## 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 fromother 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: