

Forms are a source of red tape for primary care providers and Nova Scotians alike. We are making improvements so Nova Scotians can get the care they need, faster.

This looks like:

- Forms that are faster and easier to complete
- Forms are more uniform and easier to find
- Information on forms is limited to only what is necessary and does not need to be returned for amendments
- Contributes to a reduction of administrative burden on primary care providers.

Improving how doctors complete and submit forms and paperwork reduces burnout, increases job satisfaction, and improves the overall flow of paperwork - leading to a more efficient and effective system for everyone.

This form submission document covers the steps we are expected to follow to achieve burden reduction goals.

Prior to submitting a request to the EIS Program, form owners are asked to ensure their draft form meets the guidelines listed below. Doing so will reduce the overall length of the process and avoid unnecessary delays.

**Title and logo considerations:**

- Logos & form title at the top of the form.
- Title should be concise, intuitive, unique and use key words.
- Facility / clinic name belong in the subtitle

Form owner contact and most current fax number to send the form must be included at the top of the form.

Avoid excessive narrative at top of forms so that input fields are above the scroll line.

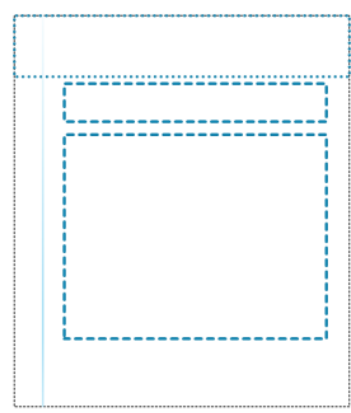
Margins should be small but enough to accommodate a 3-hole punch, or 1/4 inch if digital.

Form name & page numbers are in the footer when the form is multiple pages.

Forms should include reference to the patient's language if other than English and whether an interpreter is required.

Use a letter page size

If a label or bar code will be applied, leave space where appropriate.



Keep images to a minimum. Images must be simple and high resolution.

Font must be easily readable (Arial size 9+)

**Field considerations:**

- Request only mandatory information. Prioritize simplicity over accommodating all potential use cases.
- Group fields based on efficient clinical workflow
- Add field to indicate level of urgency/priority.
- Auto-population of fields using EMR data
- Use digital signature boxes when applicable
- Use check/radio boxes when applicable
- Free text fields available for important notes/context

Form should be black & white

Short length (ideally 1-2 pages)

Hyperlinks to be regularly tested for validity

Abbreviations and acronyms spelled out initially

Use consistent & universal terms for common data elements.

# PROCESS FOR PUBLISHING NEW OR UPDATED FORMS IN PROVINCIAL EMRS

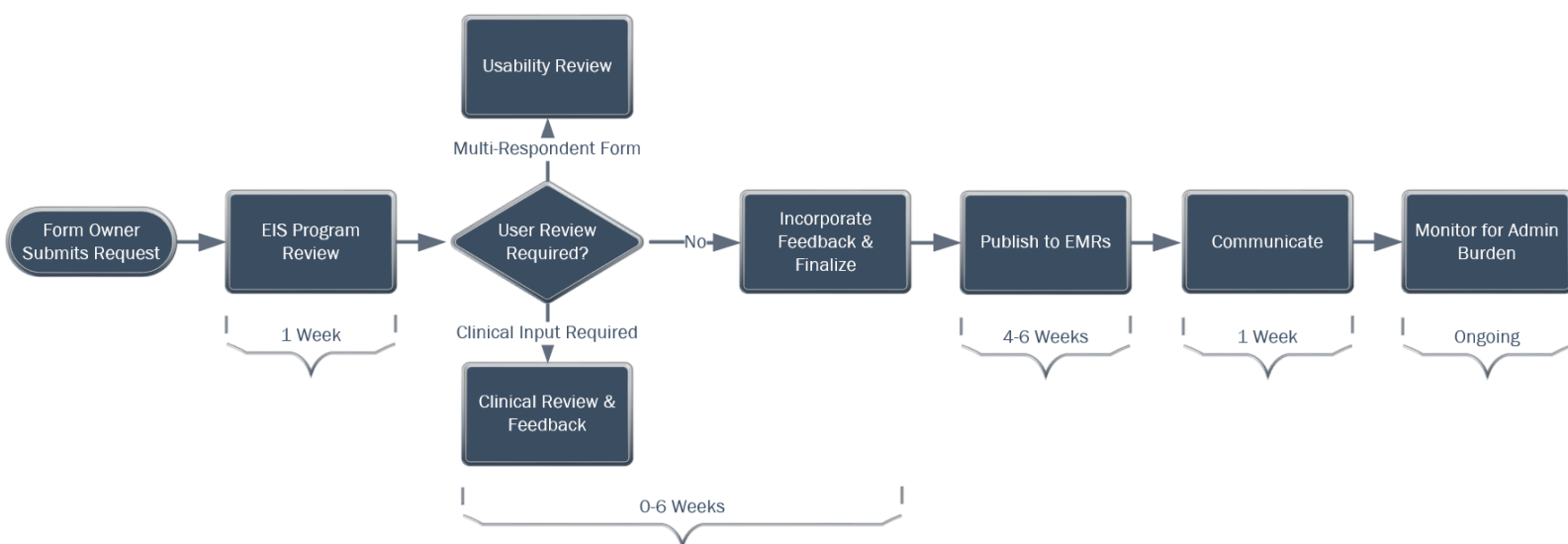
## EMR Form Submission Process

Use of the centralized intake process for the publication of Nova Scotia provincial forms in the EMRs is essential to form owners, EMR vendors and healthcare providers who complete these forms.

As a form owner, you will work closely with a team of subject matter experts, ensuring quality forms are introduced by:

- Ensuring forms meet standardized design guidelines
- Determining if, and extent of, clinical input required and coordinate a usability review with a clinician(s) when required
- Optimizing auto-population to forms, reducing unnecessary double entry
- Testing functionality of the forms inside of the EMRs
- Communicating form changes to all EMR users through multiple channels

Form owners can submit their new/updated NS provincial form by [clicking here](#)



### Did You Know?

- Based on the complexity of the form, this process can take as little as 4-6 weeks or as long as 14 weeks from start to finish.
  - Form owners are encouraged to begin this process as soon as they know changes are coming. This avoids any unnecessary delays in making the form available to all EMR users.
- Form owners should not publish or distribute updated Nova Scotia provincial forms to end users until they are confirmed to be published in the provincial EMRs. This avoids scenarios where end users upload additional versions of the form into their own local instances of the EMRs, creating duplicate versions that are not optimized and are not kept current with the officially published version(s).

# PROCESS FOR PUBLISHING NEW OR UPDATED FORMS IN PROVINCIAL EMRS

## EMR Form Submission Process Details

- **Form Owner Submits Request through the NS Provider Digital Health Toolkit**  
*Who is involved: Form Owner*
- **EIS Program Review (Target Turn Around Time: 1 Week)**  
*Who is involved: EIS Program & Form Owner*
  - Initial assessment of draft form for alignment with best practice guidelines and provide initial feedback to forms owner for consideration/modification of initial draft.
  - Determine if, and extent of, clinical input required and coordinate a usability review with a clinician(s) when required
  - Determine if the form will be completed by more than one party (multi-respondant form) and coordinate a usability review through the Department of Cyber Security and Digital Solutions if required
  - Communicate status of review to the Form Owner on a regular basis
  - Provide final feedback to Form owner on form design
- **Clinical Review & Feedback (Target Turn Around Time: 1-2 Weeks)**  
*Who is involved: EIS Program, Form Owner & Clinician Advisor(s)*
  - EIS Program coordinates engagement of clinicians
  - Review draft form for alignment with guidelines & identify any additional feedback relevant to the specifics of the draft form
  - Provide feedback to Form Owner for consideration/modification
- **Usability Review Forms requiring public to partially complete (Target Turn Around Time: 4-6 Weeks)**  
*Who is involved: EIS Program, Form Owner, CSDS & Interview Subjects*
  - Facilitated by Cyber Security and Digital Solutions (CSDS)
  - Recruitment of a representative sample (8-10 people) drawn from Form target audience
  - Engagement process occurs over 3 days
    - **Day 1 and 2:** 8-10 moderated 1 hour sessions with each participant (set context, permission to record, review/complete form). Form Owner and other key partners observe through a virtual meeting link
    - **Day 3:** "Sense making" workshop with observers who attended at least 2 sessions & moderator
  - Summary report for consideration/modification
- **Incorporate Feedback and Finalize Form Design (Included in the 4 weeks from the previous 2 steps)**  
*Who is involved: EIS Program & Form Owner*
  - Form owner makes adjustments to Form layout/content as appropriate based on clinical/user feedback and consultation with the EIS Program
  - Final version of Form provided to EIS for implementation
- **Publish to EMRs (Target Turn Around Time: 4-6 weeks)**  
*Who is involved: EIS Program & EMR Vendors*
  - EIS Program engages EMR vendors to implement the new/revised form
  - Vendors configure form to automatically populate data where possible
  - Vendors deploy form to NS EMR clients
  - Vendors inform EIS Program that new form is available
- **Communicate availability of new/revised form (Target Turn Around Time: 1 week)**  
*Who is involved: EIS Program, NSH, DNS & Form Owners (if applicable)*
  - Form owner provide notice of the update through their channels if appropriate
  - EIS Program updates NS Provider Digital Health Toolkit website
  - EIS Program requests both NSH & DNS to communicate through their respective channels (newsletters)
- **Monitor for Administrative Burden (ongoing)**  
*Who is involved: Office of Service Efficiency, EIS Program & Form Owners*
  - Office of Service Efficiency to monitor and report on net burden on primary care providers
  - High burden forms to be identified through physician outreach and prioritized for improvement
  - High burden forms owners to be contacted and encouraged to explore improvements in design & content