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23. Logs:
    1. Complaint Log – may not have a log, but will need to have detailed compliant resolution policy. Medicare requirements: 5 days to evaluate legitimate compliant, 14 days to respond to complaint in writing to patient.
    2. On Call Log
    3. Incident logs – medication errors. E.g. patient received 30 tablets when prescription written and billed for 90; wrong prescription sold to patient; etc. Must have a detailed incident resolution policy including description of incident, employees involved, and corrective action plan
    4. Hazardous waste logs – safe handling procedures when counting oral oncolytics; proper disposal of waste
    5. Call abandonment logs – phone system must track call abandonment, time to pick up just for pharmacy calls
    6. Temperature logs – refrigerator, room temperature, deliveries
    7. Infection log – patient and employee – keep track of any employee infections, especially upper respiratory infections. Patient log will likely be empty as you won’t have any infections as a result of direct patient contact with a pharmacy employee.
24. On call Schedules
25. Organization chart with names
26. Current and discharge patient list – Discharged/referred patient log. Pharmacy must track all patients who they “refer” out due to insurance mandates, patient assistance, etc.
27. Any contracts for patient care with other companies – likely N/A
28. BAA’s – EMR, dispensing software, adherence programs, document storage/disposal companies, etc. Any company that has access to PHI
29. Marketing materials
30. Copy of budget and fee schedules – Just need to ensure that you are a business that keeps track of financials. Only pharmacy budget needed
31. Drug recalls – policy of how to keep track of recalls and paperwork that shows you keep history of recalls on file
32. MSDS – know where your clinic stores these. If you have them at another location in the clinic, just make sure you know where they are.
33. Board meeting minutes where pharmacy is discussed – Have minutes on hand that show that each board member was oriented to pharmacy operations and ACHC. May ask to interview a board member. If they ask to interview a board member, but none are available on the day, may give the surveyor an alternative date that they would be available for interview.
34. Orientation checklist and employee handbook – See orientation checklist document
35. In-service records for employees – mostly interested to see that all required documents are reviewed annually. See orientation checklist for annual training.
36. List of governing body and contact information
37. Board of Pharmacy visit results
38. Performance Improvement presentation – Important to have detailed performance improvement plan and be prepared to present it in detail. Must have 4-5 performance improvement measures in process with goals, thresholds, outcomes. Continuously evaluating thresholds to ensure that they’re not to high or low. May take years to accurately set threshold for a Q.I. measure. Recommend compliance officer assist with formulating an in depth Q.I. program for pharmacy with measurables.
39. Delivery – if clinic uses in house employee to deliver prescriptions, they will need to be interviewed. If clinic contracts out, contract will suffice.
40. Fire drill and emergency drill documentation – Evacuation routes posted in pharmacy area. Have drill log and results (time to evacuation) on hand for fire and any other natural disasters that are pertinent to geographical area (hurricanes, tornados, floods, etc.)
41. Patient Charts – current and discharged – see patient chart survey document. Surveyor will ask you to provide evidence of each standard required in the patient chart checklist. Pharmacist aiding surveyor will need to be able to readily access every requirement listed. While moving through checklist, there may be items that can serve as proof of compliance with several standards. It is okay to show the surveyor the same thing several times if it applies to different standards. May use several different systems to achieve all of the standards as one plan of care (EMR + dispensing software + adherence platform). Will look at 2-5 patients to ensure that these measures are being completed on a consistent basis.
42. Employee files – See Employee files document. Employee files will be provided to surveyor. Surveyor will investigate files on their own and may ask some clarifying questions. You will have an opportunity to review items they could not find and provide proof that you are not deficient in those areas.
43. Employee interviews – See Employee interviews document – may interview pharmacist, pharmacy manager, board member, CFO/controller, pharmacy technician, compliance officer
44. Patient interviews – will interview 2-5 patients. Pharmacy can select patients. Surveyor will ask the following questions to each patient:
    1. If Medicare patient, were they supplied with Medicare rights upon admission?
    2. Did the patient receive the HIPPA privacy notice from the practice/pharmacy?
    3. Was the patient informed of financial obligations upon first fill of specialty medications?
    4. How was the patient involved in their care plan? – explain they receive calls from the pharmacy once monthly to assess their therapy, disease, tolerability to therapy, adherence, etc. Pharmacy does not ship or fill any refills without their knowledge or consent.
    5. May ask about their overall satisfaction with pharmacy services and if they would refer someone to the clinic/pharmacy
45. Policies and procedures