

Form Design Requests for the Provincial EMR

The following are suggestions to consider **when submitting new forms for design in the Provincial EMR based** on the feedback received from both users of the EMR and users receiving forms.

1. Form Identifiers

- a. Try to use department or location contact information instead of individual names, email address, phone numbers. When this information needs to be updated, a new form will need to be submitted and placed in the queue for prioritization and development.

2. Provider Information

- a. Does the form require a signature – if not, do not include.
- b. Does the name need to be printed as well as a signature
- c. If a signature is required has enough space been provided so it's legible to both the user and when the form is sent to the destination? It's recommended to allow at least 1.5 inches (height) by 3 inches (width)
- d. Allow space for both the Provider's phone and fax

3. Patient Information

- a. Is there enough space for a Patient Name in the form
- b. Is there a spot for First, Middle, Last Name
- c. If an address is required, please provide space for two lines
- d. Is there a spot for Primary and Secondary Phone
- e. Is there a spot for Date of Birth
- f. Is there a spot for MRN
- g. Is preferred name required to be on the form
- h. Should the Patient's contact person and phone number be on the form
- i. If gender needs to be displayed, consider if it's sex at birth vs. gender

4. Form space

- a. If comments are required, has enough space been provided for user to enter details
- b. If a user can select "Other" or "Yes" to a question and additional information is required to support the answer has enough space been provided to enter text
- c. If there is white space that can be removed to reduce the number of pages
- d. If there is a page that isn't required at the destination, does it need to be included in CHR (e.g. instructions that may be helpful in the paper world)

5. Provincial Form

- a. Should this be a Provincial Form or standardized with other similar forms

6. Hospital Based Form

- a. Does there have to be separate forms for the same test at the different hospitals (i.e., ECG test, same day orders etc.) Can this be a single form with different locations?

7. Additional Workflow Considerations

- a. If the patient is required to sign or fill out any information on the form, how will this be done electronically – sent out in advance as a Qnaire or given a laptop/tablet at the office to complete or printed and signed then scanned back in

8. Have you included an updated/created version and date at the bottom so it's easy to identify if there has been an update