# Supporting Documentation for the Revision of ANDSOOHA's Documentation Audit Toolkit

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In 2015, the Quality Assurance and Continuous Quality Improvement (QA & CQI) working group of the Northern Ontario Professional Nursing Practice Network decided to revise ANDSOOHA's Documentation Audit Toolkit. A number of other projects had been considered, but revising ANDSOOHA's Documentation Audit Toolkit had been ranked as the highest priority project for our members at that time.

Prior to the revision of the toolkit, a literature review was conducted to determine if any key considerations for documentation audit practice or tools could be found within the available literature.

In addition, an environmental scan of Ontario health units was conducted in 2016 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.

The results of the literature review and the environmental scan are described within this document.

Throughout this project, the name of the (now) Northern Professional Nursing Practice Network, the membership of the QA & CQI working group and the individuals assisting with various parts of this project have changed overtime. The QA & CQI working group would like to thank all of our current and past members, and all others that have been involved in, or that have supported, this project.

Please see the following sections, each with their own table of contents:

# Documentation Audit Toolkit:
# A Literature Review

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## Acknowledgements

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# Contents

# Documentation Audit Toolkit:
# A Literature Review

## INTRODUCTION

## Purpose

It had been more than 10 years since the release of the ANDSOOHA's Documentation Audit toolkit (2002) and the recommendation to update the toolkit could not be more timely and appropriate. It is in this spirit that a literature review and scan were conducted to learn more about current documentation practices, to gauge the level of awareness and uptake of the toolkit and to solicit recommended changed. The first section outlines the search strategy of the literature review. The second section provides a brief overview of the literature. The final section contains key recommendations to consider for revising and updating the toolkit.

# METHODOLOGY

## Search Strategy

The lead reviewer (DG), librarian and a research assistant from the Sudbury & District Health Unit (SDHU) conducted a literature search on current documentation audit practices to support the Quality Assurance & Continuous Quality Improvement Working Group of the Northern Ontario Professional Nursing Practice Network (QA & CQI NOPNPN) in their goal of revising and updating the ANDSOOHA documentation audit toolkit.

There were two phases in the literature search. The first phase started in December 2014 and was completed by the lead reviewer and librarian. The second phase of the literature search was completed by a research assistant in May 2015. The following strategies were used by the librarian and research assistant to find and access potentially relevant studies for consideration for inclusion in the review. Both phases involved the following search strategies:

1) **Searches of electronic databases through EBSCO**; the databases included: Academic Search Premier, MEDLINE, CINAHL with Full Text, Library, Information Science & Technology Abstracts, Health Business Elite, Nursing & Allied Health Collection: Comprehensive, Psychology and Behavioral Sciences Collection, Environment Complete, CINAHL Plus with Full Text, SocINDEX with Full Text, Cochrane Central Register of Controlled Trials, Database of Abstracts of Reviews of Effects, Cochrane Database of Systematic Reviews, NHS Economic Evaluation Database, Health Technology Assessments, Cochrane Methodology Register, AgeLine, and Child Development & Adolescent Studies;
2) **Reference lists and footnotes from relevant articles or studies**; which was the process of using a relevant article and then reviewing the reference and/or footnotes list to identify further relevant articles or to generate further searches; and
3) **Searches of internet search engine**; searches were made using the internet search engine Google Scholar using the search terms.

The main differences between the first and second phase of the literature search were the search terms and exclusion dates.

The first phase of the literature search comprised the following (combination of) search terms (in electronic databases and internet search engine): nursing documentation AND audit* OR evaluat* OR quality OR compliance OR examination OR assessment OR instruments OR tools OR evaluation approaches OR nursing record keeping OR

documentation standards OR electronic documentation in nursing OR documentation in public health OR community health (where * = wildcard symbol). The literature search was limited to articles published between January 2010 up to and including January 2015.

The second phase of the literature search comprised the following (combination of) search terms (in electronic databases and internet search engine): documentation method* OR audit method* OR documentation auditor* OR nursing record method* OR nursing auditor (where * = wildcard symbol). The literature search was expanded to include articles published between the year 2000 up to and including 2015.

## Search Results

There were a few articles published prior to 2000 that were included in the literature review. Recognizing that these particular articles predate the release of the toolkit, they were included in this initial review process because of their potential relevance. Moreover, a reference list could not be found for the current audit toolkit so the framework or literature used in developing the original documentation audit toolkit is unknown and could not be accessed. The results from this literature search were evaluated by the librarian and research assistant for relevance based on the title and/or abstract of the articles. This vetting process resulted in 60 articles (48 and 12 articles from the first and second phase, respectively). The abstracts from the initial 60 articles were retrieved and assessed more rigorously and thoroughly for relevance by the lead reviewer. The lead reviewer independently screened the titles and abstracts of all 60 citations for eligibility and relevance. Of the 48 articles from the first phase, 12 were deemed potentially relevant. Of the 11 articles from the second phase, 6 articles were deemed potentially relevant. Articles were excluded if they simply support the need for audits or support the validity of audit instruments such as the Cat-ch-Ing tool, were broader than documentation audits, or focus on the impact or effect of audits on program or patient outcomes, etc. Studies were considered relevant and included in the review if they reported on documentation audit practices, methods, methodologies, or tools in a healthcare setting such as community, public and primary care.

The research assistant then retrieved the full-text of the articles that were approved by the lead reviewer to move on to the next stage of the literature review. In total, 18 full-text articles were deemed relevant and were read by the research assistant.

# Data Extraction

After a careful reading of the 18 articles, 13 articles were deemed significantly relevant to the goal and included in an annotated bibliography. The analysis of each article was extracted into a word document as an annotated bibliography where each citation was followed by a descriptive and evaluative paragraph (approximately 250 words) of the relevance of the article to the goal set out by the Working Group. The following question guided the analyses of the articles: What are key points or key considerations for documentation audit practice or tools? The annotated bibliography is not a critique or review of the articles' methodology/evaluation framework, rather the annotated bibliography is a review of the pertinent information from each article regarding documentation audit approaches or lessons learned about conducting documentation audits.

# SUMMARY

Considering the wide recognition of the importance of nursing documentation[1], it was surprising that a search for documentation audit studies produced only a handful of relevant publications. It is an area that is understudied. Based on the literature search, the publications and studies were focused mainly on the implications of conducting audit on practice and the importance of standardization, training and use of technology in nursing documentation. While we recognize that all of these aspects of nursing documentation are important and relate to documentation audit, we propose that further research is needed on documentation audit development, frameworks and methods[2]. Moreover, due to a lack of international collaboration, there is no universal documentation audit instrument/tool[3] and no consensus or shared acceptance of documentation audit instruments and practices.[4]. To date, most audit instruments are developed locally as terminology and processes vary and differ across settings and places[5]. Furthermore, we recognize it would be problematic to adopt an existing audit tool that has been developed elsewhere because the validity of local instruments are rarely tested due to a lack of widespread uptake, use or implementation[6]. These are the challenging factors we must be cognizant of in our efforts to update the ANDSOOHA documentation audit toolkit. The next section provides an overview of the key highlights from our literature review.

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[1] Wang et al. (2011)
[2] Ashmore & Ruthven (2008)
[3] Saranto & Kinnunen (2009)
[4] Jefferies et al. (2011); Johnston et al. (2000); Saranto & Kinnunen (2009)
[5] Saranto & Kinnunen (2009); Wang et al. (2011)
[6] Saranto & Kinnunen (2009); Wang et al. (2011)

# RECOMMENDATIONS

In light of the available published literature on documentation audit, this section identifies key recommendations[i] to consider in revising and updating the toolkit. These recommendations range from facilitating factors to the format of documentation audits:

- Considering the ethical aspects of audit – The ethical dimensions of conducting documentation audit has largely been neglected in practice and in the literature. While audits differ from research, Russell Ashmore (2005) argues that ethical issues require similar attention during the audit process. Ashmore found that informed consent, confidentiality and anonymity are not adequately addressed by auditors. These issues include but are not limited to: collecting information with patient information, seeking consent and respecting patients' right to not participate in the audit, storing and securing audit data, destroying audit data, ensuring anonymity and confidentiality, and disseminating audit results.[7] A section on ethical dimensions and procedures of audit in the toolkit may be appropriate.

- Ongoing training of *all* or a team of staff on audit – Research shows that audits often lack support, and good training for the methodology and techniques of conducting audits.[8] 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 is 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 supports the retention of audit knowledge from year to year and will help new staff become familiar with the process. [9]

- Using Survey Monkey - Johnson et al.'s (2010) Nursing and Midwifery Content Tool (NMCAT) incorporates the use of Survey Monkey. Survey Monkey is used by auditors to enter their data which enables auditors to aggregate the data for each entry and to send reports to staff on the audit results. However, where access to the Internet or technology is not possible, the audits can still be completed on hard copy form and then filled out and later entered into Survey Monkey. However, before using a similar method for the toolkit, we must

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[7] Ashmore (2005); Darmer et al. (2006); Taylor & Jones (2006)
[8] Darmer et al. (2006); Milliucci & Rogers (2006)
[9] Ashmore & Ruthven (2008); Johnston et al. (2000); Miliucci & Rogers (2006)

consider the fact that the use of an electronic documentation system may present issues such as available resources, workload, and computer literacy.[10]

- Paying attention to clinician's views/perceptions about audits and to the factors that hinder/facilitate audits – We believe that soliciting individuals' experiences and views about using the toolkit and documentation practices is important. Our scan is a useful tool that serves this purpose. However, the emphasis should be on providing *regular* opportunities for staff to provide feedback so that gaps and inconsistencies in audit may be addressed. [11]

- Establishing strong leadership – Strong leadership related to nursing documentation and audit was frequently mentioned in the literature. Strong leaders play an important role in planning and organizing staff around audit duties, treating audit staff as valued members of the team, recognizing that audit 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 audit is essential to positive perceptions of audit. [12]

- Conducting 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).[13]

- Establishing timelines and protecting audit time – It is important to note (in the toolkit) that auditors need to be provided protected time to properly conduct a documentation audit, especially to reflect and review all their entries. Some of the researchers suggest that management and supervisors need to provide staff and auditors protected time to prepare, conduct, assess, and re-assess an audit.[14] 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. Based on the NMCAT (Johnson et al., 2010), auditors should be able to complete the audit within 5-10 minutes. Timing is also important in terms of providing audit results to staff. Johnson et al. (2010) recommends that audits should be based on the last 24-hours of recorded care. The rationale for this is that by auditing the last 24-hours, staff are more likely to be able to answer

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[10] Wang et al. (2013)
[11] Johnston et al. (2000); Miliucci & Rogers (2006)
[12] Johnston et al. (2000); Miliucci & Rogers (2006)
[13] Ashmore & Ruthven (2008); Johnson et al. 2010
[14] Ibid

questions about the content, especially when the audit is conducted by an internal auditor.

- Implementing check boxes – In order to reduce the amount of time spent on audit, implementing user-friendly features such as check boxes, where possible, will help reduce the amount of writing to explain findings.[15]

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[15] Miliucci & Rogers (2006)

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# ANDSOOHA Documentation Audit Toolkit

## Environmental Scan
## Final Report

Northern Ontario Professional Nursing Practice Network
October 2016

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# ANDSOOHA Documentation Audit Toolkit
# Environmental Scan Analysis 2015

## INTRODUCTION

ANDSOOHA's Documentation Audit Toolkit (2002) provides users with information related to the process and components of documentation audits. In September of 2015, the Northern Ontario Professional Nursing Practice Network's Quality Assurance and Continuous Quality Improvement (NOPNPN QA-CQI) working group developed a chart audit environmental scan. 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.

**Figure 1 - Responses by Geographical Area**

In September 2015, the environmental scan was distributed to all 36 Ontario public health units via the Professional Practice Lead regional representatives. As of October 2, 2015, a total of 22 environmental scan responses were received.



The distribution of responses based on geographical region in Ontario was as follows:

North West or North East = 5

Eastern = 3

Central East = 5

Central West = 5

South West = 4

# ENVIRONMENTAL SCAN RESULTS

## Current chart/documentation audit practices (n=22)

Respondents were asked to select a statement which best described documentation or chart audit practices at their health unit. Six respondents (27%) indicated their health unit had done some audits in the past, followed by five respondents (23%) indicating audits are done in most or all programs.

Half of respondents (50%; n = 11) reported conducting audits, but only in some programs. This includes one respondent which selected the "Other" category, noting their health unit was "just getting started with auditing this quarter in programs where there are nursing staff". It also includes one respondent that did not provide a response to this question, but responses to subsequent questions showed that they performed audits, in only some of their programs. These two responses raised the outcome for the response "doing audits but only in some of our programs" from 41 percent (n=9) to 50 percent (n=11). See Figure 2 for Respondent's Current Documentation Audit Practices.

**Figure 2 – Respondents' Current Documentation Audit Practices**
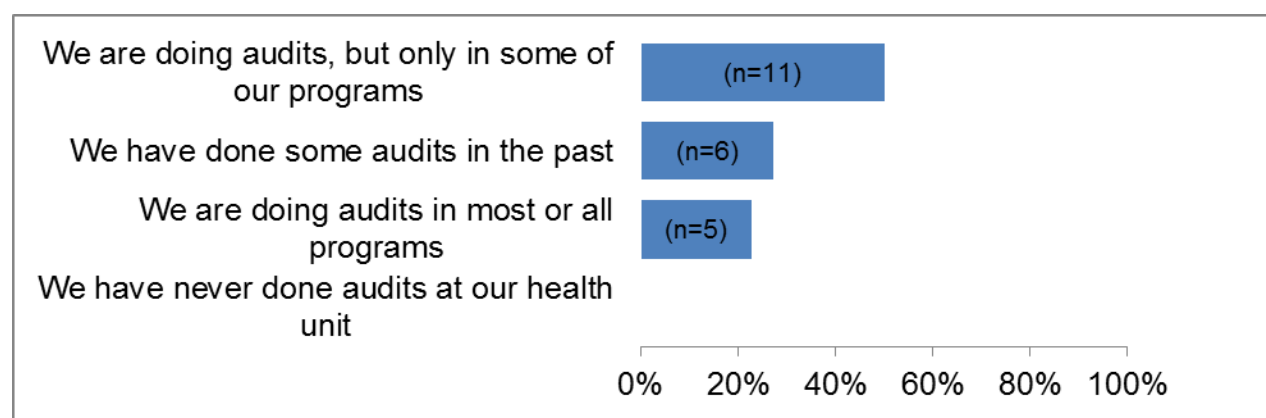


## What programs are you performing audits in? (n=16)

Health units currently conducting audits were asked which programs they performed audits in. The two most commonly mentioned programs were Sexual Health, Sexually Transmitted Infections (STIs) & Blood Bourne Infections (BBIs) (81%, n=13) and Infectious Diseases Prevention and Control (81%, n=13). Figure 3 provides the complete list of programs that respondents performed audits in.

**Figure 3 - Documentation Audits in Health Units by Program**
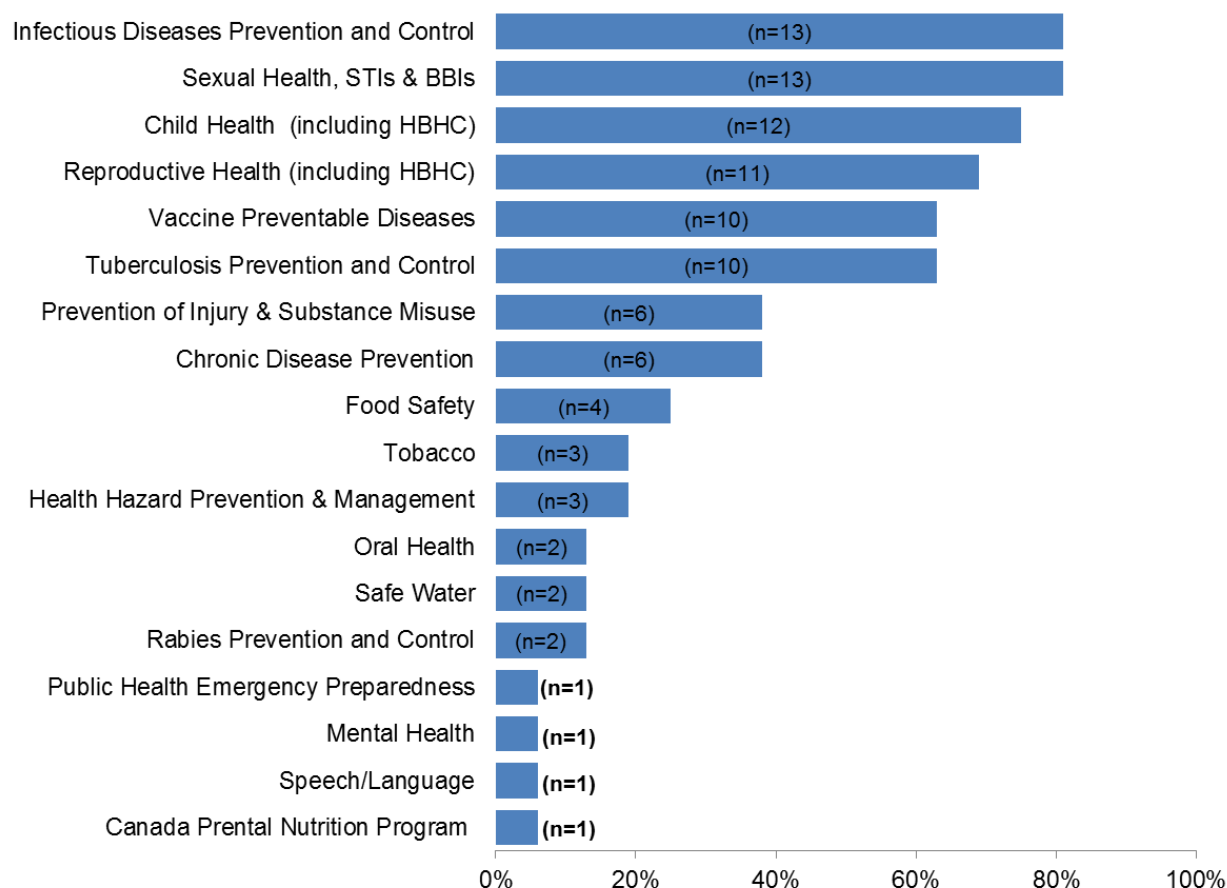


## Chart/documentation audit experience (n=16)

Respondents were asked to indicate how long they have been doing chart or documentation audits at their health units. Fourteen respondents (87.5%) selected "5 or more years", and two respondents (12.5%) selected "less than 1 year".

## Type of chart or documentation audit (n=16)

When asked about the type of chart or documentation audit conducted at their health unit, all respondents (n=16) who responded selected "Audits of both paper and electronic charts/documentation".

## *Questions related to supporting factors*

Please note that for all tables in this section, some responses were adjusted in instances when a respondent answered "no" to the first question, but then gave responses to the second and/or third question. Where that happened, responses to the second and third questions were removed, since these should only have been answered if they answered "yes" to the first question. In addition, the total number of responses for each question may not be equal to the total number of expected responses in cases where there were some respondents that chose to not provide a response to certain questions. See Appendix A for a complete list of additional comments from respondents.

## *Support #1: Chart and/or documentation audit policy or policies*

The majority of respondents (81%; n=13) indicated having chart and/or documentation audit policies, while 13 percent (n=3) do not have these policies in place. Of those that have policies in place, 54 percent (n=7) do support all the programs/departments that perform chart or documentation audits and 62 percent (n=8) reported that the audit policies are clear and effective. See Table 1 for results.

**Table 1 - Chart and/or documentation audit policies**

| Question | Yes | No | Unsure |
|---|---|---|---|
| **Do you have these policies? (n=16)** | 13 | 3 | 0 |
| **If yes, do they support all programs/departments that perform chart or documentation audits? (n=13)** | 7 | 5 | 1 |
| **If yes, are they clear and effective? (n=11)** | 8 | 1 | 2 |

## *Support #2: A person or group that leads chart and/or documentation audit processes*

The majority of respondents (60%, n=9) indicated having a person or a group that leads chart and documentation audit processes. Of those, 56 percent (n=5) indicated that this leadership exists for all programs/departments that perform chart or documentation audits and almost all (89%, n=8) indicated that the support was effective. See Table 2 for results.

**Table 2 - Chart or documentation audit process leads**

| Question | Yes | No | Unsure |
|---|---|---|---|
| **Do you have this? (n=15)** | 9 | 6 | 0 |
| **If yes, does this kind of leadership exist for all programs/departments that perform chart or documentation audits? (n=9)** | 5 | 2 | 2 |
| **If yes (to the first question), is this support effective? (n=9)** | 8 | 0 | 1 |

## *Support #3: Audits are included within a Quality Improvement (QI) Program*

Less than half of respondents (44%, n=7) indicated having some form of an agency-wide QI program and of those, 71 percent (n=5) had their audit practices embedded within the QI program. Of those with such a program, 43 percent (n=3) indicated that having an agency-wide QI program had a positive influence on their audit practices. See Table 3 for results.

**Table 3 - Audits within a quality improvement program**

| Question | Yes | No | Unsure |
|---|---|---|---|
| **Does your health unit have some form of an agency wide QI program? (n=16)** | 7 | 8 | 1 |
| **If yes, are your audit practices embedded within that QI program? (n=6)** | 5 | 1 | 0 |
| **If yes (to the first question), does this have a positive influence on your audit practices? (n=5)** | 3 | 0 | 2 |

## *Support #4: Direction and/or support from management*

The majority of respondents (94%, n=15) indicated receiving support from management and of those, 80 percent (n=12) indicated that management was well engaged/involved with audit decisions while 73 percent (n=11) reported that management direction and/or support had a positive influence on audit practices. See Table 4 for results.

**Table 4 - Management direction and/or support**

| Question | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? (n=16) | 15 | 0 | 1 |
| If yes, are they well engaged/involved with audit decisions? (n=13) | 12 | 0 | 1 |
| If yes to the first question, does this have a positive influence on audit practices? (n=12) | 11 | 0 | 1 |

## *Support #5: Allocated time to conduct audits*

The majority of respondents (69%, n=11) reported having allocated time to conduct audits and, of those, 64 percent (n=7) reported that the amount of time allocated was adequate. See Table 5 for results.

**Table 5 - Allocated time to conduct audits**

| Question | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? (n=16) | 11 | 4 | 1 |
| If yes, is the time allocation adequate for conducting audits? (n=11) | 7 | 0 | 4 |

## *Support #6: Training/education related to performing audits*

In terms of training and education for conducting chart or documentation audits, half of the respondents (50%, n=8) do not have training. Of those that did receive training or education (44%, n=7), it was mandatory for almost all of them (86%, n=6) and reported as effective by the majority (71%, n=5). See Table 6 for results.

**Table 6 - Training/education related to performing audits**

| Question | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? (n=16) | 7 | 8 | 1 |
| If yes, is this training mandatory? (n=7) | 6 | 1 | 0 |
| If yes (to the first question), is this effective? (n=7) | 5 | 0 | 2 |

## *Support #7: Audit tools and/or resources*

Most respondents (88%, n=14) reported having audit tools and resources. Of those, 71 percent (n=10) indicated that staff are aware of and are using these tools and resources, while 64 percent (n=9) of respondents indicated the tools and resources were useful. See Table 7 for results.

**Table 7 - Audit tools and/or resources**

| Question | Yes | No | Unsure |
|---|---|---|---|
| **Do you have these? (n=15)** | 14 | 1 | 0 |
| **If yes, are staff aware of and using these tools/resources? (n=12)** | 10 | 1 | 1 |
| **If yes (to the first question), are they useful? (n=12)** | 9 | 1 | 2 |

## *Support #8: Financial resources/allocated budget for audit activities*

Half of the respondents (n=8) indicated having no financial resources/allocated budget for audit activities. Of those who reported they have financial resources or an allocated budget for audit activities, 83 percent (n=5) indicated that those resources were sufficient. See Table 8 for results.

**Table 8 - Financial Resources/Allocated Budget**

| Question | Yes | No | Unsure |
|---|---|---|---|
| **Do you have this support? (n=16)** | 6 | 8 | 2 |
| **If yes, are these resources sufficient? (n=6)** | 5 | 0 | 1 |

## *Other Questions*

### *Are there any other supports to performing chart or documentation audits at your health unit?*

Figure 4 shows five themes from responses to the question "are there any supports to performing chart or documentation audits at your health unit?" Nursing Practice Council was mentioned as the top "other" support for performing chart or documentation audits. See Appendix A for a complete list of comments from respondents.
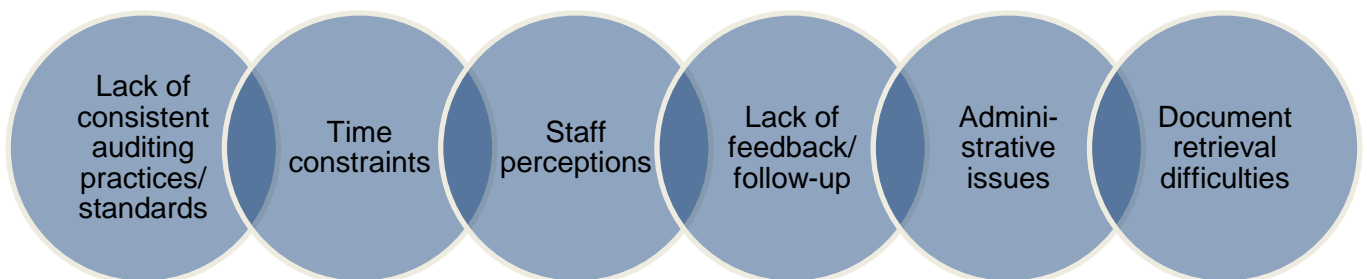
**Figure 4 - Other audit supports**

Nursing Practice Council and Other Committees

Tools from other Health Units

Culture of Safety and Quality

Support from Other Levels of Leadership

Other Audit and Quality Assurance Tools

### *Barriers to performing chart or documentation audits*

Respondents were asked to identify barriers to performing chart or documentation audits. Based on responses, six general themes emerged, as shown in Figure 5. See Appendix A for a complete list of comments from respondents.

**Figure 5 - General themes of auditing barriers**

Lack of consistent auditing practices/ standards

Time constraints

Staff perceptions

Lack of feedback/ follow-up

Admini-strative issues

Document retrieval difficulties

## What would help your health unit to overcome these barriers?

Respondents were also asked to identify what would help to overcome their barriers to performing chart or documentation audits. Figure 6 shows the six main themes that were identified from the responses to this question. See Appendix A for a complete list of comments from respondents.

**Figure 6 - Things that would help to overcome audit barriers**

### *Awareness of ANDSOOHA's Documentation Audit Toolkit*

Respondents (n=22) were asked to select a statement which best describes their health unit's awareness of ANDSOOHA's Documentation Audit Toolkit. Half of the respondents (n=11) reported being aware of this toolkit, but were not using it. Thirty two percent (n=7) were aware of this toolkit and were using it. The remaining eighteen percent (n=4) reported that they had not heard of the toolkit prior to receiving information about this environmental scan. See Figure 7 for results.

**Figure 7 - Awareness of ANDSOOHA's Documentation Audit Toolkit**
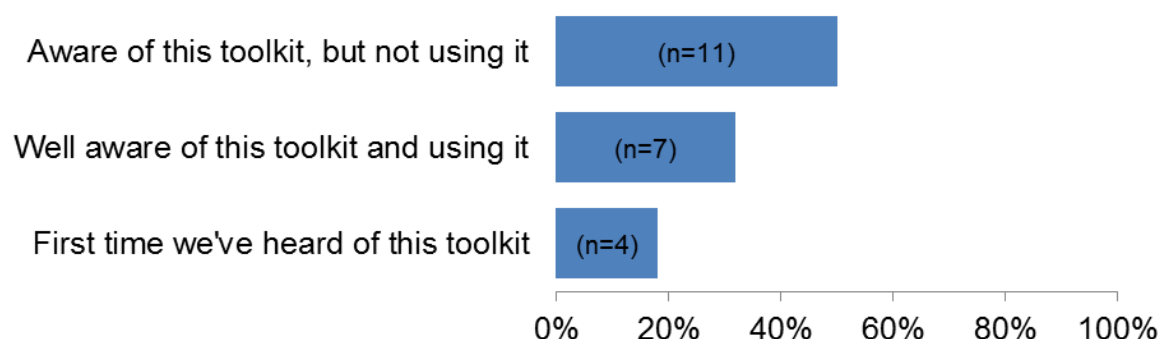


### *Other audit tools or resources*

Respondents were asked if they use other audit tools or resources at their health units. Over half of the respondents (n=13) reported using other audit tools or resources while 41 percent (n=9) did not.

Among the 13 respondents that selected "Yes" to the question above, 62 percent (n=8) reported creating their own audit tools/resources at their health units, while 38 percent (n=5) indicated that they use other audit tools or resources. Tools or resources that were listed include: the College of Nurses of Ontario documentation standard, Regulated Health Professions Act practice guidelines, medical directive audits, Healthy Environments tool, and the Healthy Babies Healthy Children program development tool for chart audits. Fifteen percent of respondents (n=2) also mentioned that their resources were adapted from ANDSOOHA's Documentation Audit Toolkit.

### *Implementation of ANDSOOHA's Documentation Audit Toolkit (n=7)*

The seven respondents who reported using ANDSOOHA's Documentation Audit Toolkit were asked to indicate how strongly they agreed with statements pertaining to their health unit's initial implementation of the toolkit. Responses to the statements can be found in Table 9.

When asked about the ease of implementation, 71 percent (n=5) agreed that it was easy to implement. However, 71 percent (n=5) also either disagreed or strongly disagreed with the statement regarding not needing to modify the tools in any significant way. In addition, all respondents (n=7) either agreed or strongly agreed they were aware of what a documentation audit is and why it must be done.

Eighty six percent (n=6) either agreed or strongly agreed the audit preparation steps were easy to understand. 57 percent (n=4) agreed that the sampling process was effective. 86 percent (n=6) of the respondents either agreed or strongly agreed the steps within the auditing process were clear. Lastly, 86 percent (n=6) also either agreed or strongly agreed that the steps for conducting an audit and reporting results were easy to understand.

In summary, there was a high degree of agreement that the initial implementation of the ANDSOOHA toolkit was easy to complete, the content was effective and clear and the reasons for performing audits were understood. The majority noted, however, that the toolkit's tools needed to be modified in some way to meet their own needs. See Table 9 for results, and see Appendix A for additional comments from respondents.

**Table 9 – Implementation of ANDSOOHA's Documentation Audit Toolkit**

| Question (n=7) | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| In general, this toolkit was easy to implement. | 0 | 2 | 0 | 5 | 0 |
| We did not need to modify the tools in any significant way. | 1 | 4 | 0 | 2 | 0 |
| We are aware of what a documentation audit is and why it must be done. | 0 | 0 | 0 | 4 | 3 |
| The audit preparation steps were easy to understand. | 0 | 0 | 1 | 4 | 2 |
| The sampling process was effective. | 0 | 1 | 2 | 4 | 0 |
| The steps within the auditing process were clear. | 0 | 0 | 1 | 5 | 1 |
| The steps for conducting an audit and reporting results were easy to understand. | 0 | 0 | 1 | 4 | 2 |

## *Description of how health units have used ANDSOOHA's Documentation Audit Toolkit*

Respondents who had used ANDSOOHA's toolkit (n=7) were asked if it had played a minor or a major role in their documentation audit policies and procedures. They were also asked to describe how they used this toolkit at their health unit.

All respondents (n=7) selected the following three statements to describe their health unit's usage of the ANDSOOHA toolkit:

- It has played a major role in our documentation audit policies and/or procedures.
- Created audit policies/ procedures based on it.
- Used templates or tools from it.

One respondent also selected "Other", explaining that their health unit had "Built upon another health unit's tools which were based (on) the ANDSOOHA tool kit and our own review of the tool kit and other audit resources."

## *Suggestions for improving ANDSOOHA's Documentation Audit Toolkit*

Respondents provided the following suggestions for improving the toolkit:
- "Health promotion project or community as client documentation"
- "More specific to EMR."
- "The number of indicators to audit can be a barrier for a program. Themed audits may make audit process more practical & manageable"

## *Preferred Format for a Documentation Audit Toolkit*

All respondents (n=22) were asked what format would facilitate the utilization of a revised Documentation Audit Toolkit. See Figure 8 for the responses to this question. Eighty six percent of respondents (n=19) preferred an interactive electronic document format that would include links to external resources. Half of the respondents (n=11) ranked a web-based resource as the second most popular format. Forty five percent (n=10) selected the static electronic document response, with the same number (n=10) selecting a recorded webcast. Twenty three percent (n=5) selected the "Other" category. See the details of their comments in Appendix A.

**Figure 8 - Preferred format for a revised Documentation Audit Toolkit**
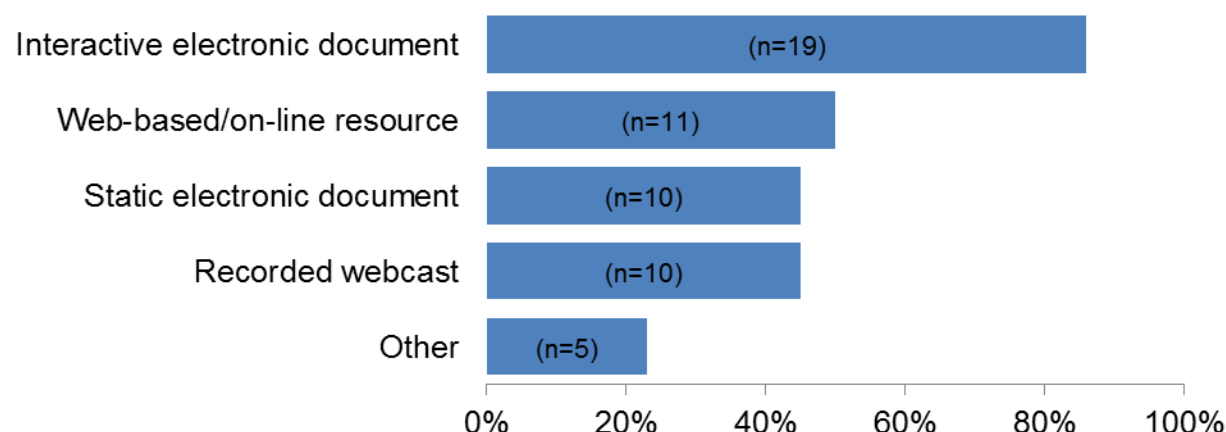


## KEY FINDINGS

- Fifty percent of respondents (n=11) perform audits in some programs.

- Eighty one percent of respondents (n=13) indicate having chart audit policies and of those, sixty two percent (n=8) reported that audit policies are clear and effective.

- The primary barriers associated with performing chart or documentation audits include: lack of consistent auditing practices/standards, time constraints, staff perceptions, lack of feedback/follow-up, administrative issues, and document retrieval difficulties.

- Eighteen percent (n=4) had been unaware of the ANDSOOHA Documentation Audit Toolkit. Eleven scan respondents (50%) were aware of the Toolkit, but not using it, and seven respondents (32%) were aware of the Toolkit and using it.

- Of the thirty two percent of respondents (n=7) who provided responses related to the implementation of the ANDSOOHA Documentation Audit, the majority indicated successful outcomes related to the simplicity and effectiveness of using the Toolkit; however, twenty three percent of respondents (n=5) required modification of the Toolkit to suit individual health unit needs.

- Sixty two percent of respondents (n=8) reported creating their own audit tools and resources to suit the needs of their health unit.

- Results indicated a gap with respect to audit process training and education among health units. Forty four percent of respondents (n=7) reported receiving training, whereas half did not (n=8).

- To facilitate the utilization of a revised Documentation Audit Toolkit, an interactive electronic document format (with links to external resources) was preferred by eighty six percent of respondents (n=19). A web-based resource was selected by fifty percent of respondents (n=11), while forty five percent of respondents (n=10) selected the static electronic document response, with the same number (n=10) selecting the recorded webcast response.

## LIMITATIONS

This report has a number of limitations which are described here:

- The environmental scan questions were not piloted to test for validity and reliability.

- Results may not be representative of all health units in Ontario given that only 22 responses were received out of a possible 36 health units across the province.

- Information collected was self-reported and there may be a reporting bias within the responses. In addition, responses were sought by one individual in the organization. This may limit the depth of perspectives shared and may not be a true representation of all practices or perspectives within the organization.

- The scan included a number of open ended questions and thematic analysis was not conducted on the qualitative open ended responses thereby limiting the overall application of the results.

- Responses were adjusted within the Support Factors section in instances when a respondent answered "no" to the first question, but then gave responses to the second and/or third question. Where that happened, responses to the second and third questions were removed, since these should only have been answered if they answered "yes" to the first question.

# CONCLUSION AND NEXT STEPS

These findings highlight that the large majority of respondents are currently performing chart or documentation audits within their health unit and that they have various supporting factors to facilitate audit processes. Barriers were identified by respondents and recommendations to help overcome those barriers were provided. The responses and recommendations indicated that there is great value placed on chart auditing best practices, guidelines and frameworks, leadership messaging related to change management, electronic documentation and an auditing toolkit in an interactive format.

The Northern Ontario Professional Nursing Practice Network will present recommendations for a revised toolkit to the Ontario Public Health Nursing Leaders (OPHNL) association. Based on the key findings from the environmental scan, the following should be further explored and taken into consideration when developing a new toolkit which would include auditing best practices:

- Guidelines for training and education

- Consider the need for adaptability of audit tools to meet individual health unit needs

- Recommendations regarding supporting factors such as allocation of sufficient time and support to decrease barriers

- Promotion of the Documentation Audit Toolkit amongst health units in Ontario.

- A review of regulatory guidelines and practices when considering changes to the revised documentation audit toolkit

A call out to Regional CNO/PPL networks will be initiated to assist with the revisions and promotion of the updated resource.

# APPENDIX A – ADDITIONAL COMMENTS

## *Support #1: Chart and/or documentation audit policy or policies*

**A) Additional comments from respondents who answered "yes" when asked if they have these policies:**

1. "The audit guidelines vary from service area to service Area and sometimes team to team."
2. "Policies vary in detail. Some are very specific and other are general (broad)."
3. "A divisional audit policy for Clinical Services. There is no departmental audit policy at this time."
4. "Since we are just starting with conducting nursing documentation audits, we won't know how clear and effective they are until we have had a first run with them."
5. "Newly approved Dept. Documentation Policy and Procedure - includes high level direction re: audit. Divisional and program processes vary."
6. "Audit expectations are embedded in documentation procedures. Policies and procedures pertaining to audits are in place."
7. "Documentation policy includes procedural step to ensure all programs have audit processes - How many programs conduct audits? To what extent?"

**B) Additional comments from respondents who answered "no" when asked if they have these policies:**

1. "In the process of developing a generic chart audit policy with NPPC."
2. "We have a draft policy that is in the approval process to support audits in all programs with nursing staff. It is a very clear policy with a tool for CNO compliance."

## *Support #2: A person or group that leads chart and/or documentation audit processes*

**A) Additional comments from respondents who answered "yes" when asked if they have a person or group that leads these practices:**

1. "Each team that conducts Audits has a lead person. These individuals are very experienced and provide effective support."
2. "In areas where there is a nursing presence, documentation audits are supported by their nursing colleagues from the Nursing Council. In areas of the health unit, where there is no nursing presence, we are unsure if audits are taking place. The documentation policy and procedure is for all staff but we are unsure if some of the other professionals are using audits."

3. "Audit committees in Clinical Services Programs.  Family Health and Chronic Disease and Injury Prevention do not have audit practices at this time but they are planned."
4. "We have a Nursing Documentation Steering Committee that comprises of nursing staff from each of the divisions where nurses work.  There are also nursing program team champions for documentation.  In some programs, nursing peers will provide support to the nursing auditors if required. Once we have had our first round of audits will we see if the support is effective."
5. "Professional Practice Lead and working group."
6. "Some divisions and programs have staff/ manager support audit process but not designated FTE. This influences ability to complete, develop, implement and evaluate audit process."
7. "There is a role for manager, staff, team documentation lead, CQI-TCHIS Team, Documentation Committee Member in QA related to documentation - not necessarily specifically auditing. Specific Quality Assurance Program with appropriate staff. Also a role for individual managers."

**B) Additional comments from respondents who answered "no" when asked if they have a person or group that leads these practices:**

1. "No designated person and only done in certain programs."
2. "In the process of setting one up. NPAC has accountability."


## Support #3: Audits are included within a Quality Improvement (QI) Program

**A) Additional comments from respondents who answered "yes" when asked if they have some form of agency-wide QI program:**

1. "There is a framework for QI that was developed and adopted internally."
2. "We are embarking on the pathway of Accreditation using the Qmemtum program.  The Nursing Council as a member of the Quality and Safety Council, have been influential and very supportive of this endeavour."
3. "We'll wait to find out after we've conducted our first round or a few rounds of audits."
4. "We have a professional practice lead and we have several working groups and committees to address quality practice and improvement."
5. "QI Audits implemented in 2015 - will measure effectiveness at end of year."

**B) Additional comments from respondents who answered "no" when asked if they have some form of agency-wide QI program:**

1. "In the process of developing. Have just hired a planning and evaluation specialists."

2. "Mental health program has QA/QI around audit policy. Report on how many/how often audited given to MOH. Changes made to practice as result of audit results."
3. "YES. Staffed Quality Assurance Program with manager, Quality Assurance Field Officers, Data Analyst and other staff. There isn't a specific QI program. I am not sure what this means."

## *Support #4: Direction and/or support from management*

**A) Additional comments from respondents who answered "yes" when asked if they have direction and/or support from management:**

1. "Brand new team being formed some have not started as yet."
2. "Once the audits are completed, and recommendations are crafted, they are presented to management for approval to implement them. They have been highly supportive of the recommendations made and allow the resources to implement."
3. "A manager/supervisor sits on audit committees in clinical services programs."
4. "Once our policy roles out – yes: some divisions have this."
5. "Practices differ across the department with some areas having a committee composed of frontline and management support quality documentation and audit practices."
6. "Management engagement is at the beginning stages."
7. "It is up to the managers to perform the audits. Some programs have Specific Standardized Audit process for all managers, separate and apart from QA functions."

## *Support #5: Allocated time to conduct audits*

**A) Additional comments from respondents who answered "yes" when asked if they have allocated time to conduct audits:**

1. "Time to capacity to conduct audits is a major barrier. Most Teams that are doing audits do so only annually. At least one Service Area does it every two years only."
2. "We do audits in some branches every quarter, some branches are less regular, but overall all branches allow time for documentation audits."
3. "We are suggesting that no more than one to two days to conduct the audit. We will see if this time is adequate after our first round of audits."
4. "YES. Major function for QA Program and requirement for managers."

**B) Additional comments from respondents who answered "no" when asked if they have allocated time to conduct audits:**

1. "Time is a barrier to the performance of audit process."

**C) Additional comments from respondents who answered "unsure" when asked if they have allocated time to conduct audits:**

1. "Some divisions/programs."

## *Support #6: Training/education related to performing audits*

**A) Additional comments from respondents who answered "yes" when asked if they have training/education related to performing audits:**

1. "Training is managed by committee members."
2. "Training for our nursing documentation auditors is being planned next month."
3. "Initial training occurred by Professional Practice Lead and continues to support staff. Further training occurs through peers who have experience with audits."
4. "Training around Documentation is embedded in TCHIS training, part of new employee orientation, etc. but it is not specifically about auditing. QA staff are trained to perform audits. Others are made aware of what is included in the audits and how to ensure compliance with the requirements."

**B) Additional comments from respondents who answered "no" when asked if they have training/education related to performing audits:**

1. "Again, this is a new initiative that is in the beginning stages."
2. "No training is necessary as the process is clearly articulated in Policy/Procedure."
3. "Process is under development."

**C) Additional comments from respondents who answered "unsure" when asked if they have training/education related to performing audits:**

1. "There is nothing formal in terms of training to perform audits. The tools have been reviewed and explained how to use them, but it is up to the individual branches or audit groups to decide what is best for their units. In some units, it is only one person who conducts the audits, in others it is a team of staff. The audit staff educate themselves to do what is best for them given the guidelines in the policies and procedures."

## *Support #7: Audit tools and/or resources*

**A) Additional comments from respondents who answered "yes" when asked if they have audit tools and/or resources:**

1. "Some are specific to certain programs."
2. "But they are not consistent across the different reviewers."
3. "Teams/Service that conduct documentation audits use different tools. While many use the Audit Tool in the ANDSOOHA handbook as a starting point, most are modified to meet the needs of the Teams e.g. we have a hodge-podge of paper, electronic provincial data bases, and 'in-house' EMRs."
4. "Staff who conduct staff are aware of the tools. General staff may or may not be aware, it depends if they refer to the documentation policy and procedure regularly."
5. "Audit tools created using the ANDSOOHA Audit Handbook. ANDSOOHA toolkit modified to meet the audit needs of changing software application in sexual health, ID, VPD and the multidisciplinary needs of the Mental Health program."
6. "We won't know the answer to this until we have had our first round of auditing conducted before year end."
7. "Waiting for policy approval to roll out."
8. "Again, in some areas but not all."
9. "We have audit tools that support auditing electronic and paper documentation. Numerous Quality Management audit tools, electronic and paper, are used."

**B) Additional comments from respondents who did not answer when asked if they have audit tools and/or resources:**

1. "Under development for health unit. Programs have specific audit tools but no HU wide audit tool is available."

## *Support #8: Financial resources/allocated budget for audit activities*

**A) Additional comments from respondents who answered "yes" when asked if they have financial resources/allocated budget for audit activities:**

1. "Have hired a staff to assist with this."
2. "The audit process is part of daily role so costs are embedded in salary."
3. "We considered staff time as the budgeted resource. The paper based tools are included in regular program activity budgets."
4. "Protected time is allocated to staff for auditing."
5. "Funded Quality Assurance Program."

**B) Additional comments from respondents who answered "no" when asked if they have financial resources/allocated budget for audit activities:**

1. "There is no separate budget or back filling of staff if time is spent on auditing."
2. "There is an overall budget for departmental nursing practice. There is no specific budget allocation for audit activities."

## *Are there any other supports to performing chart of documentation audits at your health unit?*

**Comments provided by respondents:**

1. "Both CEO, CNO and Director are very supportive of any QI initiatives."
2. "Nursing Practice Council acts as a forum to discuss chart audit processes and practices."
3. "We have a PHN who conducts peer audits. She is allocated .6 FTE for this purpose. Her role is primarily with HBHC."
4. "Privacy Officer; Nursing Professional Practice Lead; Organizational policies on Privacy and Confidentiality; Record Storage and Management."
5. "We have organizational committee's that could if necessary provide additional support including Documentation Committee and Multi-Disciplinary committee looking at practice issues."
6. "The Nursing Council and its members will support any of its health unit colleagues in performing audits. All of the tools and resources the Nurses use are on the general website with access for all Health Unit staff. We also share all of our documentation tools, policies and procedures. The other support is the Health Unit, Quality and Safety Council who receive and act on our general departmental recommendations as appropriate."
7. "A divisional policy in Clinical Service requiring audits q 6 months seems to help keep auditing on track, protected time to focus on auditing by staff."
8. "Used ANDSOOHA tools and North Bay Parry Sounds auditing tools to create the tool being used at our health unit. The information provided by the RHPA professional practice resources."
9. "ANDSOOHA Audit Documents, leadership support, Culture of safety & quality."
10. "Executive and management have interest in audits which will support plans moving forward."
11. "Various checklists, customer satisfaction survey forms, use of other tools/processes such as Pareto Analysis, Ishikawa diagram, Run Charts, Bar Charts."
12. "Accountability indicators act as audit tool in some program areas."

### Are there any barriers to performing chart or documentation audits at your health unit?

**Comments provided by respondents:**

1. "Expertise and education on specifics."
2. "Best practices are not well understood, tools are needed that are based on a clear manual, however our manual is not very clear, also there is no consistent framework for nursing practice to guide the overall outcomes, College of Nurses Standards for documentation of nursing services for public health are vague and open to interpretation i.e. can meeting minutes if not done by the nurse actually be nursing documentation, what are the public health outcomes that can be captured in nursing documentation. Nursing research is also needed to help nurses understand the value of nursing documentation."
3. "Having enough time is a barrier with competing priorities."
4. "Lack an overarching documentation policy with universal principles. Need basic best practice evidence on important principles of auditing? Would like guidance from a risk perspective re how often should an audit be done; how should records be selected; who should conduct the audit; types of audits (e.g. quality of practice vs compliance with documentation policy); what is the Ministry expectations?"
5. "Some perceive Audit practices as punitive. There is misunderstanding of purpose. Some teams don't have capacity to review large volume of documents."
6. "Retrieval of documents from our electronic storage system is an issue due to the system level requirements. Unable to retrieve a file, then unable to audit records or we require more staff time to assist in records retrieval."
7. "1. Time constraints -workloads issues, prioritizing clients. 2. e-documentation - changing audit needs for changing technology and EMR systems. 3. Lack of departmental audit policy/QI audit program."
8. "Geographical issues - charts are located in various communities, using paper record, observations difficult to schedule. Making audits a priority is challenging."
9. "Designated time and resources in order to actually go through steps in audit process and create program specific tools and education and follow-up. This requires leadership, CQI/audit to be a priority with designated budget and resources."
10. "No process, not assigned to one person to champion this, need this to coordinate plans moving forward."
11. "Different documentation practices limit standardizing audit practices."
12. "When staff used to perform audits on peer's charts there was no performance management feedback loop. Results were anonymized and aggregated. There is a shift toward a more blended model with peer review but management audits on a regular basis. This is at it's infancy with work being done on buy in from directors. Headway is being made. Initial resistance from staff."
13. "Perception by staff as audits as a performance measure rather than a process of CQI."

### *What would help your health unit to overcome these barriers?*

**Comments provided by respondents:**

1. "Time."
2. "A well-researched and evidence-based document to guide Health Unit audits so there is consistency across the system. Any tools need to be flexible so that it can be tailored to meet the contextual needs of the agency. Time to conduct audits is not easily resolved. It is a task that can fall to the bottom of the barrel. It would be great to hear of evidence-based strategies to improve the quality of documentation once audits are done."
3. "Leadership/messaging from leadership re: purpose and support. Need to make the norm- go through change management process."
4. "An electronic record for individual client records and also for maintaining community project documentation and records."
5. "Audit toolkit specific to EMR."
6. "Electronic medical records that is province wide.  Practical tools and templates that are regularly updated.  Technology to observe activities."
7. "Dedicated resources & time (Quality Team - project leader, team, budget) to focus primarily on a project for dept. with program representatives."
8. "Process guidelines and framework to support the planning audits in a PH setting."
9. "Public Health best practices for documentation."


### *Additional comments about the implementation of ANDSOOHA's Documentation Audit Toolkit*

**Comments provided by respondents:**

1. "Programs have modified the Audit Toolkit to meet their needs. ANDSOOHA's handbook is used for training purposes."
2. "For those programs using the ANDSOOHA Audit toolkit, it took a significant amount of time to ensure staff felt prepared to do audits of the documentation of their peers.  Initially doing audits of records that had staff identifiers removed (records were coded so that follow up could occur if practice issues identified) was helpful to staff."

## Additional comments about a preferred format for a revised Documentation Audit Toolkit

**Details from respondents who selected "Other":**

1. "Need the orientation and promotion broadly, with the tools in various formats."
2. "Thoughtful dissemination strategy such as a webinar for Health Units."
3. "Web based option that could be modified to suit the unique/individual programs or other professions requirements (i.e. College of Physicians and Surgeons of Ontario standards)."
4. "Providing a certificate of completion as a learning module."
5. "On-line or webcast training module."

## Do you have any additional comments?

**Comments provided by respondents:**

1. "I just learned about the audit tool in June 2015, I am very pleased that there is working being done to revise."

2. "We have built our auditing processes using the ANDSOOHA tool however did modify the materials to suit our needs. There would be greater uptake of the tool if it applied to a broader scope of professions (more than just nursing). The tool should be redesigned to be flexible to meet the unique programs/ professional standards and individual Health Unit requirements. It may be worthwhile to collaborate with Professional Bodies across the province (e.g. PHI etc.) to develop something that is more universal. Need to build tools to help individual understand the need/purpose for peer audits."

3. "Chart review has been ad hoc at this time no systematic, scheduled approach. However, organizational system is now in place for CQI and moving forward."

4. "Consider move to electronic records in tool development."

# APPENDIX B – COPY OF ENVIRONMENTAL SCAN

This appendix shows the questions from the ANDSOOHA Documentation Audit Toolkit Environmental Scan as they appeared in FluidSurveys when the invitation to participate was distributed to all Ontario health units. On each of the following pages, the environmental scan page number is identified at the top of the page and any skip pattern details are identified at the bottom of the page.

# Page 1 - Introduction

Good day,

The Quality Assurance & Continuous Quality Improvement Working Group of the Northern Ontario Professional Nursing Practice Network (QA & CQI NOPNPN) is revising ANDSOOHA's Documentation Audit Toolkit (2002). In order to assist us, we want to learn more about your current documentation audit practices, your awareness and utilization of the toolkit and any recommended changes.

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, policy requirements and/or guidelines (Guidebook for Documentation Auditors, ANDSOOHA, 2002). For the purpose of this scan, documentation audits refer to documentation related to clients (individuals, groups, communities, etc.).

Your participation in this scan is voluntary and you may choose to answer as many questions as you would like. Your decision to participate or not will not impact any relationships that you may have with the Northern Ontario Professional Nursing Practice Network. The information you provide will be kept confidential and anonymous. Data will be collated and any identifying information will be removed in the report summary. Data will be securely stored and only accessible to those on the QA & CQI NOPNPN.

This scan is being distributed to Chief Nursing Officers (CNOs) at each health unit. We are asking for one response per health unit. Please collaborate with any individual(s) you deem necessary, in order to provide a response that is representative of all of the divisions/programs within your health unit.

The scan should take approximately 5 to 20 minutes to complete. You may complete part of the scan, save what you have done and go back to it at a later time. Please complete the scan by Friday, October 2, 2015.

The results of the scan, along with a review of the literature will assist us in revising the current ANDSOOHA Documentation Audit Toolkit (2002) to meet current needs of Public Health Units across Ontario.

To request a summary of results, or if you have any questions regarding the scan, please contact the Chairperson for the QA & CQI NOPNPN:

Tom Regan RN, BScN
Program Coordinator
Quality Assurance and Professional Practice Standards
Porcupine Health Unit,
Phone: (705) 360-7319, ext. 3259
Tom.Regan@porcupinehu.on.ca

Respectfully,

The QA & CQI NOPNPN Working Group.

## Please indicate your geographic region:

- ○ South West
- ○ Central West
- ○ Central East
- ○ Eastern
- ○ North East or North West

## Select the statement that best describes documentation or chart audit practices at your health unit.

- ○ We have never done audits at our health unit.
- ○ We have done some audits in the past.
- ○ We are doing audits, but only in some of our programs.
- ○ We are doing audits in most or all programs.
- ○ Other, please specify... _____

**Skip Patterns:**

For the question "Select the statement that best describes documentation or chart audit practices at your health unit":

- Skip to Page 7 for the following responses:
  - ○ We have never done audits at our health unit.
  - ○ We have done some audits in the past.

## How long have you been doing chart or documentation audits at your health unit?

○ Less than 1 year

○ 1 to 2 years

○ 3 to 4 years

○ 5 or more years

## What programs are you performing audits in?

Each health unit may have different titles and/or grouping of their programs. For consistency, we have used the OPHS standards. If you have additional programs, use the "other" response.

☐ Chronic Disease Prevention

☐ Prevention of Injury and Substance Misuse

☐ Reproductive Health (including Healthy Babies and Healthy Children)

☐ Child Health  (including Healthy Babies and Healthy Children)

☐ Infectious Diseases Prevention and Control

☐ Rabies Prevention and Control

☐ Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections

☐ Tuberculosis Prevention and Control

☐ Vaccine Preventable Diseases

☐ Food Safety

☐ Safe Water

☐ Health Hazard Prevention and Management

☐ Public Health Emergency Preparedness

☐ Other, please specify... _____

## Details of Your Current Auditing Practices

### What kind of chart or documentation audits are you doing at your health unit?

○ Audits of paper charts/documentation

○ Audits of electronic charts/documentation

○ Audits of both paper and electronic charts/documentation

○ Other, please specify... _____

### The next several questions ask about factors that may support audit practices at your health unit.

### Support #1: Chart and/or documentation audit policy or policies.

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have these policies? | ☐ | ☐ | ☐ |
| If yes, do they support all programs/departments that perform chart or documentation audits? | ☐ | ☐ | ☐ |
| If yes (to the first question), are they clear and effective? | ☐ | ☐ | ☐ |

### Please provide any details from these questions here. Please be as specific as possible.

_____

### Support #2: A person or group that leads chart and/or documentation audit practices.

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? | ☐ | ☐ | ☐ |
| If yes, does this kind of leadership exist for all programs/departments that perform chart or documentation audits? | ☐ | ☐ | ☐ |
| If yes (to the first question), is this support effective? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

**Support #3: Audits are included within a Quality Improvement (QI) Program**

|  | Yes | No | Unsure |
|---|---|---|---|
| Does your health unit have some form of an agency wide QI program? | ☐ | ☐ | ☐ |
| If yes, are your audit practices embedded within that QI program? | ☐ | ☐ | ☐ |
| If yes (to the first question), does this have a positive influence on your audit practices? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

**Support #4: Direction and/or support from Management.**

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? | ☐ | ☐ | ☐ |
| If yes, are they well engaged/involved with audit decisions? | ☐ | ☐ | ☐ |
| If yes (to the first question), does this have a positive influence on audit practices? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

**Support #5: Allocated time to conduct audits.**

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? | ☐ | ☐ | ☐ |
| If yes, is the time allocation adequate for conducting audits? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

**Support #6: Training/education related to performing audits.**

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have this? | ☐ | ☐ | ☐ |
| If yes, is this training mandatory? | ☐ | ☐ | ☐ |
| If yes (to the first question), is this effective? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

## Support #7: Audit tools and/or resources.

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have these? | ☐ | ☐ | ☐ |
| If yes, are staff aware of and using these tools/resources? | ☐ | ☐ | ☐ |
| If yes (to the first question), are they useful? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

## Support #8: Financial resources/allocated budget for audit activities.

|  | Yes | No | Unsure |
|---|---|---|---|
| Do you have this support? | ☐ | ☐ | ☐ |
| If yes, are these resources sufficient? | ☐ | ☐ | ☐ |

**Please provide any details from these questions here. Please be as specific as possible.**

_____

**Are there any other supports to performing chart or documentation audits at your health unit? Please list them here, and briefly describe their positive influence on your audit practices.**

_____

**Are there any barriers to performing chart or documentation audits at your health unit? Please list them here, and briefly describe their negative influence on your audit practices.**

_____

**Page 6 (Continued)**

**What would help your health unit to overcome these barriers?**

_____

## Awareness of ANDSOOHA's Documentation Audit Toolkit

### Select the statement which best describes your health unit's awareness of ANDSOOHA's Documentation Audit Toolkit:

○ This is the first time we've heard of this toolkit.

○ We are aware of this toolkit, but we are not using it.

○ We are well aware of this toolkit and we are using it.

### Other than ANDSOOHA's Documentation Audit Toolkit, are there any other audit tools or resources that you use at your health unit?

○ No

○ Yes (please specify) _____

**Skip Patterns:**

For the question "Select the statement which best describes your health unit's awareness of ANDSOOHA's Documentation Audit Toolkit":

- Skip to Page 9 for the following responses:
    - This is the first time we've heard of this toolkit.
    - We are aware of this toolkit, but we are not using it.

**Please indicate how strongly you agree with the following statements that pertain to your health unit's initial <u>implementation </u>of ANDSOOHA's Documentation Audit Toolkit.**

|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| In general, this toolkit was easy to implement. | ☐ | ☐ | ☐ | ☐ | ☐ |
| We did not need to modify the tools in any significant way. | ☐ | ☐ | ☐ | ☐ | ☐ |
| We are aware of what a documentation audit is and why it must be done. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The audit preparation steps were easy to understand. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The sampling process was effective. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The steps within the auditing process were clear. | ☐ | ☐ | ☐ | ☐ | ☐ |
| The steps for conducting an audit and reporting results were easy to understand. | ☐ | ☐ | ☐ | ☐ | ☐ |

**Are there any additional details about the <u>implementation </u>of ANDSOOHA's Documentation Audit Toolkit that you could share?**

_____

**Select the statement which best describes your health unit's usage of ANDSOOHA's Documentation Audit Toolkit:**

○    It has played a minor role in our documentation audit policies and/or procedures.

○    It has played a major role in our documentation audit policies and/or procedures.

**Please describe how you have used ANDSOOHA's Documentation Audit Toolkit at your health unit. (Select all that apply.)**

☐  Created audit policies/procedures based on it.

☐  Used templates or tools from it.

☐  Other, please specify... _____

**Do you have any recommendations or suggestions on how ANDSOOHA's Documentation Audit Toolkit could be improved? Please describe below.**

_____

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**What format would facilitate the utilization of a revised Documentation Audit Toolkit? (Check all that apply)**

☐ Static electronic document (e.g. PDF document)

☐ Interactive electronic document (e.g. with links to sections within the document or to external sites or resources)

☐ Web-based/on-line resource (webpages rather than a separate document)

☐ Recorded webcast

☐ Other, please specify... _____

**Thank you for participating in this survey! Do you have any additional comments?**

_____

## Opportunity for sharing:

If you have any audit related policies or other audit resources that you would like to share with other health units, please email them to Tom Regan (Chairperson of the NOPNPN's QA/CQI working group) at tom.regan@porcupinehu.on.ca. He will compile all shared documents and will arrange to have them distributed to all other health units.

## How to obtain a summary of the results:

In order to keep this scan anonymous, we do not ask for your name and contact information here. If you would like a copy of this scan's results, please email Tom Regan (Chairperson of the NOPNPN's QA/CQI working group) at tom.regan@porcupinehu.on.ca. Scan results will include anonymous, aggregate data that has been compiled from all scan responses.

_____