

<b>Audit Review Period:</b>	
<b>Issue of non-compliance:</b>	Wound care
<b>Scope:</b>	<ul style="list-style-type: none"><li>• The scope of this Impact Analysis is no more than 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection.</li><li>• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.</li></ul>
<b>Instructions:</b>	<ul style="list-style-type: none"><li>• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.</li><li>• Review the selected medical records to determine if the participants had wounds that required wound care.</li><li>• Respond to the questions in the Participant Impact tab.</li><li>• The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included.</li><li>• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab.</li></ul>
<b>Impact Analysis Due Date:</b>	

Brief Description Of Issue (Completed By The CMS Audit Lead)	Detailed Description of the Issue (Explain what happened)
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<b>Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)</b>	<b>Brief Description Of Issue (Completed By The CMS Audit Lead)</b>	<b>Condition Language (Completed By The CMS Audit Lead)</b>
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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
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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)
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**Date Individual Outreach and  
Remediation Completed  
(MM/DD/YY)**

Participant First Name	Participant Last Name	Medicare Beneficiary Identifier	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY  Enter NA if the participant is still enrolled.

During the audit review period, did the participant have a wound (pressure, arterial, surgical, etc.) requiring wound care?  (Yes/No)  If No, enter NA in columns H through X.	Enter the date the wound was first identified/documented.  MM/DD/YYYY  If the participant had multiple wounds, list each wound in a new row.	Enter the type of wound.	If the wound was a pressure ulcer, enter the initial stage.  Enter NA if the wound was not a pressure ulcer.



<p>Date wound care was ordered by the PCP. MM/DD/YYYY</p> <p>If an order was required but wound care was not ordered, enter "Not Ordered."</p> <p>If a wound care order was not required, enter "Not Required."</p>	<p>Enter the wound care order, if applicable.</p> <p>At a minimum, identify the dressings/medications ordered and the frequency of wound care ordered.</p> <p>Enter NA if wound care was not ordered.</p>	<p>Does the medical record contain documentation that wound care was provided as ordered by the PCP?</p> <p>(Yes/No)</p> <p>Enter NA if wound care was not ordered.</p>
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<p>If wound care was not provided in accordance with the PCP orders, identify what occurred:</p> <ul style="list-style-type: none"> <li>• No wound care provided</li> <li>• Incorrect frequency</li> <li>• Incorrect dressing/medication</li> <li>• Incorrect frequency and incorrect dressing/medication</li> </ul> <p>If another scenario applies, please describe how the wound care provided differed from the wound care ordered.</p> <p>Enter NA if wound care was not ordered.</p>	<p>Was wound care provided without an order?</p> <p>(Yes/No)</p>	<p>If wound care was provided without an order, enter the type of treatment provided.</p> <p>At a minimum, identify the dressings/medications used and the frequency of wound care provided.</p> <p>Enter NA if wound care was ordered or if wound care was not provided.</p>
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<div>When <u>should</u> wound care have begun/been initiated?</div> <div>MM/DD/YYYY</div>	<div>When did wound care begin (when was wound care initiated)?</div> <div>MM/DD/YYYY</div> <div>Enter NA if wound care was not provided.</div>	<div>Did the wound heal?</div> <div>(Yes/No)</div>	<div>At any point, did the wound become infected?</div> <div>(Yes/No)</div>
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<p>Did a failure to provide wound care occur due to ineffective communication with or oversight of a contracted provider?</p> <p>(Yes/No)</p>	<p>If the participant experienced negative outcomes, did they occur, in some part, as a result of a failure to order wound care, a failure to provide wound care as ordered by a PCP, because wound care was provided without an order, or a failure to communicate with a contracted provider?</p> <p>(Yes/No)</p>	<p>If yes, describe the negative outcomes.</p> <p>Enter NA if participant did not experience negative outcomes.</p>
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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.