Audit Review Period:	
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Issue of non-compliance:	Wound care
•	• 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.
	• 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 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 RCA tab.
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Impact Analysis Due Date:	

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Date Identified (MM/DD/YY)
(MM/DD/YY)
(Completed By The CMS Audit Lead)

Date System/ Operational (Explain why it happened)

Action Taken to Resolve System/ Operational (Explain why it happened)

Brief Description Of Issue (Completed By The CMS Audit Lead)

Action Taken to Resolve System/ Operational (Explain why it happened)

Action Taken to Resolve Negatively Impacted (MM/DD/YY)

Remediation Completed (MM/DD/YY)

Actions Taken to Resolve Negatively Impacted (MM/DD/YY)

Remediation Completed (MM/DD/YY)

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Actions Taken to Resolve Negatively Impacted (MM/DD/YY)

Remediation Completed (MM/DD/YY)

Participant First Name	Participant Last Name	Medicare Beneficiary Identifier Participant ID	Date of Enrollment		Did the participant have a wound (pressure, arterial, surgical, etc that required wound care during the audit review period?	Was all wound care provided as ordered or authorized by the ID during the audit review period?	T What type of error occurred?	Identify the location and type of the wound.  Enter the date the wound was first	Date wound care was ordered by the PCP.	Enter the number of times the error occurred.	Did the wound heal?		In what setting was or should the wound care have been provided? (PACE Center, SNF, ALF, Home)	Did a wound care error occur as a result of If the participant experienced negative outcomes, did they occur, in some part,	· · · · · · · · · · · · · · · · · · ·	Optional: Please note, you do not have to complete this column.
			MM/DD/VVVV	MM/DD/YYYY	that required would care during the addit review period:	during the addit review period:	Wrong materials (dressing/medication)	For example: left heel, stage II pressure ulcer	MM/DD/VVVV		(Vas /Na)	(Ves/No)	provided: (PACE Center, SNF, ALF, Home)	a failure to effectively coordinate care as a result of a failure to order wound care, a failure to provide wound care as with a sub-acute facility such as a skilled ordered by a PCP, because wound care was provided without an order, or a	Enter NA if participant did not experience negative	If there are any mitigating factors that you would like CMS to consider related to
			IVIIVI/ DD/ 1111	WilviyOb/1111	(Ves/No)	(Ves/No)	Not completed as frequently as ordered	MM/DD/VVVV	IVIIVI/DD/TTT		(Tes/No)	(Tes/No)		nursing facility, nursing facility, assisted failure to communicate with a contracted provider?	outcomes	specific participant, please enter the information in this column.
					(Tes/No)	(Tes/No)	Completed as frequently as ordered     Completed more frequently than ordered	INITIAL DEPT.	If an order was required but wound care was					living facility, board and care facility, etc.?	outcomes.	specific participant, please effect the information in this column.
				Enter NA if the narticinant is still	If No, enter NA in all remaining columns.	If <u>Yes</u> , enter NA in all remaining columns.	Wound care began before/after ordered start date (specify before or after)	If the participant had multiple wound	, list not ordered, enter "Not Ordered."					(Yes/No)		
				enrolled.	in interior in an interior in in interior	in <u>165</u> , enter the in an remaining columns.	Wound care ended before/after ordered end date (specify before or after)	each wound in a new row.	, iist libt ordered, enter Not ordered.					(Yes/No)		
							Wound care was provided without a PACE PCP order		If a wound care order was not required, enter							
							Necessary wound care was not provided because the PACE PCP failed to execute an		"Not Required." Only enter "Not Required," if							
							order for wound care		an order is not required in accordance with all							
							Other error not specified		applicable state laws.							
							You may enter more than one type of error, if applicable.									
							Enter <u>each</u> wound care error in a <u>new row</u> .									
							<u>Please note</u> : Impact analyses will be <u>returned</u> for correction if each <u>wound care</u> <del>medication</del> error is not listed in a new row.									