

Audit Review Period:	
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Issue of non-compliance:	Wound care
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Scope:	<ul style="list-style-type: none">• 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.
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Instructions:	<ul style="list-style-type: none">• 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 the participants had wounds that required wound care.• 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.
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Impact Analysis Due Date:	
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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
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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)

Participant First Name	Participant Last Name	Participant ID	Date of Enrollment	Date of Disenrollment
			MM/DD/YYYY	MM/DD/YYYY

<p>During the audit review period, did the participant have a wound (pressure, arterial, surgical, etc.) requiring wound care?</p> <p>(Yes/No)</p> <p>If No, the PO may enter NA in all remaining fields.</p>	<p>Enter the type of wound.</p> <p>If the participant had multiple wounds, list each wound in a new row.</p>	<p>Enter the date the wound was first noticed/documented.</p> <p>MM/DD/YYYY</p>	<p>If the wound was a pressure ulcer, enter the initial stage.</p> <p>Enter NA if the wound was not a pressure ulcer.</p>
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Was a wound care order required? (Yes/No)	Was wound care ordered by a PCP? (Yes/No)	When was wound care ordered? MM/DD/YYYY Enter NA if wound care was not ordered.	Enter the wound care order, if applicable. Enter NA if wound care was not ordered.
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Was wound care provided without an order? (Yes/No)	How frequently was wound care to be completed? Enter NA if wound care was not completed.	Is there documentation that wound care was provided as frequently as required? (Yes/No)	When <u>should</u> have wound care begun/been initiated? MM/DD/YYYY
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When did wound care begin (when was wound care initiated)? MM/DD/YYYY	Is there documentation that wound care was provided as ordered? (Yes/No)	If wound care was not provided as ordered, please describe how the wound care provided differed from the wound care ordered. Enter NA if wound care was provided as ordered.
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<p>If the participant experienced negative outcomes, did they occur, in some part, as a result of the failure to provide the item or service?</p> <p>(Yes/No)</p>	<p>If yes, describe the negative outcomes.</p> <p>Enter NA if participant did not experience negative outcomes.</p>	<p>Optional: Please note, you do not have to complete this column.</p> <p>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.</p>
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