / procedural review or on an individual needs basis. A review period of two to five years is a guide only and should be determined on a form by form basis. A form may be required to be reviewed sooner due to any clinical, work-flow, practice or system changes that may impact the form.

2.1 Evaluation Criteria

The evaluation process is to include extensive consultation with form users allowing them the opportunity to provide pro-active feedback. All health record forms are evaluated on:

- best practice through:
 - consistent format and standardised template
 - compliance with current Australian Standards (AS2828)
- provision of supporting policy and guidelines
- current clinical policy
- clinical work flow / interaction with clinical information systems
- 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.

Some important points to note:

- Is the form clear and unambiguous?
- Does the sequence of the form flow well?
- Does it synchronise to existing clinical and administrative workflow?
- Does it interact with clinical information systems?
- Does it capture all required / desired information and patient data?

4. Print Production of Forms

A state-wide **mandatory** Forms Print Management Contract to Western Australian Public Health Care units currently exists. This common use agreement is specific to high usage health record forms exceeding volumes of 3000+ per annum. For low use forms with volumes below 3000 per annum, these can be produced via local printers or on-site as required. It is imperative all WACHS sites engage with this contract for **high use** health record form production.

3.1 Forms Pricing / Usage / Set-up time

The unit price of a health record form is based upon contracted prices over an established volume. The “buying in bulk” methodology ensures a lower unit price for a higher quantity. Price can be renegotiated accordingly if a change in application use sees more copies required. Printing is sustained via an annual volume estimate which facilitates regular three monthly print-run cycles. Forms usage requirements can be sourced via patient activity trends and other business reporting measures.

The initial set-up and turnaround time for the state printers is approximately four to six weeks (this may fluctuate dependent on print production schedules and global paper supplies).

3.2 New Version Considerations

The introduction of a new form version may need to intercept existing print schedules so forms warehoused can be utilised prior to the roll-out of a new version. This will ensure forms aren’t “written off” and withdrawn resulting in wastage and unnecessary cost. Implementation strategy is to factor this in.

3.3 Order Numbers (UCN)

High use forms are warehoused by the state printers on behalf of WACHS and issued out via purchase order in the current ordering system. Forms are established with a universal catalogue number (UCN) assigned by HSS Cataloguing so they can be strategically linked into the WACHS financial, supply and distribution system for appropriate charging out to individual health sites across regions.

The WACHS Manager, Health Record Forms sources the dedicated UCN for newly developed **WACHS wide** forms and liaises with key stakeholders such as the Regional Health Information Network and Regional Supply Network to promote a new UCN with details placed on existing regional form intranet pages / registers to support future ordering access for all staff.

Note: Regional Supply Managers can arrange allocation of UCNs for **local and or regionally developed** forms (as required). Discuss cost effective local or on-site printing options for local / regional forms with the Supply Manager as procurement expert for the region. The Manager, Health Record Forms can also support staff to discuss effective printing thresholds and options.

5. Evaluation

Monitoring of compliance with this document is to be carried out by the regional Health Information Manager or delegate, at least annually using audit tools as specified in the WACHS [Health Record Auditing Procedure](#).

This guideline is to be reviewed by the Manager, Health Record Forms every five years or earlier if required.

6. Standards

[EQulPNational Standards](#) – Standard 14: Information Management - 14.1.1

7. References

Australian Standard[®] (AS2828 – 2012) Health Records - Part 1: Paper-based health records and Interim Australian Standard[®] (AS2828.2 (Int) – 2012) Part 2: Digitized (scanned) health record system requirements

WACHS Kimberley, Health Record Documentation Procedure (August 2013)

WA Health, Legal and Legislative Services, Guidelines for Good Health Record Keeping

WA Health, Clinical Casemix Handbook (2012 – 2013) Version 3

WA Health, Health Information Planning Unit, Form Design and Documentation Standards for Health Records (June 2001)

Department of Health, NSW, State Health Forms Policy PD2009-072 (Nov 2009)

Royal Children's Hospital, Melbourne: Forms Design & Development Guide (2006)

World Health Organization, Medical Records Manual: A Guide for Developing Countries (2006)

8. Related Policy Documents

WACHS [Health Record Management Policy](#)

WACHS [Health Record Auditing Procedure](#)

WACHS [Health Record Form Management Policy](#)

WACHS [Residential Aged Care Health Record Procedure](#)

WACHS [Documentation Clinical Practice Standard](#)

9. Related WA Health Policies

WACHS [Documentation Clinical Practice Standard](#) (March 2015)

10. WA Health Policy Framework

[Information Management Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Manager, Health Record Forms (C.Jackson)		
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