GUIDEBOOK FOR DOCUMENTATION AUDITORS

Prepared for:

Public Health

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Commtec Communications Group, Inc.

Table of Contents

Introduction

Thank you for agreeing to assist your colleagues and the Public Health Unit in its efforts to reinforce Quality by acting as a documentation auditor.

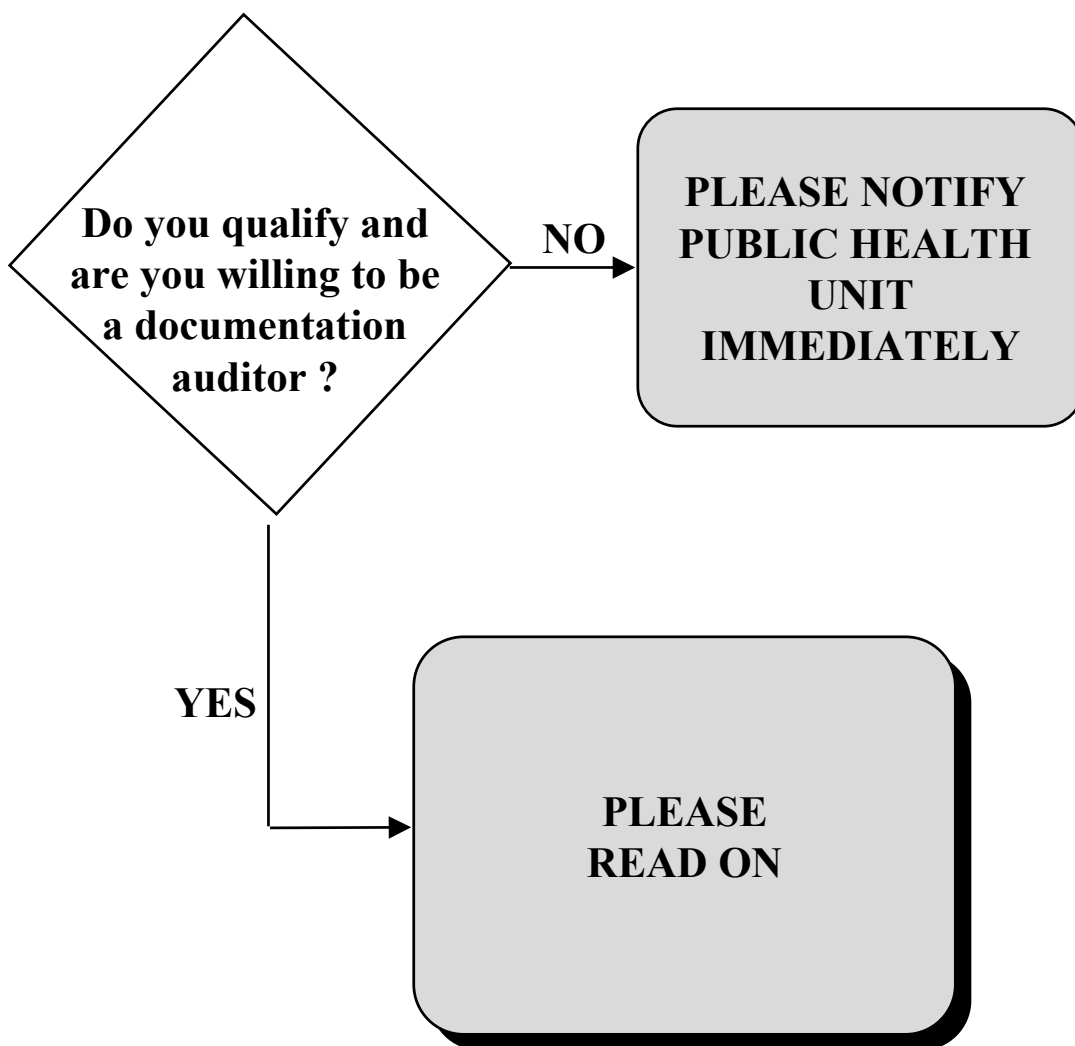As you know, to be a auditor you must have certain qualifications. These qualifications are listed below.

Required Qualifications and Competencies:

A Documentation Auditor must

- *Be a practicing Public Health professional.*
- *Have at least one-year current full time equivalent experience as a Public Health professional in Ontario.*
- *Agree to comply with the Documentation Audit guidelines provided by Public Health*
- *Not assess any documentation from the direct service area where he/she is employed or where someone else works with whom a conflict of interest could be perceived (e.g., family relationship, close friendship, etc.)*
- *Have completed the training/self study guide for public health documentation auditors.*
- *Have the ability to pay attention to detail while keeping focused on the objectives of the audit.*
- *Have the capability to provide constructive and non-judgmental feedback to the audited program director.*
- *Have the capability to uncover non-compliance to standards, procedures and/or key process requirements and provide objective evidence of these non-compliances.*

Required Time Commitment for Documentation Auditors:

To be a auditor, you must be willing and able to devote a minimum of 1/2 day for each audit. Additionally, you will need an estimated 1/2 day for preparation and reporting, and 2 to 3 hours for follow-up audits, when required.

Do you qualify and are you willing to be a documentation auditor ?

NO

PLEASE NOTIFY PUBLIC HEALTH UNIT IMMEDIATELY

YES

PLEASE READ ON

Learning Objectives

Upon completion of this guidebook, Documentation Auditors will be able to:

• Describe what a documentation audit is and why it must be done

• Outline the documentation audit process

• Prepare for an audit

• Conduct an audit

• Report the results of the audit to the audited Mandatory Program Director/ Manager

• Follow up on non-compliance(s) found within the audit

What is an Audit,
# What does auditing entail?

What is an Audit?

An audit is a "check" of compliance to a pre-specified standard, policy requirement and/or guideline. Typically an audit consists of an examination of a sample of practice and of documentation to identify any gaps or mismatches with Standards, policies requirements and/or guidelines.

Examples of audits are: Health & Safety Audits, environmental audits, quality audits and tax audits.

When does auditing entail?

Auditing requires the ability to identify gaps or mismatches between practice and standards. These gaps or mismatches would be demonstrated in documentation samples examined by the auditor. In essence, the auditor's job is to examine documentation (records) to find evidence of compliance or non compliance between the required standards and the implementation of these standards in practice.

Standard	Practice	Documentation
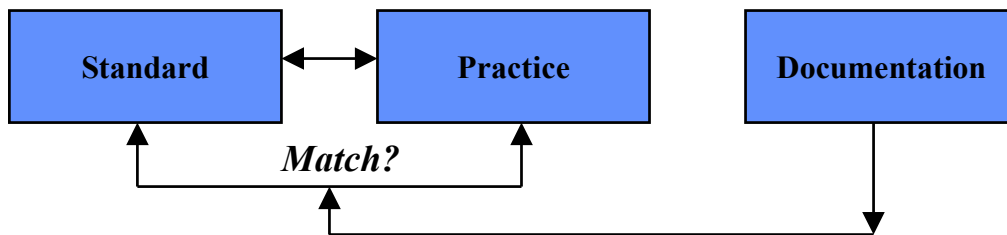
Match?

It is important to note that the auditor's job is <u>to identify mismatches</u> of practice with Standards. The auditor is not responsible, nor should s/he even try to resolve identified gaps or mismatches.

It is the program director/manager's job to determine root causes for a mismatch and to take action to resolve it.

What is a Documentation Audit, When & Why it must be done

What is a Documentation Audit?

A documentation audit checks the compliance of program files to specified requirements and standards. Public Health Documentation Audits assess Mandatory Program active and discharged files.

When do Documentation Audits happen?

- A Public Health Unit should have an annual audit plan for every Mandatory Program.The number of files and the extent of the audit will be outlined later in this guidebook.

Why do a Documentation Audit?

Audits are done to:

- provide the Health Unit with evidence of compliance to professional standards and legislative guidelines
- provide the public with evidence of on-going competence within the Mandatory Programs
- Determine if staff is following policies/procedures/guidelines
- Point to the lack of or inadequacy of policies/procedures/guidelines
- Encourage consistency of types of documents and ways of documentation
- Provide a method of feedback
- Trigger quality improvement in documentation, process, standards and outcome requirements.
- Point to learning/professional development needs
- Trigger improvements through corrective and preventive action

How to do a Documentation Audit?
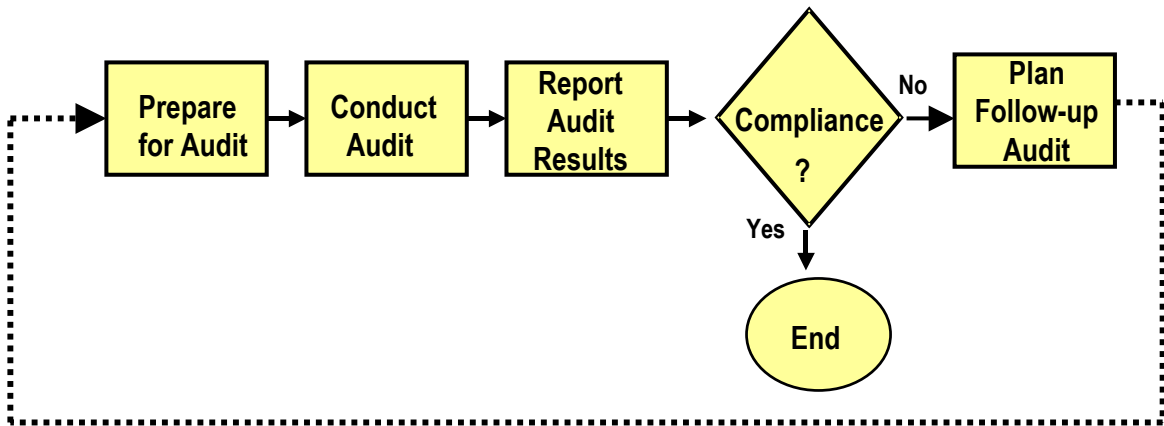
How to do a Documentation Audit?

  – follow the instructions provided in this guidebook
  – use the Documentation Audit Tool (See Appendix A)

Important Points to Keep in Mind:

  – The documentation audit tool is generic and applies to all mandatory programs.
  – The Tool applies to individuals as well as to groups, communities and populations. In essence, a "group" should be regarded as "a client".
  – You must audit against the Standards that were in effect at the time (date) the intervention documented in the file took place
  – In all files, expect to find evidence that Standards have been met – e.g., reference CNO Nursing Documentation Standards, page 7, 2nd column.

The Documentation Audit Process

Documentation Audit Process Flow:

```
┌──────────┐   ┌──────────┐   ┌──────────┐       ◇           ┌──────────┐
│ Prepare  │──▶│ Conduct  │──▶│  Report  │──▶ Compliance ─No─▶│   Plan   │
│ for Audit│   │  Audit   │   │  Audit   │       ?           │Follow-up │
└──────────┘   └──────────┘   │ Results  │                   │  Audit   │
                              └──────────┘      Yes           └──────────┘
                                                 │
                                                 ▼
                                              ( End )
```
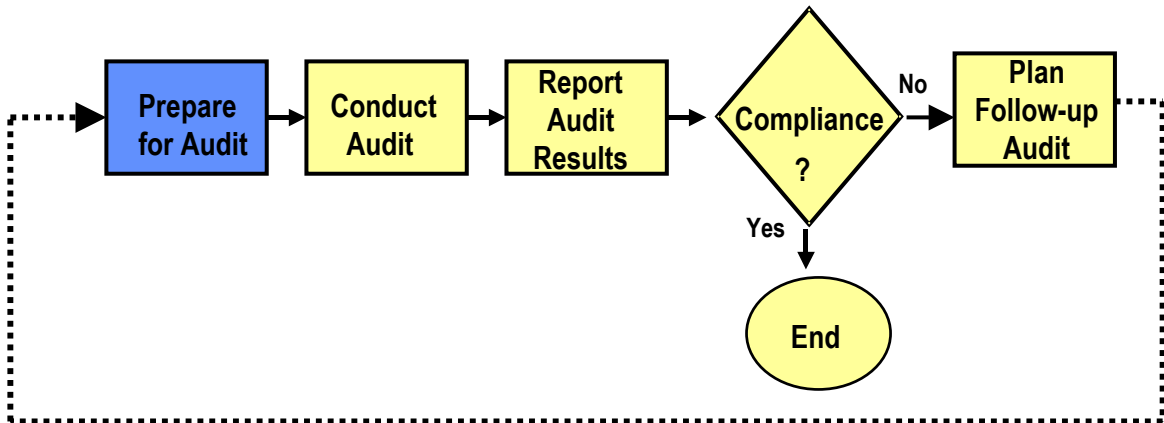
This guidebook provides you with instructions to help you work through the steps outlined in the system flow chart above. Throughout this guidebook, you will find specific instructions on what you are required to do to:

- Prepare for the audit
- Conduct the audit
- Report audit results
- Plan and conduct follow-up audits

Look for the highlighted process chart box at the top of the page to know which step in the audit process is being explained.

Preparing for the Audit

Documentation Audit Process Flow:

```
[Prepare     →  [Conduct  →  [Report      →  <Compliance  →No→  [Plan
 for Audit]      Audit]       Audit             ?>               Follow-up
                              Results]          |               Audit]
                                               Yes
                                                ↓
                                             ( End )
```

Getting ready for the audit means spending some time planning and preparing for the upcoming audit activities.

Preparation activities include:

- Determining the scope of the audit.
  - Meet with the program director/manager to decide on the areas/ issues to audit. Options include one or a combination of the following:
    - *Quality of practice issues* (including items pertaining to assessment, planning, implementation and evaluation)
    - *Quality of records issues* – (including items on record retrieval, legibility and retention)
    - *Specific program requirements* – (including items that are unique to a particular program.)
- Modify the generic documentation audit tool – see Appendix A (together with the program director/ manager) to include the relevant policies, procedures, standards and guidelines.
- Putting together an audit schedule (usually done together with the audited program director/manager);
- Reviewing the relevant program policies and procedures, standards and legislative guidelines that are referenced in standard's section of the documentation audit tool;
- Reviewing the audit tool for the assigned audit

Preparing for the Audit

Prepare for the Audit
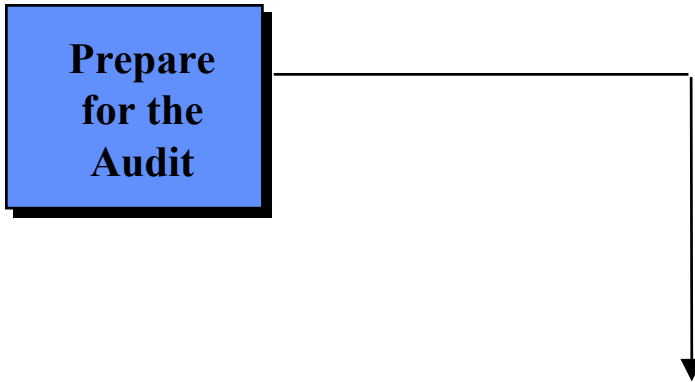
As an auditor, the first step is to meet with the program director/ manager to clearly define the scope of the audit. Some of the factors that will influence the scope of the audit include:

- Directives from the Ministry of Health, Program Management, or Professional Body,
- Any issues/ concerns the audit needs to address in addition to those covered in the generic audit tool – See Appendix A.
- The number of open (active) and/or closed (discharged) files within the program

Prepare for the Audit
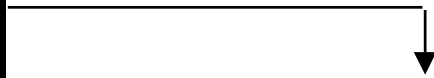
1. Gather Directives

Request any directives from the Ministry of Health, Program Management, and/or Professional Body relating to documentation that the Public Health Unit has received since the date of the last documentation audit.

Notes:*

_____

_____

_____

_____

_____

* e.g., List relevant Ministry of Health Directives.

2. Determine What to Audit

In conjunction with the program director and/or manager:

- Identify the scope of the audit:
  - Choose either a complete audit (including the categories of assessment, planning, implementation, evaluation and quality of records) or a partial audit (including any one or combination of the audit categories).
  - Develop an annual audit plan
    - At minimum, documentation audits for a Public Health Unit should take place every 6 months. The areas of focus within the audit can be broken up into sub-sections in order to keep the time commitment realistic.
    - Refer to the scheduling option charts on the following page.
- Determine the audit sampling method (see Appendix D)
- Determine the sample size for the audit:

  Put the sample size for your audit here

- Request copies of all the relevant standards/ policies/ guidelines for the program you will be auditing.
  - For example, if you are auditing the Healthy Babies, Healthy Children, you need standards/policies/ guidelines for this program.
- Arrange for individuals within the Public Health Unit to provide access to the files so that you can randomly select files to audit.

Audit Plan Scheduling Options:

Option 1:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessment	Π						Π					
Plan/Impl./ Evaluation		Π						Π				
Quality of Records			Π						Π			

Option 2:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessment	Π						Π					
Plan/Impl./ Evaluation	Π						Π					
Quality of Records	Π						Π					

3. Review Relevant Standards/ Policies and Guidelines

- For each component/ program activity identify the relevant standard/ policy and or guideline and enter it in the (drop down) "standard/policy/ guideline" column in the audit tool.

- Review the relevant standards/ policies and guidelines to familiarize yourself with the requirements. This will make it easier during the audit, to identify any gaps between the documents you are reviewing and the standards/policies/ guidelines.

- Add any additional program specific components/ activities to be audited. Note: The activities listed in the "generic" audit tool must not be deleted or modified. Only additions to these activities are to be made, if required.

- Insert the relevant policy/ guideline/ standard, etc. pertaining to any additional program components/ activities.

  Example:

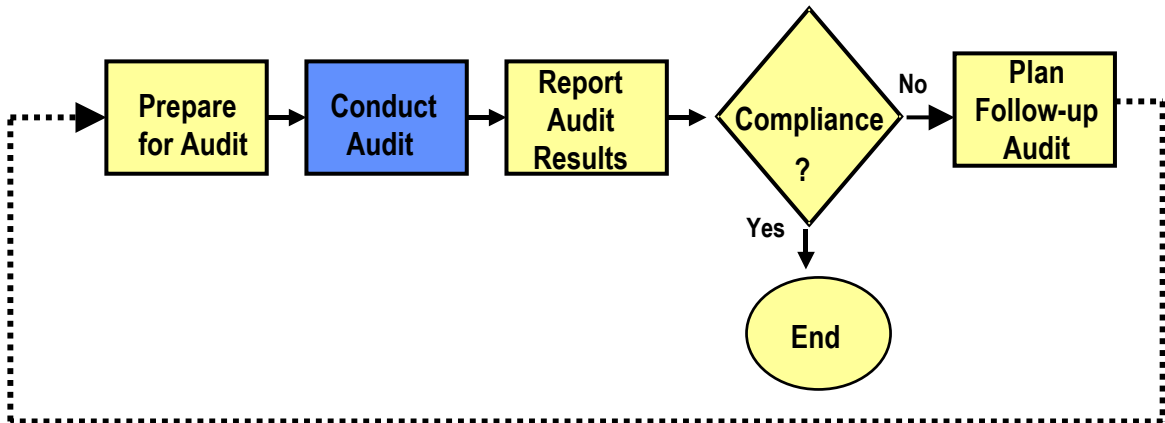 | Component/
Program Activity | Standard/ Policy/ Guideline* |
  |---|---|
  | **Assessment:** | *Mandatory Health Programs & Services Guidelines (Dec. 97)* |
  | Purpose of the interaction is identified | *" pg. 43 "Child Health Goals "* |
  | Assessment done according to policies and procedures | *Implementation Guidelines for HBHC Program (Aug. 97)* |
  | | |

- If relevant standard, policy or guideline does not exist or is not available, indicate so in the "Standard/Policy/Guideline" column of the audit tool.

- Summarize identified gaps in program standards, policies and guidelines section on the Audit Summary Form (Appendix C).

Note:

  If there is no standard, policy or guideline for a program component / activity, you cannot audit that component/ program activity. However, it is important that you capture this information on the Audit Summary Form so that action can be taken to correct this gap in standards, policies or guidelines.

Conducting the Audit:

Documentation Audit Process Flow:

```
                    ┌──────────┐   ┌──────────┐   ┌──────────┐                    ┌──────────┐
        ┌ ─ ─ ─ ─ ─▶│ Prepare  │──▶│ Conduct  │──▶│  Report  │──▶ ◇ Compliance ?   No   │  Plan    │─ ─ ─ ─ ─┐
        :           │ for Audit│   │  Audit   │   │  Audit   │      ◇             ──▶│Follow-up │         :
        :           └──────────┘   └──────────┘   │ Results  │      ◇                │  Audit   │         :
        :                                         └──────────┘      │ Yes            └──────────┘         :
        :                                                           ▼                                     :
        :                                                        (  End  )                                :
        └ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
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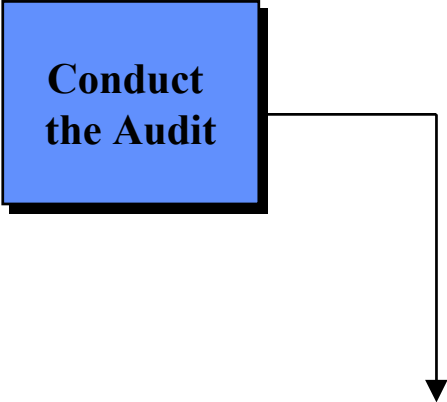
Key Activities of the Audit:

It is very important to stress to the individuals involved in the audit that when you conduct a documentation audit, you are auditing the process used by Public Health to implement its mandatory programs and/or checking the documentation (records in files) to ascertain that they are completed in accordance with procedures/ guidelines and standards.   A documentation audit is **not** a personnel performance audit.

Simply put, the audit is:

• A check of documentation to verify implementation and effectiveness of the requirements specified in procedures and in standards.

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**Conduct
the Audit**

</div>

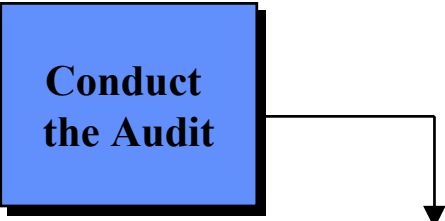## What do you verify as an auditor?

Primarily, as an auditor, you will verify that the Public Health department/area you are auditing:

• has the required documented procedures and standards

• effectively practices (i.e., implements) its procedures, and meets specified
standards, as evidenced by the documentation in audited files/charts

 and

• maintains (i.e., retains) all the required documentation (records).

Please Note:

• Make sure you are familiar with the audit tool so that you can record your findings easily

• Documentation of findings will not necessarily happen in the same order as the items listed in the audit tool

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Conduct the Audit

What do you do during the audit?

It is important to take notes during an audit. You will not be able to remember everything you see.

- Randomly select and gather the files that you will audit. See page 13 for sampling method and sample size determination.

- The timeframe for the selected files should be within the past year.

- Check your sample using the audit tool as your checklist. You may use the worksheet provided in Appendix A to track information you gather from each file.

- You must audit against the Standards that were in effect at the time (date) the intervention documented in the file took place.

- Select one of the following auditing methods:

  - Audit by item:

    ➢ Check all files for compliance on a specific item on the audit tool.

    ➢ If you identify a non-compliance and have at least 2 to 3 files as evidence of the non-compliance – STOP. You have sufficient evidence to document a non-compliance.

    ➢ Repeat the same process for the next item on the audit tool.

  ➢ Audit by file:

    ➢ Check on file at a time for all items to be audited on the audit tool. (It is recommended that you use the Worksheet provided in Appendix A, if you choose this method.)

    ➢ If you identify a non-compliance and have at least 2 to 3 files as evidence of the non-compliance – STOP. You have sufficient evidence to document a non-compliance.

    ➢ Skip the item with the identified non-compliance on all subsequent files.

Conduct the Audit

What do you do during the audit? (continued)

- Fill in the Audit tool **completely** by entering:

  - Program Name and number of files audited

  - The date of the audit

  - Your Name

Documentation Audit Tool – Public Health

Program: _____*Babyville*_____   Audit Date: _____*June 13, 200?*_____
# of files audited: _____*20*_____   Auditor's Name: _____*J. Smith*_____

- All relevant standards, guidelines, policies and procedures referenced (prior to beginning the audit)

- Checkmark to indicate compliance, non-compliance or not applicable

- Objective evidence for every non-compliance you found

- Objective evidence to support your evaluation or the rationale for choosing "n/a" (not applicable)

- Objective evidence on areas of documentation that have been done effectively and thoroughly.

Component/ Program Activity	Standard/ Policy/ Guideline*	Compliance			Evidence
		yes	no	n/a	
Assessment:	*Mandatory Health Programs & Services Guidelines (Dec. 97)*				
Purpose of the interaction is identified	*" pg. 43 "Child Health Goals "*	☒	☐	☐	
Assessment done according to policies and procedures	*Implementation Guidelines for HBHC Program (Aug. 97)*	☐	☐	☐	*Guidelines (pg. 46) do not state criteria (How Well)*

Note:

Do not leave any blank fields in the audit tool.

**Conduct
the Audit**
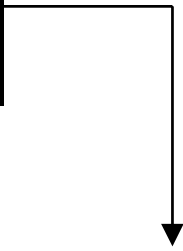
What is Objective Evidence?

Objective evidence is factual.

Examples of objective evidence are:

•   Assessment conclusions were not specified in files ABC and XYZ.

•   Consent to be referred to a nutritional counselor were not included in file FGH.

Objective evidence is undisputable and minimizes negative reactions from program management on the validity of your audit findings.

Therefore, it is important to collect objective evidence in order to:

•   substantiate audit findings

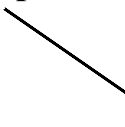•   provide proof of compliance/non compliance

> **Note**: Stating an opinion like "inadequate assessment conclusions" is not acceptable. Your notes must be more specific and based on factual evidence.

Example of factual evidence:
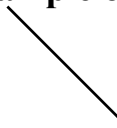
Assessment conclusions were not specified in files ABC and XYZ

Example of opinion (NOT factual evidence):

Inadequate assessment conclusions found

4. Fill in an Audit Non-Compliance Statement Form (See Appendix B) for every question in the audit tool that you checked as "No" in the Compliance column of the audit tool.

How to write Non-Compliance Statements:

Non-Compliance Statements are your documentation of the issues that present documentation (quality) problems and/or opportunities for improvement.

To facilitate the understanding of the problem/opportunity for improvement you outline in a Non-Compliance Statement, you must state it clearly, and accurately. Non-Compliance Statements must include factual, objective evidence so that the program director/ manager will understand exactly what the issue is.

Audit Noncompliance Statement Form – Public Health
Program: *Babyville*   Audit Date: *June 13, 2002*   # of files audited: *20*   Auditor's Name: *J. Smith*
Documentation Problem Identified during the audit (see compliance and evidence columns above):   *There are no evaluation plans included in some files though required by Guideline 123 of the Implementation Guidelines for HBHC. Examples: No plans found in files G,H,N.*
J. Smith   *T.Brown*   Signature of Auditor   Signature of Audited   program director/ manager
Planned follow-up audit date _____
This Section to be filled in by Program Director/ Manager.
Root Causes for Documentation problem:
Recommended Action Plan:
Implementation of Action Plan (Notes by program director/responsible manager)
Follow up audit results – to be attached to file. (using same audit tool; focus on problem areas only).

What are the components of a Non-Compliance Statement?

Non-compliance statements should include the following information:

•Name/number (ID) of file or chart page or exact section/location where the non-compliance was found

•What was the non-compliance

•Reference the procedure and/or Standard or guideline (page and paragraph) – i.e., the requirement that was not complied to.

•The auditor's name, signature and audit date

**Conduct
the Audit**
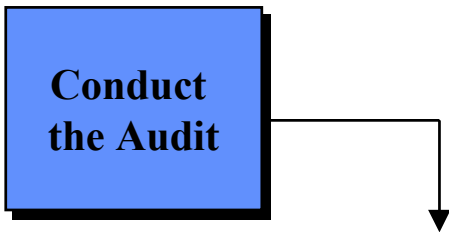
What is the program director/ manager's role in the audit?

Once a non-compliance is issued, it is important that you discuss it with the program director/manager and get him/her to agree to the issue and commit to resolving it.

The program director/manager must then:

• conduct a root-cause analysis of the non-compliance and record the results

• determine corrective and preventive action to be taken to resolve the non-compliance

• implement the action

• do all of the above within the time frame agreed upon with the auditor or in accordance with the Program's documented procedures.

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**Conduct
the Audit**
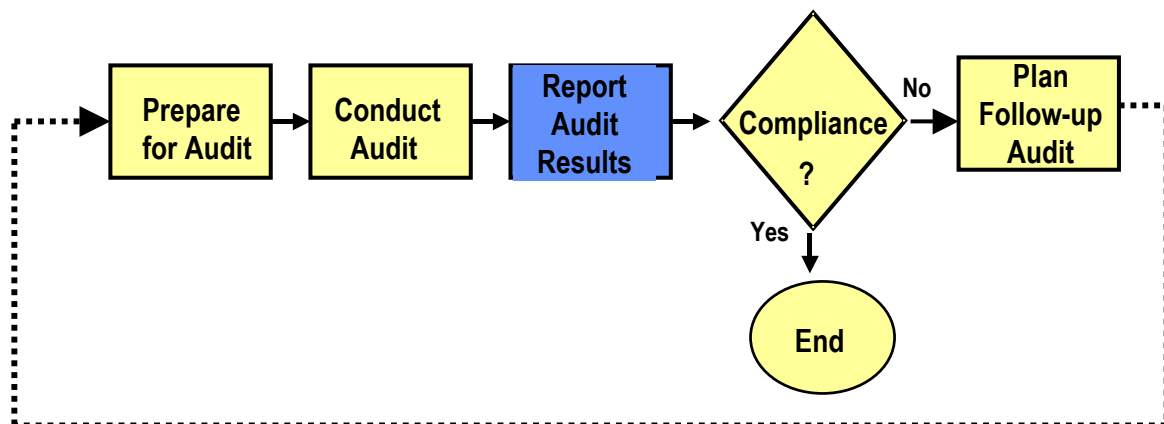
</div>
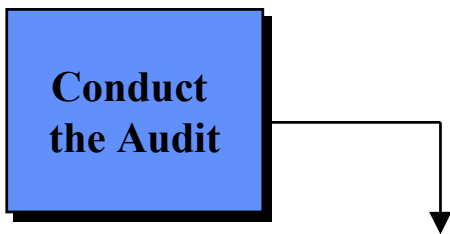
How do you close the Audit?

After you complete the audit and had some time to summarize the audit findings, it is time to present a summary of the audit results to the program director/ manager. At the scheduled time, hold a closing meeting. In this meeting you should --

• provide the program director/ manager with a summary of the results of the audit

• report on specific non-conformities found during the audit

  - using the completed documentation audit tool

  - a copy of the nonconformity statements that were issued (if any)

• answer any questions the director/ manager may have

• discuss and agree on action plans to resolve any non-compliances (Action plans to be documented on Audit Non-compliance Statement Form – Appendix B)

• set up a follow-up activity (if required)

• thank the program director/ manager

Reporting Audit Results:

Documentation Audit Process Flow:

```
 ┌──────────┐   ┌──────────┐   ┌──────────┐      ◇           No    ┌──────────┐
→│ Prepare  │→ │ Conduct  │→ │ Report   │→ │Compliance│ ─────→ │  Plan    │
 │ for Audit│   │  Audit   │   │  Audit   │   │    ?     │        │Follow-up │
 └──────────┘   └──────────┘   │ Results  │      ◇           │  Audit   │
                               └──────────┘      │            └──────────┘
                                              Yes│
                                                 ↓
                                              ( End )
```

When and What to Document:

Documenting the results of the audit is an on going process for the auditor.

It takes place throughout the audit, when you record and note your observations of non-compliances, opportunities for improvement, as well as areas where documentation has been done effectively and thoroughly.
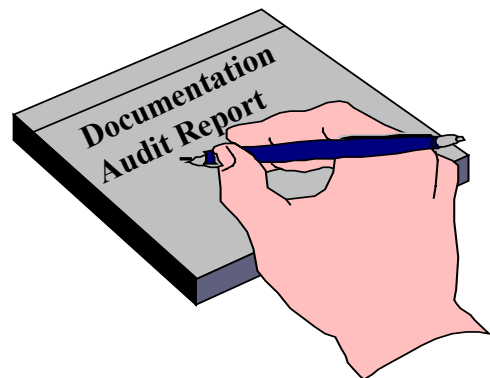
Report Audit Results

After you have completed the audit, submit a status report to the program director/ manager, within 7 calendar days.
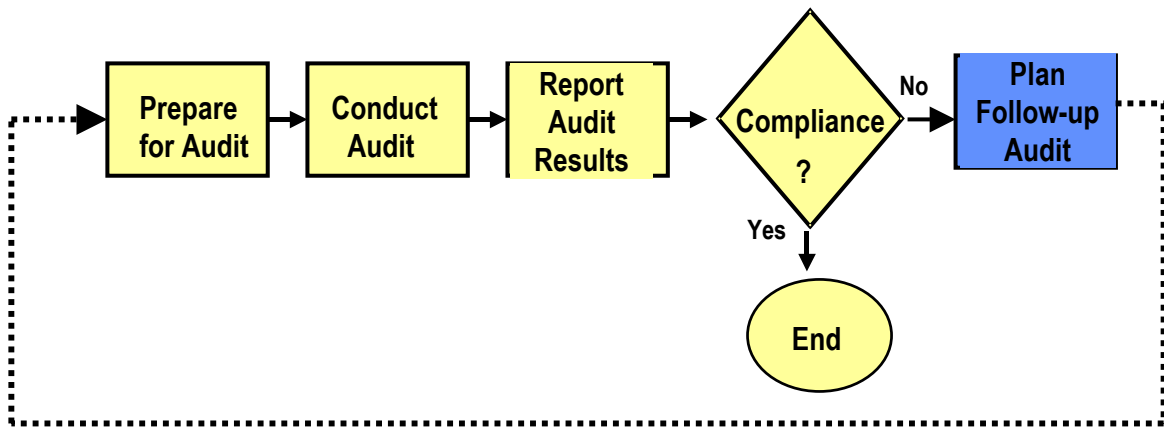
Your report should include:

- a summary of overall findings (e.g., strength(s), non-compliances issues, priorities for actions)
- copies of the completed documentation audit tool
- copies of audit non-compliance statement forms signed and dated by the auditor and the program director/manager

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Audit Summary Form – Public Health

Program: *Babyville*
\# of files audited: _____
Audit Date: _____
Auditor's Name: _____

Program Strength(s):

Strengths of this program are in the Assessment and Planning Components

Identify Gaps in Program Standards/ Policies and Guidelines:

Implementation Component - pg. 3 of Audit Tool - Unable to find relevant standards, policies or guidelines. Consequently, these items could not be audited. Also, see page 5 - Quality of Records.

Non-Compliance Issues:

Assessment 1 item - see pg. 1 , Evaluation 2 items - see pg. 3 , Quality of Records 1 item - see pg. 4. Total of 4 noncompliances (See Noncompliance Statement Forms)

Priorities for Action (including recommendations to develop or revise standards, policies or guidelines:

1. First priority for action is to develop implementation Standards, policies , guidelines.
2. Determine root cause of all 4 non compliances.
3. Develop and implement action plan.

June 17, 200? _____ *J. Smith*
Date _____ Auditor's Signature

Plan and Conduct Follow-up Audit:

Documentation Audit Process Flow:

```
Prepare      →   Conduct   →   Report      →   ⟨Compliance?⟩  --No-->  Plan
for Audit        Audit         Audit                                   Follow-up
                               Results                                  Audit
                                               |Yes
                                               ↓
                                              End
```

Plan and conduct the follow-up audit:

• Conduct the follow-up audit 6 months after the initial audit in conjunction with the next scheduled audit (as required by your audit plan).

• Use the same process steps as you did in the initial audit.

• Look only at items that had non-compliances in the initial audit.

• Pull files only from dates following the implementation of the corrective action.

• Assess the effectiveness of the resolution(s) of non-compliant issues found in the initial audit (i.e., there is no more evidence of noncompliance).

Plan Follow-up Audit
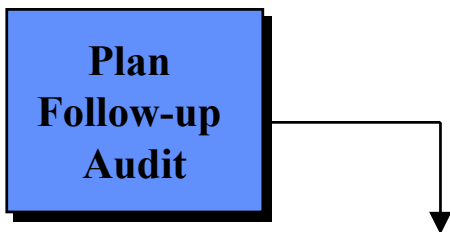
How do you verify that there is resolution to non-compliance issues?

One of your responsibilities as an auditor is to verify that non-compliances have been resolved and that the solutions have been implemented and are effective.

To do that, you will likely have to conduct a follow-up audit to assess the status of the issues you found not in compliance in your previous audit. You will have to:

• examine documentation to sample implementation of the corrective action that was taken

• assess the effectiveness of the resolution (i.e., has the non-compliance been resolved?)

• has the solution been implemented systemically (i.e., it is not limited to the resolution of examples you noted in the original nonconformity statement)

If the resolution of non-compliance is inadequate or ineffective, or has not been done, you should determine why, discuss an action plan with the program director/ manager and, if the issue remains unresolved, report it to the responsible Public Health executive. Note that unresolved corrective and preventive actions may need to be taken up for discussion and resolution by Public Health's executive management.