REVISED GUIDEBOOK

FOR DOCUMENTATION AUDITORS

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Background and Introduction

Background

ANDSOOHA's Documentation Audit Toolkit [1] provides users with information related to the process and components of documentation audits. In September of 2015, the Northern Professional Nursing Practice Network's Quality Assurance and Continuous Quality Improvement (NOPNPN QA-CQI) working group developed a chart audit environmental scan. [2] The purpose of the scan was to determine current documentation audit practices at each of Ontario's health units, to assess the level of awareness and utilization of ANDSOOHA's toolkit, and to obtain recommendations for improving the toolkit.

As part of the Ontario Public Health Standards, the Ministry of Health and Long Term Care has identified a Public Health Accountability Framework. [3] This document notes that "Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice." [3p59] Within this framework, documentation audits would meet objectives related to the domains of Good Governance and Management Practices as well as Public Health Practice. Moreover, documentation auditing could function as part of monitoring and reporting, continuous quality improvement, performance improvement as well as compliance efforts ultimately feeding into the requirements of the Boards of Health.

This working group has developed this revised Documentation Audit Toolkit based on ANDSOOHA's original documents, prepared by Hanna Mayer & Associates – Commtec Communications Group Inc. [1], with content being revised to provide an up-to-date reference for documentation auditors in Ontario health units. Revisions to the toolkit have been informed by findings from the chart audit environmental scan and recommendations from a literature review.

This guidebook and all related documents (e.g. appendices, audit tools) are generic and can apply to all health unit programs and services. Audit tools and related documents can be revised to meet the specific needs of each health unit.

Within this guidebook, its appendices, and any other related material, the term "client" can refer to an individual, family, community or any other group or population.

Introduction

What is an Audit?

An audit is a "check" of compliance to a pre-specified standard, policy requirement, guideline and/or legislation. [1] 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.

There are several different types of audits. Some examples include: health and safety audits, environmental audits, privacy and security audits, quality audits and tax audits. Some audits are mandatory for the following reasons:

- Fulfilling the requirements of Service Agreements (e.g., Ministry of Children and Youth Services - Healthy Babies Healthy Children Service Agreement); or
- They are critical practices to support specific legislation (e.g., security and access audits of electronic documentation systems - FIPPA); or
- They are expected in order to meet organizational requirements as part of the Public Health Accountability Framework as outlined in the Ontario Public Health Standards.

Audits can be proactive and/or reactive. Proactive auditing is an audit completed on a planned and scheduled basis. Reactive auditing is an audit that takes place based on a triggering event (e.g., inquiry from client, current events, issue identified).

Audits can also be described in terms of who is performing the audits:

- Internal audits are those which are performed within the organization. An example of this is a documentation audit that is completed on a public health unit's charts by that public health unit's employees.
- External audits are those which are performed by a third party that is external to an organization. An accreditation process is an example of an external audit whereby a third party is involved in auditing activities in order to provide a specific certification.

What is a Documentation Audit?

A documentation audit checks the compliance of documentation to specified requirements and standards. In public health, documentation audits look at the documentation related to the public health programs and services. Documentation audits measure the quality of the documentation against program standards, as well as other standards and guidelines as set by the professional's regulatory or organizational body, and any other legislation that applies to documentation practices. These documentation standards may be further clarified and described within a health unit's own policies, procedures, or other supporting documents related to documentation audits. Audits may be done on charts of both active and inactive or discharged clients of an organization. [1]

Documentation Audit Roles

The auditor's role is to examine documentation (records) to find evidence of compliance or non-compliance between the required standards and the implementation of those standards in practice. The auditor uses an established audit tool and/or process in order to complete the audit. [1]

It is important to note that the auditor's role is to review and identify compliance or non-compliance with standards, policy, guidelines and/or legislation. The auditor is not responsible for resolving identified gaps or mismatches. A documentation audit is not a form of performance evaluation. [1]

It is the role of health unit leadership to determine root causes for any non-compliance items and to take action to resolve them. It is also their role to follow-up with any corrective action with individual employees, if deemed necessary. [1]

Note: For the purpose of this document, we have used the term "leadership" instead of managers, directors, administration, management or similar wording. This has been done to account for the different leadership structures that exist in each health unit.

Benefits of Documentation Audits

There are many benefits to performing documentation audits [1]:

- Provides evidence of compliance to professional standards and legislative guidelines
- Determines if staff is following policies/procedures/guidelines are being followed
- Points to the lack of, or inadequacy of, policies/procedures/guidelines
- Encourages consistent documentation
- Provides a method of feedback
- Triggers quality improvement in documentation, process, standards and outcome requirements
- Points to learning/professional development needs
- Triggers improvements through corrective and preventive action

Key Considerations for a Successful Documentation Audit Strategy

Documentation Source

Consider the documentation source:

- Individual/Family Client Interactions (e.g. Healthy Babies/Healthy Children documentation)
- Group, Community and Population Interactions (e.g. documentation of a prenatal series)
- Projects (e.g. documentation of launching new programs or redesign of existing ones)
- Social Media (e.g. documentation of interactions with clients on Facebook)

Documentation requirements for individuals can be somewhat different than the documentation requirements for groups, special projects or interactions via social media. Likewise, audits of the

documentation related to these activities may also be different. You may need to consider revisions to your documentation audit assessment tools and/or templates.

Provide ongoing training for staff involved in the audit process

Research shows that audits often lack support, and good training for the methodology and techniques of conducting audits. [5,7] Ongoing training entails providing regular training on all aspects of chart audit expectations and outcomes to eliminate human error by staff and auditors. Additionally, ongoing training ensures that knowledge and awareness of audit expectations among staff and auditors are the same. When staff and auditors have the same knowledge about audit expectations and outcomes, it ensures reliability of the chart audit process. Furthermore, training and calibration of audit expectations support the retention of audit knowledge from year to year and will help new staff become familiar with the process. [7-9]

Provide regular opportunities for staff to provide feedback on the audit process

It is important to pay attention to clinicians' perceptions about audits and to the factors that hinder or facilitate audits. Emphasis should be placed on providing regular opportunities for staff to provide feedback so that gaps and inconsistencies in audit processes may be addressed. [7,9]

Establish strong leadership

Strong leadership plays an important role in planning and organizing staff around audit duties, treating audit staff as valued members of the team, recognizing that auditing is a valued activity, providing training to audit staff, as well as ensuring accountability, and setting goals. In short, strong leadership should provide support to staff and auditors to properly carry out audits. Not surprisingly, supporting colleagues in auditing is essential to positive perceptions of audit activities. [7,9]

Conduct audits in teams

Instead of delegating one person to conduct the audit, research shows that audits are most effective when carried out by teams (or by at least more than one person). [8,10]

Establish timelines and project audit time

Auditors need to have protected time to properly conduct a documentation audit, especially to reflect on and review findings. Some researchers suggest that leadership needs to provide staff and auditors with protected time to prepare, conduct, assess, and re-assess an audit. The auditor should be able to complete the audit in a reasonable amount of time. The expected amount of time to complete the audit would largely depend on the purpose and the structure of the audit being done. For example, a stand-alone process audit may take as little as 5 to 10 minutes, while a performance audit (or a combined

process and performance audit) may take longer. Johnson et al. (2010) proposes that audits cannot be lengthy or time consuming in order for auditors to have time to adequately address gaps in documentation. [10]

Tool design

In order to reduce the amount of time spent on audits, implementing user-friendly features such as check boxes, where possible, will help reduce the amount of writing to explain findings. [7]

Ethical Aspects of Audits

The ethical dimensions of conducting documentation audits have largely been neglected in practice and in the literature. While audits differ from research, Ashmore [4] argues that ethical issues require similar attention during the audit process. Issues of informed consent, confidentiality and anonymity should be addressed within the context of audit processes. These issues include, but are not limited to: collecting documents/records that include client information, seeking consent and respecting clients' right to not participate in the audit, storing and securing audit data, destroying audit data, ensuring anonymity and confidentiality, and disseminating audit results. [4-6]

Privacy and Consent

Section 37 of the Personal Health Information Protection Act (PHIPA) [11] states "A health information custodian may use personal health information about an individual … for the purpose of risk management, error management or for the purpose of activities to improve or maintain the quality of care or to improve or maintain the quality of any related programs or services of the custodian."

Documentation audits could be considered an "error management" or "quality of care" activity, and therefore the health information custodian may use personal health information for this purpose without obtaining consent from the client.

There are other considerations from the PHIPA that must also be present in our health units' documentation audit practices.

Section 30 of PHIPA [11] also tells us to minimize the use of personal health information.

- Do not use personal health information when other information will serve the same purpose.
- Do not use more personal health information than what is needed.
    - Example – On the audit tool, the auditor can note that the "referral to an external agency was not completed" rather than "referral to child protection services was not completed".

We can also maintain privacy of personal health information by:

- De-identifying identifiable information as much as possible (e.g., using file numbers instead of client initials and/or date of birth),

- Protecting the confidentiality of personal health information throughout the documentation audit process, and,
- Minimizing who has access to personal health information that may be part of the documentation audit process.

In addition, you should consider aspects of confidentiality and security when storing and retaining documents related to documentation audits. Results of individual documentation audits involving any employee should not be accessible by other employees. Policies and procedures should be in place regarding the confidential storage, management, retention and destruction of such documents.

If there is any uncertainty regarding your organization's responsibilities related to privacy and consent within your documentation auditing activities, then you should consult PHIPA, contact the Information and Privacy Commissioner of Ontario and/or seek legal counsel.

Performing Documentation Audits

Developing Documentation Audit Processes

Before a health unit begins the work of planning and conducting documentation audits, there are a number of things that can be put in place to support the work of documentation auditors. This may include:

- Audit policies
- Audit procedures
- Benchmark/acceptable audit score targets
- Development of audit document templates/tools
- Staff awareness of documentation audit activities
- Documentation auditor training
- Identification of protected time/resources for conducting audits
- Leadership support/approval
- Communication strategy

Some of these supports will be discussed elsewhere in this guidebook. These supports can help to define your health unit's auditing processes, expectations and goals and can lead to improved consistency and implementation in how audits are conducted and how results are reported.

Phase 1: Prepare

Preparing for the Documentation Audit

Preparing for an upcoming audit requires thoughtful planning to ensure success. The following steps should be taken when preparing for an upcoming audit:

1. Identify the scope of the audit
2. Modify generic documentation templates/tools
3. Create an audit schedule
4. Determine your audit strategy

Identify scope of the audit

Select an area of focus

When designing an audit, there are certain characteristics one may want to consider when determining the focus of an audit. Documentation audits should focus on items that are of significance or importance to public health practice and/or involve consequences important to the public health sector or organization. Additionally, audits should focus on data that is readily available for collection and analysis. [12]

For example, documentation audits may focus on one or more of the following:

- Quality of practice issues (e.g. accuracy and completeness of assessments being documented)
- Quality of records issues (e.g. use of approved abbreviations, legibility, proper notation of documentation errors)
- Specific/unique program requirements (e.g. proper referral processes being followed)

Identify measures

Once the audit focus is identified, exact measures or criteria of the audit must be clearly defined. Guidelines must be created specifying what should be counted as a "yes" or "criteria met" and what should be counted as a "no" or "criteria not met". Ensure policies, standards, guidelines, or any other documentation are reviewed and used to define precisely what will be measured. [13]

You must audit against the standards (e.g. policies) that were in effect at the time (date) the intervention documented in the file took place. [1]

Determine the audit sampling size and method

Determine your inclusion and exclusion criteria to help identify which records or documentation to audit. Likely, the focus of the audit itself will define your documents to audit.

Sampling will be required if it is not feasible to manually review all charts meeting the inclusion criteria for your documentation audit. Individual agencies should consider audit sample sizes and sampling methods based on their individual needs, programs, services, existing guidelines, policies, and procedures.

In addition to the above considerations, here are some questions to consider when determining your sampling method and sample size:

- Will this type of auditing be done over time? You may want consistent sampling size/methods with each audit of the same type.
- Does your sampling need to be statistically valid? If results need to be statistically valid, choosing a sample size is critical. [13] This would require more precise sampling calculations than simpler means, such as convenient sampling.

Some examples of convenient sampling sizes and methods include:

- Using 10 percent of all charts meeting inclusion criteria.
- Selecting all charts from one particular day. [13]
- Selecting a specific number of random charts per documenter being audited.
- Selecting charts based on when they are accessed (e.g., charts for every 5th or 10th client for a specific period of time).

Documentation Audit Assessment Tool Development

The Documentation Audit Assessment Tool (see Appendix C) is an instrument that can be used to document audit findings. This tool lists many items that can be assessed during a documentation audit, but it is expected that health units will modify and/or add to the list of items to audit – based on their own program requirements, policies, standards or other needs. As such, your health unit may develop several versions of this audit tool, with one version being available for each separate program or for other specific purposes. This tool development should be considered and completed well before your audit begins. These tools should also be reviewed regularly to ensure that they continue to meet the changing needs of your organization.

Create an Audit Schedule

Creating an audit schedule can ensure that audits are carried out on a routine basis. Audits schedules should be based on each health unit's policies, practices and/or capacity.

Determine your Audit Strategy

You can conduct an audit in one of two ways: either by an "audit by file" or an "audit by item". Here is a description of both methods.

Audit by file:

- Check one file at a time for all items to be audited on your audit assessment tool.
- This method is useful to identify non-compliances that may exist in documentation – especially if a larger number of charts are being audited.

Audit by item:

- Check all files for compliance on a specific item on the audit tool and then repeat the same process for the next item on the audit tool.
- This is an alternative method that can be used to identify non-compliances.

Another strategy decision that should be determined before conducting your audits is when to terminate the audit – which may depend on the scope, size and purpose of your audit. For example, in the event that you are auditing three charts per employee, you will likely choose to complete all audits in that sample. However, if the purpose of your audit is to find evidence of non-compliance on a

particular item, such as the proper referral process for your organization, you may decide to end your audit when you feel you have enough evidence of the non-compliance. For example, if your sample size is 40 charts, but you find glaring evidence of non-compliance after the first 30 charts and have enough details with which to suggest improvements, then you may decide to end your audit.

Phase 2: Conduct

Conducting the Documentation Audit

In this phase, auditors actively gather and audit documentation, using the following steps:

1. Gather your sample charts
2. Audit the sample charts
3. Summarize the audit results

Gather your Sample Charts

- Randomly select and gather the files that you will audit. See page 13 for sampling methods and sample size determination.
- The timeframe for the selected files should be within the past year.

Audit the Sample Charts

- Use your Documentation Audit Assessment Tool to compare each audit item that is being measured against the documentation within each sample chart. (See the example template in Appendix C.)
- For each audit item on the assessment tool, determine if the chart or other documentation is compliant with that audit item or not. Indicate the result for each item on the assessment tool.
- Any item scored as non-compliant should also have a description of how and/or why it was scored that way. This will help to identify trends and appropriate follow-up measures during the analysis of the audit results. You may also wish to add details of documentation that is particularly strong in order to identify notable strengths, but this is not mandatory.
- It is important to use factual, objective evidence to support findings of non-compliance. Objective evidence is undisputable and provides concrete details on which to base follow-up

actions and improvements. Subjective evidence may be questionable and open to interpretation, and might not provide sufficient details for follow-up.

- Complete the above steps for each chart, until all sample charts have been audited.
- The auditor should not audit their own documentation. A second auditor should audit those charts.

Summarize the Audit Results

- Review all of the audits that were scored. See Appendix D for an example of an Individual Documentation Audit Findings form.
- Identify any trends. There may be some non-compliances that are noteworthy, even if they do not show a trend across multiple charts – depending on the nature of the audit item being scored.
- Document your findings. See Appendix E for an example of a Documentation Audit Summary & Recommendations Form.
- Your documentation must include a summary of the trends that have been identified, and may also include any strengths and any suggestions for improvement.
- The summary should provide enough detail so that health unit leadership and staff have a clear picture of the documentation audit results and what needs to be improved – without having to go back to individual charts.

Phase 3: Report

Report Results from the Documentation Audit

Communication and documentation of audit results occur in the Report phase. These actions support a culture of quality improvement as they allow organizations to demonstrate their successes and provide opportunities for improvement of documentation practices – which will also improve future documentation audit results.

Communicate and document audit results according to your own health unit's policy.

- Acknowledge positive audit results and encourage continued excellence in documentation practices.

- Identify areas for improvement.
- Engage key stakeholders (nursing, clerical, leadership, IT, etc.) in determining potential solutions.

If your audit results have been very positive, then you should celebrate your success! Positive feedback should be given to the individuals or team that has been audited to continue their excellent documentation practices. Also celebrate the audit process – that it was conducted and is an important aspect of quality improvement.

Phase 4: Improve

Continue Improvements Following the Documentation Audit

For documentation audit non-compliances, it is imperative to reaffirm corrective and/or preventive action to be taken to address the areas of non-compliance. This may be targeted towards a group (e.g. all staff in one program), to specific individuals or the organization as a whole (for example, improvements to policy/procedure, guidelines, systems, etc.).

In the event of minor non-compliances, the auditors can continue with the next scheduled audit, but a follow-up audit should be scheduled for any serious non-compliances.

Follow-Up Audits

The purpose of the follow-up audit is to show the effectiveness of any education or corrective action or to show the need for additional education or corrective action. The follow-up audit would use the same process steps as you did in the initial audit, but only pull charts/files with dates occurring after the implementation of the corrective action plan. The focus will specifically be on any items that were non-compliant in the initial audit and on the effectiveness of the actions/interventions that were put in place to address the non-compliances found in the initial audit.

Summary

This completes the chart audit process.

Prepare a documentation audit schedule (or multiple schedules, as needed) for your organization, following your own policies and procedures and following the above process of preparing and conducting audits, reporting results and making improvements. The information gained will help to measure performance and improve quality of the documentation being conducted within your organization.

Conclusion

ANDSOOHA's Documentation Audit Toolkit (2002) provided users with information related to the process and components of documentation audits. The Northern Professional Nursing Practice Network's Quality Assurance and Continuous Quality Improvement working group has revised this toolkit, utilizing results of an environmental scan and a review of the literature.

This new toolkit provides an overview of the purpose of documentation audits, lists key considerations when conducting these audits and highlights key processes when conducting documentation audits in a public health setting. The authors of this resource realize that the needs and practices related to auditing vary widely in public health agencies, however, it is the hope that this toolkit can help inform audit processes and promote this important quality assurance practice in public health agencies across Ontario.

Appendix A – Audit Worksheet Considerations

Introduction to Audit Worksheets

The following appendices contain worksheets that can be used with your health unit's documentation audit process. It is expected that each health unit will modify these documents to meet their individual needs. For example, your health unit may have specific documentation items that you would like to be noted in a documentation audit. You may have specific process items that you would like audited as well. Edit your documentation audit assessment tool to best meet your needs.

Considerations for Paper vs. Electronic Documentation

When modifying the assessment tool for your own needs, consider the format of your program or service's documentation. Is your documentation paper-based? Is it done through an Electronic Medical Record (EMR)? Or do you have both formats in your documentation practices? Your program's documentation format will dictate much of the content of your assessment tool – especially in regards to the Documentation Quality Items. For example, if all of your documentation is electronic, then you will not need to audit for documentation legibility, ink colour, etc. You may not even need to audit for items such as documentation sign-off, if that is an automated feature of your EMR. Design your audit assessment tools with this in mind. If your program or service has both paper-based and electronic documentation, then you may want to have audit items reflecting both formats on your assessment tool, or you may want to develop separate assessment tools.

Suggested Worksheet Usage

To simplify the steps outlined in the prior chapters in this document, here are the basic steps to take when completing your documentation audits:

1) Complete one Documentation Audit Assessment Tool (Appendix C) for each chart that you are auditing. This document can be used for:
    a. Follow-up with employees that provided the documentation in the audit – for improvement of documentation practices, and,
    b. Comparison with other audit assessment tools done in your audit to provide a summary of the strengths and non-compliances found during your audit.
2) Complete one Individual Documentation Audit Findings Form (Appendix D) for each documenter involved in your audit. This form outlines the documenter's strengths and areas to improve on. It also includes actions that must be completed in order to improve the quality of their documentation in the future.
    a. Provide each documenter with a copy of their Individual Audit Assessment Findings Form.
    b. The documenter must complete all actions by the deadline specified.
    c. When all of these actions are completed, the documenter and the auditor sign this form and the form is attached to the related Documentation Audit Assessment Tool.

3) Complete one Documentation Audit Summary and Recommendations Form (Appendix E) per audit – not per chart. This form can be used to summarize the strengths and non-compliances found in all charts during your audit. It also allows the auditor to suggest actions for improvement, and allows health unit leadership to conduct analysis and to plan and/or approve an action plan for further documentation practice improvement.

4) Once all Documentation Audit Assessment Tools, Individual Audit Assessment Findings Forms and Audit Assessment Findings and Recommendations Forms are complete, all forms can be kept together as documentation of one complete audit. Follow your organization's policies regarding communication of audit results, document retention, reporting mechanisms, etc.

5) An Annual Audit Assessment Summary Report (see Appendix F) can be completed each year to compile information from each program/department's Documentation Audit Summary and Recommendations Forms. This could be done by leadership, or can be done by the auditors and then submitted to leadership. This form can provide an overall summary of all documentation strengths and identified areas for improvement when there have been multiple audits in a single year. With each new year, the person completing this form would simply review all available Audit Assessment Findings and Recommendations Forms for their program or department for the past year, and would summarize all of the findings on the Annual Audit Assessment Summary Report.

Appendix B – Pre-Audit Checklist

Pre-Audit Checklist

- ☐ Confirm audit policies/procedures are current. (Perform policy/procedure reviews according to your organization's standards and/or schedules.)
- ☐ Determine the scope of the audit:
  - ☐ Quality of practice issues (assessment, planning, implementation and evaluation), and/or
  - ☐ Quality of records issues (record retrieval, legibility, retention), and/or
  - ☐ Specific program requirements (unique features within departments or programs).
- ☐ Identify sample size and selection method.
- ☐ Review audit tools and modify if necessary.
- ☐ Schedule time to conduct the audit and follow-up actions.

Refer to the content in "Phase 1: Prepare" for additional details.

Appendix C – Documentation Audit Assessment Tool

Audit Date: _____ **Auditor's Name:** _____

Audit Number: # of (Total) **Program Audited:** _____

Chart/file# _____

Component	Expectations	Met	Unmet	N/A	Comments (Including staff initials for each "unmet", if more than one person's documentation is being assessed.)
Process Items					
Assessment	Assessment done according to policies and procedures				
	Types of contacts are clearly indicated (e.g. home visit, office visit, telephone contact etc.)				
	Subjective and/or objective data are documented				
	Clients words paraphrased or quoted				
	Assessment conclusions are specified				
Plan	Interventions planned in detail (what is to be done, by whom, how often and when)				
Implementation	Actions of service providers are noted				
	Rationale is noted for any deviations from the planned intervention/follow-up				
	Interventions/follow-up are completed as outlined in the plan				
	Referrals are documented with all required details				
	Copies of reports provided to or received from other parties are kept on file				
Evaluation	Client's responses to interventions are recorded				
	Reason for file closure noted in the file				
Documentation Quality Items					
Standard Format	Date (yyyy/mm/dd) and time of notation is indicated (24 hour clock)				
	Documentation in chronological order. Forgotten or late entries are documented at the next available space, with "late entry" written.				
	Abbreviations from approved list				
	Only permanent dark ink used, unless specified otherwise in a program-specific policy				
	All pertinent documents are retrievable and the correct order of chart is maintained				
	Progress notes have full client name & date of birth on both sides of each page – all other client records have unique identifiers on each side of each page, as specified by program-specific policy.				
	Uses SOAIP format correctly within documentation				

Accountability	Each notation is signed or initialed by recorder with designation, ensures master signature box is signed with full signature				
	Corrects errors so the original entry is visible/retrievable – corrects by stroking a line through the entry and initialing the error; enters the correct notation following the error				
	No white out used				
	Notes are legible and concise				
	Consents are complete, dated and included or documented				
Legal / Security	Draws a line through any unused space				
	Avoids "appears to" or "seems to"				
	Rationale for any incomplete information is noted (e.g. refused, not available, etc.)				
	Signature after each progress note entry includes first initial or first name, and last name and professional designation – either immediately after the entry or at the right hand margin, with a line through any empty space.				
	Copies of reports provided to or received from other parties are kept on file				
	Documentation is completed within 24 hours of interaction or on the same day for any crisis or emergency				

Signature of Staff Member(s): _____ Date: _____

Signature of Staff Member(s): _____ Date: _____

Signature of Auditor: _____ Date: _____

Appendix D – Individual Documentation Audit Findings

(Provide one copy per documenter.)

Audit Date: _____ **Auditor's Name:** _____

Chart/file#: _____ **Program:** _____

Documentation Strengths:

1.
2.
3.
4.
5.

Non-compliance Summary:

COMPONENT	EVIDENCE FOR NON-COMPLIANCE

Strengths and non-compliances reviewed with staff:

_____ _____ _____

Date Staff Signature Auditor's Signature

Actions to be taken:

1.
2.
3.

Deadline to complete all action items: _____

Action items completed on:

_____ _____ _____

Date Staff Signature Auditor's Signature

Appendix E – Documentation Audit Summary & Recommendations

Audit Date: _____ **Auditor's Name:** _____

Total Files Audited: _____ **Program Audited:** _____

SECTION A: To be completed by the Auditor

Complete without any identifying information (client or staff).

Strengths/Positive Trends Identified During This Audit
Details:

Non-Compliances/Deficiencies Identified During This Audit
Details:
Suggestions for Improvement:

Signature of Auditor: _____ Date: _____

SECTION B: To be completed by Leadership.

Provide possible precipitating factors/causes of deficiencies, and include an action plan(s) to address them. Follow-up with the auditor, program coordinators/leads and/or staff as needed. Provide final sign-off once all actions are implemented and/or completed.

Analysis & Action Plans for these Audit Results (include dates if applicable)

Signature of Leadership: _____ Date: _____

☐ All action plans have been implemented and/or completed.

Signature of Leadership: _____ Date: _____

Appendix F – Annual Audit Assessment Summary Report

Program Audited: _____ **Audit Year:** _____

Total Files Audited: _____

Strengths/Positive Trends Identified During This Year's Audits
Details:

Non-Compliances/Deficiencies Identified During This Year's Audits
Details:

Analysis & Action Plans for these Audit Results
Details – including completion or progress of each action item.

Signature of Leadership: _____ **Date:** _____

Appendix G – Examples of Completed Audit Worksheets

The following pages in this appendix provide examples of completed documentation audit worksheets that are discussed in this document. The worksheets have been modified for use in a Sexual Health program at an Ontario Health Unit.

Documentation Audit Assessment Tool – Sexual Health

Audit Date: 2018-01-26 **Auditor's Name:** John Au-Dit

Audit Number: # 34 of 36 (Total) **Program Audited:** Sexual Health

Chart/file# #1234

Component	Expectations	Met	Unmet	N/A	Comments (Including staff initials for each "unmet", if more than one person's documentation is being assessed.)
	Processes				
Assessment	Assessment done according to medical directives and policies/procedures	✓			
	Types of contacts are clearly indicated (e.g. home visit, office visit, telephone contact etc.)	✓			
	Subjective/objective data are documented		✓		No SOAIP format
	Clients' words are quoted or paraphrased			✓	
	Assessment conclusions are specified	✓			
Plan	Interventions /follow-up planned in details (what is to be done, by whom, how often, when)	✓			
Implementation	Interventions/actions of services providers are noted	✓			
	Rationale is noted for any deviations from the planned intervention/follow-up			✓	
	Interventions/follow-up are completed as outlined in the plan	✓			
Evaluation	Client's responses to interventions are recorded			✓	
	Reason for file closure noted in the file		✓		No discharge note
	Documentation Quality				
Standard Format	SOAIP format used		✓		SOAIP format not used
	Date (yyyy/mm/dd) and time of notation is indicated (24 hour clock)	✓			
	Documentation in chronological order. Forgotten or late entries are documented at the next available space, with "late entry" written.	✓			
	Flow sheets are completed according to legend	✓			
	Abbreviations from approved list		✓		
	Permanent dark ink used only	✓			
	All pertinent documents are retrievable and the correct order of chart is maintained	✓			
	Client and/or chart identifier is on each page	✓			
Accountability	Each notation is signed or initialed by recorder with designation, ensures master signature box is signed with full signature	✓			
	Errors are corrected so the original entry is visible/retrievable. Corrections are made by stroking a line through the entry, writing "error"			✓	

	and initialing the error. The correct notation is entered following the error.				
	No white out used	✓			
	Notes are legible and concise	✓			
	Consents are complete, dated and included or documented			✓	
Legal / Security	Draws a line through blank spaces on progress notes		✓		No line in blank space beside signature
	Avoids "appears to" or "seems to"	✓			
	Signature follows the end of entry	✓			
	Rationale for any incomplete information is noted (e.g. refused, not available, etc.)			✓	
	Receipt of lab report are documented and in the file		✓		Not documented
	Copies of reports provided to or received from other parties are kept on file			✓	
	Documentation is completed within 24 hours of interaction or the same day for any crisis, report to NEOFACS or emergency	✓			
	Referrals are documented with all required details			✓	

Signature of Staff Member(s): *Karen Writer* Date: 2018-01-26

Signature of Staff Member(s): _____ Date: _____

Signature of Staff Member(s): _____ Date: _____

Signature of Auditor: *John Au-Dit* Date: 2018-01-26

Leadership Signature: *Mary Leeds* Date: 2018-01-29

Note:
This is an example of a documentation audit of a single chart involving one documenter. If more than one documenter was involved, we would have included the initials of the each documenter in the notes column – according to who made the documentation error. This would help to clarify audit strengths or areas of improvement for each documenter.

This shows the results of an audit of a single chart. In an actual chart audit, there would be one of these assessment tools for each chart audited. (At the top of this form, we show that these are the results for chart #34 of 36.)

Example: Individual Documentation Audit Findings

(Provide one copy per documenter.)

Audit Date: 2018-01-26 **Auditor's Name:** John Au-Dit

Chart/file#: 1234 **Program:** Sexual Health

Documentation Strengths:

1. Documentation is very legible and accurate.
2. Documentation of interventions and plan are very clear.
3. Descriptions of client interactions are generally complete and concise.
4. Correct documentation of late entries.

Non-compliance Summary:

COMPONENT	EVIDENCE FOR NON-COMPLIANCE
Subjective data not documented	Client's subjective data not documented following client interaction
SOAIP format not used	SOAIP format not always used; at times becomes narrative charting without SOAIP format
Use of abbreviations	2 abbreviations used are not on our list of approved abbreviations
Avoiding empty spaces	Line to remove empty spaces beside signatures are not always drawn
Receipt of lab report not documented	Lab report exists on chart without a corresponding note to document when it was received from PHO labs

Strengths and non-compliances reviewed with staff:

2018-01-26	*Karen Writer*	*John Au-Dit*
Date	Staff Signature	Auditor's Signature

Actions to be taken:

1. Review the documentation policy – related to usage of SOAIP, avoiding empty spaces and use of abbreviations.
2. Review policy re: handling/documentation of incoming lab results.

Deadline to complete all action items: 2018-01-29

Action items completed on:

2018-01-28	*Karen Writer*	*John Au-Dit*
Date	Staff Signature	Auditor's Signature

Example: Documentation Audit Summary & Recommendations

Audit Year: 2018 **Auditor's Name:** John Au-Dit

Total Files Audited: 36 **Program Audited:** Sexual Health

SECTION A: To be completed by the Auditor

Complete without any identifying information (client or staff). Forward to leadership once complete.

Strengths/Positive Trends Identified During This Audit
Details: • Notes were legible • Good understanding of SOAIP • Visits completed according to policies/medical directives • Flow sheets used accordingly

Non-Compliances/Deficiencies Identified During This Audit
Details: • SOAIP not consistently used for telephone interactions • Date not always used correctly as per documentation policy (YYYY) and time not always present • Type of visit not always specified • Client identifiers not always present on each page • Late entry not always written when a late entry is made on same day • Lines not always drawn to fill blank spaces • Flow sheets not always completed fully or as per legend (missing dates, spaces left open) • Referral to other health unit programs not always indicated in notes or flow sheet • Use of non-approved abbreviations • Rationale not indicated for alternate treatment/no risk assessment (doxy vs azithromycin) • iPHIS status in Diagnosis/Treatment not changed to confirmed • iPHIS-risks not entered, client address not selected on encounter page • Staff initial missing from crossed out entry • Chronological order of SOAIP not followed and no late entry indicated • Missing progress notes entries for visits seen on flow sheets • Plan or discharge notes not always clear or followed through • SOAIP for "problem" identified not completed • Received lab results not documented
Suggestions for Improvement: • Discuss strengths and deficiencies individually with all staff • Conduct a team review of recording policies, focusing on deficiencies noted in the audits • Review iPHIS user guides with specific staff, according to deficiencies noted in the audits

Signature of Auditor: John Aw-Dit Date: 2018-02-08

SECTION B: To be completed by Leadership.

Provide possible precipitating factors/causes of deficiencies, and include an action plan(s) to address them. Follow-up with the auditor, leadership and/or staff as needed. Provide final sign-off once all actions are implemented and/or completed.

Analysis & Action Plans for these Audit Results (include dates if applicable)
• Most deficiencies can be addressed with a team review of recording policies – planned for Feb 11, 2018 • Review iPHIS procedures as needed with specific staff who had errors related to iPHIS entry within the next 2 weeks • Continue with audit documentation schedule to review for improvements on these deficiencies

Signature of Leadership: Mary Leeds Date: 2018-02-09

[X] All action plans have been implemented and/or completed.

Signature of Leadership: Mary Leeds Date: 2018-02-19

Note:
This is an example of the findings, recommendations and action plan from a complete documentation audit involving 36 charts.

Example: Annual Audit Assessment Summary Report

Program Audited: Sexual Health **Audit Year:** 2018

Total Files Audited: 70

Strengths/Positive Trends Identified During This Year's Audits
Details: • Quality of documentation has improved compared to previous year's audits • Documentation quality of new staff is above expectations • Visits completed according to policies/medical directives • Flow sheets used appropriately

Non-Compliances/Deficiencies Identified During This Year's Audits
Details: Most common deficiencies include: • Abbreviation use • Unused spaces left blank • Some referrals are undocumented or documented but not completely • Missing signatures and client chart number on some assessments

Analysis & Action Plans for these Audit Results
Details – including completion or progress of each action item. • Documentation policy reviewed with teams • Guidelines were reviewed with PHNs individually and during meetings • Staff are advised to review their abbreviation list for appropriate abbreviation use

Signature of Leadership: *Mary Leeds* **Date:** 2019-01-05

Note:
This is an example an Annual Audit Assessment Summary Report, summarizing results from 70 chart audits completed in 2018 for this program. This report is optional. Health units may choose to use it, modify it, or not use it at all.

Appendix H – Resources for Documentation Auditors

Process Resources		
Source	**Resource + Link**	**Comment**
College of Nurses of Ontario	Documentation Standards – Revised 2008	
College of Nurses of Ontario	Confidentiality and Privacy—Personal Health Information	
Canadian Nurses Protective Society*	Privacy and Electronic Medical Records	
Canadian Nurses Protective Society*	Quality Documentation: Your Best Defence	
College of Dietitians of Ontario	Record Keeping Guidelines for Registered Dietitians in Ontario (2014)	
Dental Hygienist	Record Keeping: What Is a Dental Hygienist Required to Record?	Publication of the College of Dental Hygienists of Ontario / March 2015 with information regarding record keeping.
Public Health Inspectors - Enforcement	Law Enforcement – Enforcement Training Group	PHIs through their enforcement training follow the documentation standards found in their training materials
Content Resources		
Source	**Resource**	**Comment**
Community Health Nurses of Ontario (2009)	Public Health Nursing Discipline Specific Competencies Version 1.0	Public Health Nursing Competencies are the integrated knowledge, skills, judgment and attributes required of a public health nurse to practice safely and ethically.
Canadian Association of Schools of Nursing (2014)	Entry-to-Practice Public Health Nursing Competencies for Undergraduate Nursing Education	Core competencies in public health nursing that all nursing students should acquire over the course of their undergraduate education.
Public Health Agency of Canada (2008)	Core competencies for Public Health in Canada Release 1.0	The essential knowledge, skills and attitudes necessary for the practice of public health.

Content Resources (continued)		
Source	**Resource**	**Comment**
Canadian Public Health Association	Public Health ~ Community Health Nursing Practice in Canada Roles and Activities (4th ed.) 2010	Booklet is intended to reflect the practice of public health/community health nursing which occurs in diverse settings and can be defined in terms of roles, activities, qualifications, standards, and competencies.
Canadian Nursing Association	Canadian Nurse Practitioners Core Competency Framework, 2010	The competency statements describe the integrated knowledge, skills, judgment and attributes that guide nurse practitioner practice.
CiPHI	CPC Program Reference Guide, Release 1.1	Standards of Practice: The Standards of Practice offer a framework of principles outlining expectations of knowledge, skills and values. They also inform EPHPs of their accountabilities and the public of what to expect of EPHPs. Discipline Specific Competencies: CIPHI developed a set of competencies that are specific to the field of environmental public health. These competencies describe the essential knowledge, skills and abilities necessary for ongoing success in the role of an EPHP beyond the CPHI(C) certification.
Other Resources		
Source	**Resource**	**Comment**
Regional Municipality of Peel	Essential Elements of Nursing Documentation: A Rapid Review	Purpose of review was to identify the essential elements of nursing documentation that mitigate risk as defined by better outcomes for clients, nurses and the organization.
Fraser Health	Chart Audits: The How & Why's	Presentation on definition of chart audit; purpose of an audit and how to conduct an audit (based more on research).
Ministry of Health and Long-Term Care's Ontario Extranet Collaboration Portal - also known as the Directory of Networks (DoN)	Examples of chart/documentation audit tools, policies and other resources from Ontario health units.	Go to: Ontario Public Health Chief Nursing Officers Network → Document Library → Resources to Support Ontario's Public Health CNOs → Quality Assurance and Continuous Quality Improvement → Chart Audit

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