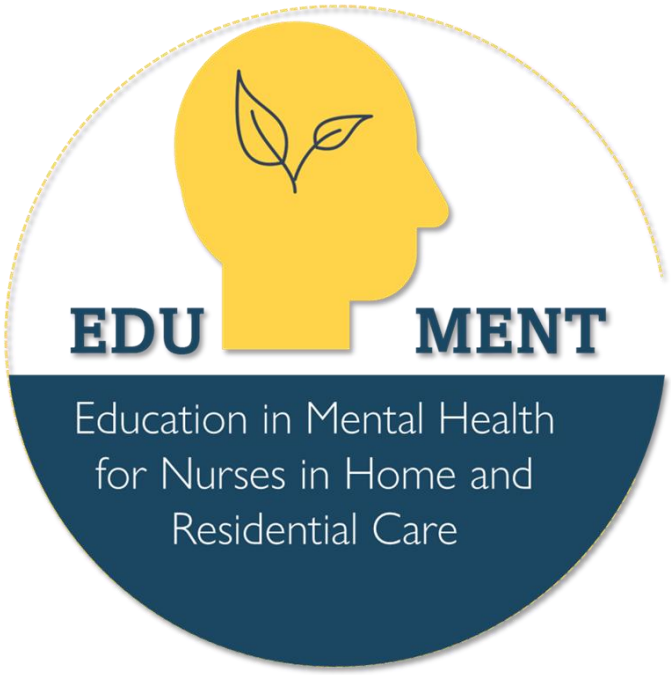
UMIT TIROL
DIE TIROLER PRIVATUNIVERSITÄT

2334 HÄFELEKAR



Concept Note: Institutional Audit Methodology

(R5_2)

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Intellectual Output – R5	
Title:	Concept Note: Institutional Audit Methodology
Description:	This concept note outlines the purpose, scope, and implementation plan for the EDU-MENT institutional audits. It defines objectives, tools, stakeholder roles, and timelines for assessing readiness in home and residential care institutions across Austria, Slovenia, and Cyprus. The methodology supports the sustainable implementation of digital screening tools and training introduced by the project.
Partner organisation:	Hafelekar
Researcher(s) responsible for filling in this document:	Paul Schober
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1. INTRODUCTION

1.1. PURPOSE OF THE CONCEPT NOTE

This concept note outlines the framework for developing the institutional audit methodology within **Work Package 5 (WP5)** of the EDU-MENT project (*Education in Mental Health for Nurses in Home and Residential Care*). The audit methodology will serve as the foundation for assessing the organizational readiness and implementation capacity of selected home care and residential care facilities in Austria, Slovenia, and Cyprus, with a view to embedding digital mental health screening tools and related training processes.

1.2. CONTEXT WITHIN EDUMENT WP5

EDU-MENT – Education in Mental Health for Nurses in Home and Residential Care – is a 36-month Erasmus+ Cooperation Partnership in Vocational Education and Training (Project No. KA220-VET-2FD42AAD), launched in October 2023. It is delivered by a consortium of five institutions from Austria, Cyprus, and Slovenia, bringing together expertise in nursing, research, digital innovation, and organizational development.

The project aims to strengthen the mental health competencies of registered nurses (RNs) in home and residential care through a structured, digitally supported, 5-ECTS blended learning programme. By enhancing the early recognition and management of mental health issues among older clients, EDU-MENT contributes to improved care quality, digital transformation, and workforce resilience in the eldercare sector.

The project is structured into five interconnected Work Packages:

- WP1 – Project Management and Quality Assurance (led by UMIT TIROL): Oversees coordination, internal communication, risk management, and quality monitoring.
- WP2 – Requirements and Needs Analysis (also led by UMIT): Conducts national research and interviews to define user needs and contextual requirements.
- WP3 – Development of Digital Screening Tools (co-led by AGECARE and UCY): Designs and tests user-friendly digital tools for mental health screening in care settings.
- WP4 – Blended Learning Module (led by UM): Develops a training programme combining theoretical content and digital learning materials for RNs.
- WP5 – Organisational Concept (led by Hafelekar): Focuses on institutional readiness and sustainability, supporting implementation through audits, certification guidelines, and a transfer handbook.

Within this structure, WP5 plays a key role in ensuring that the project's innovations—particularly the digital screening tools and blended training programme—are successfully embedded into real-

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life care environments. It does so through institutional audits, organizational coaching, and the development of practical guidance for long-term use and scale-up.

Specifically, WP5 encompasses the development and piloting of:

- An institutional audit methodology
- National audits in six facilities (two per partner country)
- Guidelines for training and certification of digital mental health caregivers
- A transfer handbook for future adopters

The institutional audits are central to WP5's evidence-based approach, ensuring that digital tools and training models are embedded into practice in a manner that reflects organizational capacity, operational needs, and systemic constraints.

1.3. Link to Overall Project Goals and Results

By establishing a structured audit methodology and conducting field assessments, WP5 directly contributes to EDU-MENT's overarching objectives:

- Enhancing the early identification and response to mental health issues in community and residential care
- Supporting institutional change through digital innovation
- Facilitating long-term integration of evidence-based practices in eldercare services

This concept note therefore serves as the initial reference document for WP5 Activity 5.1 and guides the coordinated development of the audit methodology by Hafelekar (WP Lead), in collaboration with all project partners.

2. OBJECTIVES OF THE INSTITUTIONAL AUDIT

2.1. General Audit Objectives

The institutional audits within WP5 aim to systematically assess the **readiness, capabilities, and development needs** of home and residential care institutions for the effective implementation of digital mental health screening tools and the associated training for nursing staff. The audits will provide a structured analysis of organizational structures, resources, workflows, and staff preparedness, forming the basis for piloting, tailoring, and sustainably embedding the EDU-MENT project results.

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The audits are intended to:

- Identify existing practices in mental health monitoring within care settings
- Determine the level of digital and procedural infrastructure available for integration of new tools
- Assess the knowledge, attitudes, and training needs of key personnel
- Examine organizational alignment with the EDU-MENT training and certification framework
- Provide baseline data for measuring impact post-implementation

2.2. Specific Audit Goals for Each Country

While based on a unified methodology, audits will reflect **national healthcare systems, institutional contexts, and cultural variations**. Specific goals per partner country include:

- **Austria (UMIT, Hafelekar)**: Evaluate organizational workflows in nursing homes and home care settings; analyze staff roles and patient data processes; identify opportunities for integrating digital screening in existing geriatric care routines.
- **Cyprus (AGECARE, UCY)**: Assess infrastructure readiness and digital literacy of care professionals; explore linkages between technology providers and care teams; evaluate attitudes toward digitalization in mental health services.
- **Slovenia (UM)**: Investigate care facilities' current engagement with mental health support; identify training structures for nurses; evaluate organizational openness to innovation and pilot implementation of blended learning programmes.

2.3. Expected Use of Audit Findings

The outcomes of the institutional audits will feed into multiple downstream activities within WP5 and the broader project:

- **Customization of digital screening tools** (WP3) to fit operational realities
- **Adaptation of training content** and rollout strategies (WP4)
- **Development of practical guidelines** for mental health caregiver training and certification
- **Design of a transfer handbook** for replication by other institutions and regions
- **Baseline documentation** for evaluating the sustainability and impact of EDU-MENT interventions

By aligning findings with quality indicators and project goals, the audits will also support internal monitoring and the external evaluator's assessment of implementation feasibility and scalability.

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3. SCOPE AND TARGET GROUPS

3.1. TYPES OF INSTITUTIONS TO BE AUDITED

The institutional audits will be conducted in a total of **six care institutions** — two in each participating country (Austria, Cyprus, and Slovenia). These institutions will be selected to represent a **diverse yet comparable mix** of service settings, including:

- **Home care providers** delivering community-based services to older adults living independently
- **Residential care facilities** offering long-term accommodation, nursing, and support services

To ensure comparability, the selected institutions should have:

- Registered nurses (RNs) or equivalent staff working directly with older clients
- Basic digital infrastructure (e.g., computers, tablets, internet connectivity)
- Interest in piloting innovations in mental health care
- Institutional commitment to participate in both the audit and piloting phases

3.2. ROLES AND STAKEHOLDERS INVOLVED

The audit process will engage multiple internal and external stakeholders, including but not limited to:

- **Management representatives** (e.g., facility directors, care coordinators)
- **Registered nurses and care staff** who will eventually use the screening tools and training products
- **IT support personnel** (where available)
- **Training coordinators or HR staff** (in larger institutions)
- **Audit facilitators** from the national project teams (UMIT, Hafelekar, UM, UCY, AGECARE)

Stakeholder interviews and consultations will ensure the methodology captures operational, technical, and human factors influencing the feasibility of EDU-MENT outputs.

3.3. GEOGRAPHICAL COVERAGE AND LANGUAGE CONSIDERATIONS

The audits will be conducted in:

- **Austria** – likely in Tyrol, with institutions affiliated or cooperating with UMIT
- **Cyprus** – in the Nicosia region, leveraging AGECARE's provider network
- **Slovenia** – in the Podravska region (e.g., Maribor area), linked to University of Maribor

Audit materials (checklists, interview guides, reporting templates) will be developed in English and translated into **German, Greek, and Slovenian** to ensure accessibility and facilitate active participation of all stakeholders involved in the assessments.

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4. AUDIT METHODOLOGY

4.1. METHODOLOGICAL FRAMEWORK

The institutional audits will apply a **mixed-methods approach**, combining qualitative and quantitative elements to assess organizational readiness and development needs related to the implementation of EDU-MENT outcomes.

The methodology is structured around three analytical dimensions:

- **Structural Readiness**: Infrastructure, digital tools, organizational policies, staffing structures
- **Process Readiness**: Care workflows, communication practices, quality assurance mechanisms
- **Human Readiness**: Staff knowledge, attitudes, training needs, openness to innovation

Each audit will be carried out by national project partners using a standardized methodology to ensure comparability across countries while allowing contextual adaptation.

4.2. DATA COLLECTION TOOLS

The following tools will be developed and used in each audit:

A. Organizational Checklist

A structured form capturing:

- Type and size of institution
- Staffing levels and qualifications
- Existing mental health practices
- Available digital infrastructure
- Quality assurance systems in place

B. Semi-Structured Interview Guide

Used for interviews with:

- Management (strategic perspective)
- Registered nurses/care staff (operational perspective)
- Support staff (if applicable)

Topics include:

- Experience with digital tools and mental health
- Perceived challenges and support needs
- Views on implementing blended learning and screening tools

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C. Document Review Template

Checklist for reviewing internal policies, care plans, training documentation, and digital usage logs (where available).

D. Self-Assessment Form (optional pilot)

A concise tool for staff to rate their own readiness, confidence, and perceived support in using digital mental health interventions.

4.3. Criteria and Quality Indicators

Audit assessments will be guided by a set of pre-defined **quality indicators** drawn from the EDU-MENT Quality Manual and WP5 goals. These include:

Audit Dimension	Key Indicators
Structural Readiness	Digital devices per staff, policy framework, IT support
Process Readiness	Mental health monitoring practices, referral workflows
Human Readiness	Staff training history, self-reported confidence, openness
Integration Potential	Institutional alignment with EDU-MENT tools and methods

These indicators will be further operationalized in the audit matrix (Annex B).

4.4. Ethical Considerations

The audits will adhere to the following ethical principles:

- **Informed consent**: All interview participants will be informed about the purpose and voluntary nature of the audit.
- **Anonymity and confidentiality**: Audit data will be anonymized in reporting to protect individual and institutional identities.
- **Non-evaluative tone**: The audit is a **supportive diagnostic exercise**, not a compliance check. Findings will be shared transparently and constructively with each institution.

All tools and procedures will be reviewed by the consortium's Quality Lead and, where needed, aligned with national ethics standards or institutional approval processes.

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5. AUDIT IMPLEMENTATION PLAN

5.1. TIMELINE AND MILESTONES

The institutional audit process will now be implemented between **April and September 2025**, following the adjusted project schedule. This shift ensures sufficient time for tool development, national implementation, and the integration of findings into WP5 outcomes before project closure in September 2026.

Phase	Timeline (Revised)	Responsible Partner(s)
Finalization of audit tools	April 2025	Hafelekar (lead), all partners
Partner training on audit methods	Late April – Early May 2025	Hafelekar (virtual session)
Institutional coordination & prep	May 2025	UMIT, UM, AGECARE
Audit fieldwork (2 orgs/country)	June – July 2025	National partner teams
Documentation of audit findings	July – August 2025	National partner teams
Translation of audit reports	August – September 2025	All partners
Synthesis and WP5 internal review	September 2025	Hafelekar, with WP5 contributors

The updated schedule aligns with the broader EDU-MENT GANTT framework and allows downstream activities (guidelines, certification process, and transfer handbook) to be implemented from **autumn 2025** onwards.

5.2. RESPONSIBILITIES OF PARTNERS

The implementation of the audits will be a coordinated effort with clearly distributed responsibilities:

Hafelekar (WP5 Lead)

- Design and coordinate the audit framework and tools
- Deliver training to partners on applying the methodology
- Monitor quality and consistency across national audits
- Consolidate outputs into a final synthesis report and archive

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UMIT, UM, AGECARE

- Select appropriate care institutions for auditing
- Conduct interviews, checklists, and document reviews
- Prepare national audit reports and translations
- Report progress and ensure adherence to revised timeline

UCY

- Co-lead audit implementation in Cyprus with Agecare
- Support content review and pilot usability of tools
- Contribute to documentation and dissemination of insights

Each country will nominate an **audit facilitator** to act as the main liaison with Hafelekar and ensure continuity during national implementation.

5.3. Communication and Coordination Procedures

Audit coordination will be maintained through the following mechanisms:

- **EDU-MENT shared cloud repository**: All working materials, drafts, and templates will be stored for collaborative access.
- **Progress updates**: Each national team will submit short written updates every two weeks during the audit phase.
- **Support sessions**: Hafelekar will organize virtual drop-in sessions every month during May–August 2025 for live Q&A and coordination.
- **Midpoint Review Call**: A short virtual check-in will be held in **late June 2025** to review early audit data and address any issues.

5.4. Risk Management and Contingencies

Potential risks related to institutional engagement or audit logistics remain relevant and will be managed proactively:

Risk	Mitigation Measure
Facility withdrawal or lack of cooperation	Identify backup facilities in Q1/2025; secure early written consent
Scheduling constraints with staff	Use flexible time slots and remote options where possible
Incomplete or inconsistent data collection	Provide audit training and peer review of draft reports
Ethical or data privacy concerns	Standardize consent templates and adapt for national contexts

The **EDU-MENT Risk Log** will be updated by WP5 lead during the implementation phase and reviewed jointly with WP1 and QM advisors in the September 2025 internal review.

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6. EXPECTED DELIVERABLES

The institutional audit process is expected to generate a set of clearly defined outputs that contribute directly to the implementation quality and sustainability of EDU-MENT project results, particularly within Work Package 5.

6.1. COUNTRY-LEVEL AUDIT REPORTS

Each participating country (Austria, Cyprus, Slovenia) will produce:

- **Two institutional audit reports**, documenting the findings from each selected home or residential care facility
- A brief **national synthesis**, highlighting common themes, contextual considerations, and readiness patterns observed
- Reports will include both **quantitative summaries** (e.g., infrastructure, staffing, digital resources) and **qualitative insights** (e.g., perceptions, barriers, attitudes)

These will serve as evidence for shaping the piloting strategy, training guidelines, and future implementation models.

6.2. TRANSLATED DOCUMENTATION

The Audit Synthesis reports and supporting materials will be:

- **Translated into the three project languages**: German (AT), Greek (CY), and Slovenian (SI)
- Harmonized to ensure terminology consistency with other EDU-MENT work packages, especially WP3 (screening tools) and WP4 (training modules)

Translation is scheduled for **August–September 2025**, ensuring readiness for dissemination and use in subsequent deliverables.

6.3. INPUT FOR TRAINING AND CERTIFICATION GUIDELINES

Audit findings will directly inform:

- The design of **guidelines for the training and certification of digital mental health caregivers** (WP5.6)
- The customization of **blended learning content and delivery models** based on real institutional contexts (WP4.8–4.9)

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- The structure of **organizational coaching and support tools** provided to piloting facilities in late 2025

To facilitate this, Hafelekar will extract key conclusions from all national reports into an **audit summary briefing**, made available to contributors in **October 2025**.

7. MONITORING AND QUALITY ASSURANCE

Ensuring the quality, consistency, and utility of the institutional audit process is critical for achieving the objectives of WP5 and maintaining overall project standards as defined in the EDU-MENT Quality Management Manual.

7.1. Internal Review Processes

Monitoring of the audit activities will follow the internal quality assurance principles defined in Section 2.1 of the Quality Manual. Specific measures include:

- **Tool validation**: All audit instruments (checklists, interview guides, templates) will be reviewed and approved by Hafelekar and the Quality Management Advisor group before use.
- **Training quality**: A Virtual session for audit facilitators will include guided walkthroughs, case examples, and Q&A to ensure consistent understanding across countries.
- **Partner self-checks**: Each partner will conduct an internal review of their own audit outputs using a provided QA checklist before submission to the WP5 lead.

7.2. Role of Quality Advisors and WP Leads

Each institution has appointed a **Quality Advisor**, as defined in Section 5.3 of the Quality Manual.

Their roles during the audit process will include:

- Supporting their team in applying the audit methodology correctly
- Verifying adherence to ethical standards, data protection, and informed consent protocols
- Providing structured feedback to Hafelekar on tool usability, clarity, and applicability in practice
- Participating in post-audit reflections and suggesting improvements for future use

Additionally, Hafelekar, as WP5 lead, will coordinate feedback rounds and issue guidance on any corrective actions needed.

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7.3. Feedback and Revision Mechanism

A two-level feedback loop will be implemented to improve quality dynamically during the audit phase:

- **Internal Peer Review**: Prior to final reporting, partners will review each other's draft audit reports using a simple evaluation matrix (clarity, completeness, consistency)
- **Final Review Workshop**: A short virtual workshop in **September 2025**, led by Hafelekar, will synthesize lessons learned and agree on improvements for future transferability and dissemination

This continuous review process ensures that both the methodology and its results meet EDU-MENT's quality standards and contribute meaningfully to the project's impact.

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8. ANNEXES

The following annexes provide draft outlines and working templates that will be finalized during the implementation of WP5 Activity 5.1. These tools will be further refined based on partner feedback, piloting, and internal quality reviews.

Annex A: Draft Audit Checklist (Outline)

Section	Key Data Points
Institution Profile	Type, size, legal form, care model, staff structure
Digital Infrastructure	Devices available, software tools in use, IT support
Mental Health Screening Practice	Existing procedures, protocols, documentation habits
Training and HR Policies	Onboarding, continuous training, mental health-related topics
Quality Management Systems	ISO certification, internal QA, use of client feedback
Change Readiness	Previous innovation efforts, openness to digital transformation

Annex B: Evaluation Matrix Sample

Dimension	Indicator	Scoring (1–5)	Comment Section
Structural Readiness	Digital device availability per staff		
Process Readiness	Formal procedures for client screening		
Human Readiness	% staff trained in mental health topics		
Integration Feasibility	Compatibility with EDU-MENT tools		

This matrix will be used during peer review and national synthesis drafting.

Annex C: Interview Guide (Preliminary Outline)

Target Groups: Management, Nursing Staff, Support/Training Coordinators

Themes:

1. Awareness and experience with mental health screening
2. Existing use of digital tools
3. Staff confidence and training needs
4. Organizational openness to innovation
5. Perceived barriers to implementing EDU-MENT tools

Each interview will take approx. 30 minutes and follow a semi-structured format.

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Annex D: Language Versions Plan

All final tools and the synthesis report will be:

- Developed in English as the reference version
- Translated into:
  - **German** for Austrian partners
  - **Greek** for Cypriot partners
  - **Slovenian** for Slovenian partners

Each partner will be responsible for proofreading their local version and ensuring alignment with project terminology and tone.

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