Audit Review Period:	

Issue of non-compliance:	Medication errors

Scope:	• The scope of this Impact Analysis is limited to 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection. • The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.

Instructions:	• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab. • Review the selected medical records to determine if any medication errors occurred. • Respond to the questions in the participant impact tab. • The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included. • After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the changes in the RCA tab.

Impact Analysis Due Date:	

Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE Organization)

Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues	Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)

Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)

For the purpose of this Impact Analysis, a medication error is defined as: any preventable event that may cause or lead to inappropriate medication use or participant harm while the medication is in the control of the PACE Organization or one of it's contracted providers. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Participant First Name	Participant Last Name	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY	Did the participant experience a medication error during the audit review period? (Yes/No) If NO, the PO may enter NA in all remaining fields.	Medication Name List each medication that was associated with a medication error in a new row.

Medication Dosage	Medication Route	Medication Frequency	Medication Start Date	Medication Discontinue Date Enter NA if the medication has not been discontinued.

Describe the type of Medication Error (Examples: Did not give medication, Gave wrong medication, etc.)	In what setting was or should the medication have been administered? (PACE Center, SNF, ALF, Home)

Date the Medication Error Began (First occurrence of the medication error) MM/DD/YYYY	Date the Medication Error Ended (Last Occurrence of the medication error) MM/DD/YYYY	How many doses of medication were provided or omitted in error between the first and last date?	If the participant experienced negative outcomes, did they occur, in some part, as a result of the failure to provide the item or service? (Yes/No)

If yes, describe the negative outcomes. Enter NA if the participant did not experience negative outcomes.	Optional: Please note, you do not have to complete this column. If there are any mitigating factors that you would like CMS to consider related to a specific participant, please enter the information in this column.