Standard DRX2-1CR: RealValue Patients Pharmacy (RVPP) will provide DMEPOS products to eligible patients (medicare/medicaid) as per the enrolled standards. The products available at the pharmacy will be canes, crutches, walkers, Commodes/Urinals/Bedpans, ostomy supplies, tracheostomy supplies, surgical dressings, wheelchair seating and supplies (manual), TENS supplies, urological supplies, diabetic meters/ supplies(non mail), heat/cold supplies, Enteral nutrients and nebulizer equipment & supplies. No fitting or rental services will be provided. Days/Hours of Operation are monday to friday 9am to 9pm and saturday and sunday 10am to 3pm. After hours services orders will be by phone but products will not be available till the next morning after 9am. Contact information: RealValue Patients Pharmacy, 9401 Unit 7, 38th Ave, Jackson Heights NY 11372. Tel/text/fax: 347-699-1237.

Administration of compliance with all programs will be carried out by the pharmacy director whose role as defined in the general policy and procedures includes making, maintaining (monitoring), taking complaints and enforcing the policies, rules and law of RVPP and the state /federal authorities.

Standard DRX2-2C/ Standard DRX2-2CR/ standard drx2-4a: A DMEPOS supplier standard handout will be given and also noted in patient electronic record in the patients other documents section for all dispensing of the above product to eligible recipients (attached below-Appendix 1). This handout also includes patient/client rights and responsibilities and means of making complaints (*Standard DRX2-4A/Standard DRX2-4B/Standard DRX2-4*c: patient complaints).

Standard DRX2-3A: PROCEDURE FOR REPORTING AND INVESTIGATING ABUSE, MISTREATMENT, NEGLECT AND EXPLOITATION:

RealValue Patients Pharmacy, as a provider of DMEPOS and medicare supplies, has the responsibility to monitor the health and safety of people services in Queens County / NY state. As part of that responsibility, the RealValue Patients Pharmacy Quality and Performance improvement Department/ program will monitor the process and outcomes of all abuse, neglect, mistreatment or exploitation investigations conducted by Service Agencies in Queens County / NY state. Each Service Agency will have procedures for investigating allegations of abuse, neglect, mistreatment or exploitation that are in compliance with the Rules and Regulations of the Department of Human Services. These procedures must include a provision that the RealValue Patients Pharmacy department must be notified, at least verbally, of the allegation within 24 hours of the time the Director of the Service Agency receives the report of the allegation. A completed incident report must be sent to the Pharmacy Director no later than 72 hours after the initial report of the incident.

Each Service Agency will follow its internal procedures for investigating allegations of abuse, neglect, mistreatment or exploitation, ensuring also that reports are made as appropriate and required to local law enforcement and the State Health Department. Reporting the incident to RealValue Patients Pharmacy Department does not absolve the responsibility of the Service Agency to report to the previously listed entities as required.

The final report of the internal investigation will be forwarded to the RealValue Patients Pharmacy

Director, or designee, for review and referral to the Human Rights Committee. The RealValue Patients Pharmacy Department and the Human Rights Committee may wish to provide suggestions for and/or conduct additional investigations.

At any time during the internal investigation, the Service Agency may request the assistance of the RealValue Patients Pharmacy Department directly, or in consultation, with the investigation. In general, the final report of the investigation should contain written documentation of the following items:
Interview with victim(s) of alleged abuse, neglect, exploitation or mistreatment,
Interview with person(s) making allegations,
Interview with alleged perpetrator(s),
Interviews with witnesses to alleged incident (may include other consumers, staff family members, etc.,),
Other interviews pertinent to incident,
Documentation of any physical evidence pertinent to the investigation,
Results of investigations of any external agencies that may be available,
A Summary of findings and actions taken by the Service Agency.
It is expressly prohibited to abuse, neglect, exploit or mistreat in any form, any person receiving services through RealValue Patients Pharmacy. Mistreatment, neglect, exploitation or abuse is defined as, but not necessarily limited to:
Physical Abuse which includes but is not limited to such actions as striking, pulling, pushing, twisting body parts, or inflicting any physical injury to a consumer by any means. Physical abuse includes directing one consumer to physically abuse another consumer.
Sexual Abuse which includes but is not limited to sexual assault, rape, fondling, sexual exploitation or any sexual interaction between staff and consumers.
Mental Abuse which includes any action which creates mental anguish for the consumer. These actions include but are not limited to discriminatory remarks, belittlement, derogatory name calling, teasing, unreasonable exclusion from conversation or activities and verbal abuse.
Neglect which includes the denial of meals, medication, habilitation and other necessities.
Exploitation includes any illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.
STAFF TRAINING: All new employees of the company will receive, as part of their orientation to RealValue Patients Pharmacy, training in identifying and reporting suspected mistreatment, neglect, exploitation and abuse. All employees of RealValue Patients Pharmacy will receive periodic updating of their initial training in the area of abuse, neglect, exploitation and mistreatment. Staff members who have reason to assist consumers with daily physical care/hygiene activities will be alert to evidence of physical abuse, especially for individuals who have been determined to be at risk for such abuse. Staff members who are in frequent contact with consumers will be alert to consistent signs of neglect or mistreatment such as lack of proper clothing for weather conditions, lack of appropriate medical care for illness/injuries, inadequate nutrition, sudden changes in behavior, etc.
REPORTING PROCEDURES: All RealValue Patients Pharmacy employees who serve children are required by law to report incidents of suspected abuse and/or neglect to the Queens County Department of Social Services (or Adult Protection Services caseworker) and/or to the appropriate local law enforcement agency. When a staff person has reason to believe that an incident of abuse and/or neglect has occurred, regardless of the suspected source, an immediate verbal report will be made to the case manager for the child receiving services (or

designated case manager for the consumer). In the absence of the case manager, a report will be made to the Children' Programs Director and as quickly as possible thereafter, to the case manager. The case manager will ensure that the incident is reported appropriately to the Department of Social Services and/or appropriate law enforcement agency If the child/family has an on-going caseworker through the Department of Social Services, the report will be made to that caseworker or, in their absence, to the caseworker's supervisor. If neither party is available, a report will be made to the Intake Unit of queens county.

The case manager and/or supervisor/administrator will ensure that an incident report is completed by the staff person(s) who originally suspected abuse, neglect, exploitation or mistreatment within 24 hours of the initial verbal report. The incident report will include all items specified above.

The case manager will determine at what point the child's parents/guardian will be informed of the report. When the allegation is against the parents/guardian, they will not be informed until legal reporting requirements have been completed. If the allegation of abuse, neglect, exploitation or mistreatment is against a RealValue Patients Pharmacy staff person or other party, the parents/guardian of the child will be informed of the incident and of the steps being taken by RealValue Patients Pharmacy to investigate the allegation. The incident report will be completed no more than 24 hours after the Incident. To report a facility involvement in emergency and/or disaster call: NYSDOH Duty Officer at 1-866-881-2809.

INVESTIGATION OF ABUSE, NEGLECT, EXPLOITATION OR MISTREATMENT OF PEOPLE RECEIVING SERVICES, BY RVPP: EMPLOYEES: When it has been alleged that a RealValue Patients Pharmacy employee has abused, neglected, exploited or mistreated a person receiving services, the Pharmacy Director, immediately upon being appraised of the incident, will appoint a committee of at least two individuals to investigate the allegation. The committee will report directly to the Pharmacy Director.

Preliminary results of the RealValue Patients Pharmacy internal investigation will be reported within 24 hours of the original report of the incident. A full investigation of the incident must be completed within 5 working days of the initial report. The coordinator of the internal investigation will be responsible for ensuring that a complete written record of the investigation, findings, and actions taken is made, and is available within 5 working days of the completion of the full investigation. The coordinator will assure that a referral of the incident is made to the Human Rights Committee for review and referrals made to other agencies or law enforcement as appropriate. investigation proceedings will honor the right to confidentiality of the staff person against whom allegations have been made. In Medicaid funded group residential programs, the State Health Department will also be notified of the incident within 24 hours of its reporting to the pharmacy Director.

SANCTIONS TOWARD EMPLOYEES: All results of theRealValue Patients Pharmacy internal investigation, a Human Rights Committee investigation and other approved/required investigations local law enforcement agency will be recorded, with the employee's knowledge, in the employee's personnel file. The Director of the department will suspend the employee against whom allegations have been made, with or without pay, for the duration of the investigation.

Upon completion of all relevant and authorized or required investigations into the alleged incident,
the RealValue Patients Pharmacy Director, based upon the information in and recommendations of the various investigations, will determine the continued appropriateness and fitness for employment of the employee against whom allegations were made, and determine any special conditions of employment if appropriate. The RealValue Patients Pharmacy Director will inform the Board of Directors/ Owner of the results of the investigation and actions taken, as appropriate.
The RealValue Patients Pharmacy Director or designee will inform the parents/guardian /authorized representative of the consumer of the results of the investigation and actions taken, if appropriate. The RealValue Patients Pharmacy Director or designee will inform the chairperson of the Human Rights Committee of the results of the investigation and of any actions taken.

Standard DRX2-4A/Standard DRX2-4B/Standard DRX2-4c: Refer to general policies for procedure (article 4), in addition an internal incident report form and complaint form will be filled out as below (appendix 2). Within 5 days an outreach will be made to the complainant and within 14 days the results of an investigation will be provided to the complainant.
Medication Error/Drug Diversion: At least one of the following elements must be present for an incident to be reportable to the NYS DOH: 1- Medication or treatment error with harm.
2- A deliberate decision not to administer/give medication or treatment, or a pattern of omission of medications or treatment and/or including falsification of records. 3- Missing controlled substances that are not a documentation error and have potential negative outcomes.
Facilities must report any diversion of controlled substances to the NYS DOH Bureau of Narcotic Enforcement and the New York State Education Department's Office of the Professions, if applicable.
Standard DRX2-5A/Standard DRX5-1C:: HIPAA and PHI procedures are summarized in the general policy and procedure (section 8D). All employees undergo HIPAA, code of conduct training and sign their confidentiality agreements online and in person which is documented in their personnel records.
Confidentiality Agreement: HIPPA protects most individually identifiable health information held or transmitted by an organization, in any form or media/electronic/ paper/fax/oral, this is PHI. Personally identifiable health information (PHI) includes • The individual's past, present, or future physical or mental health or condition, • The provision of health care to the individual • The past, present, or future payment for the provision of health care to the individual. PHI is accessed only on a needed basis and only trained pharmacy staff should access PHI. The pharmacist in charge and pharmacy director will be responsible for releasing PHI to patients or a requester per a written signed request from the patient along with proof of identification (appendix 3). Only PHI that is requested will be released per this authorization. A Request is not needed for regular patient treatment, family that is authorized, to Ensure Public Health and Safety (certain immunization records, state law agencies), to Prevent or Lessen Imminent Danger to a person or public. All Patient records and PHI will be electronically stored and backed up daily on an external USB drive and stored in a metal safe (incase of a disaster),

some paper PHI will also be scanned electronically and filed securely within the pharmacy dispensing area. All electronic data is transmitted encrypted and securely using industry standards. All PHI are discarded separately from regular trash and shredded. PHI can be released to law enforcement or authorized state agencies when requested during the course of their work and if a warrant or police record is shown. All Employees are responsible for the proper dissemination/handling of PHI inaccordance with RVPPs policies and procedures and HIPAA rules and certify that they have undergone the required trainings.

Standard DRX2-8CR: All employees undergo online training in cultural awareness and how to communicate in non english via google translate as in the general policy and procedure.
Standard DRX2-9A: All employees undergo online training on RVPPs Compliance program and it is recorded in their personal file.
Standard DRX3-1A: A business plan with a financial plan has been made to approximate the likely costs involved for the next 3 years. The care services provided by the pharmacy include a price list that is available on request.
Standard DRX3-4B: Client/patient cost responsibilities is outlined with the handout on DMEPOS standards, which is given/signed to each patient/client that avails DMEPOS services at RealValue Patients Pharmacy Inc.
Standard DRX4-1A to 1J: All human resource management, training and personnel files are maintained by the pharmacy director who has full access to the files and maintains the same for a minimum of 20 years. These files will contain personal information of the employee including 1-Position application, 2-Dated and signed Withholding Statements, 3- Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States), 4- Personnel credentialing, 5- Health screening including TB Screening, Hepatitis B vaccination, 6- Job description, 7-Motor vehicle license, 8-Criminal background check, 9-National sex offender, 10- Office of Inspector General (OIG) exclusion list. 11-Personnel policies review or employee handbook, 13-Annual performance evaluation, 14-Verification of qualifications, 15- Orientation, 16-Confidentiality agreement. 17-Competency assessments, 18-Annual evaluation of job duties. Employees can request a copy of their personnel files in writing to the pharmacy director. Background, criminal and sex offender checks will be done on each new employee via online sites.
Job descriptions for each personnel are described in the general policy and procedure section 4. All wages will be as per state and federal rates with no benefits being paid to any employee at this time.Complaints should be directed to the pharmacy director. Hiring of staff will be through an advertisement followed by an onsite interview with the pharmacy director. Annually a performance review will be done and decisions will be made to retain or terminate the job or to retrain the individual.
Standard DRX4-7A: It is expected that employees will follow RVPPs policies and procedures and state/federal laws competency will be assessed by the pharmacy director through observation of employees work procedures, asking the employee questions on workflow processes and online training on the procedures.
Standard DRX4-6A: Each New hire will have an orientation day during which they will get acclimatized to the pharmacy layout and procedures. A self study and training component will

be completed by the new hire online before their orientation day, this will include reading RVPPs general policy and procedures, FWA training, HIPAA training, Anti-Kickback training, OIG checks, signing the confidentiality agreement, cultural training, Supplemental DMEPOS procedures, RVPPs QA and PI procedures and ISMP error reporting, a copy of the test results will be saved to the employees personal file. A checklist of required training will be gone through with the new hire on their orientation day and put in their personal files (Appendix 4).
Standard DRX4-8A: Every quarter there will be clinical updates on the guidelines and new research that has been done in the quarter and also on other topics like, emergency training, handling grievances/complaints, Infection control training, Cultural diversity, Communication barriers, Ethics training, OSHA, client/patient safety/rights and responsibilities, Compliance Program, these updates can be done online or as an in-house lecture.
Standard DRX5-1CR: Each client/patient record will be entered into the pharmacy computer system and have personal Identification data, Emergency contact, Diagnosis, Physician's orders, Signed release of information and other documents for PHI, Informed consent documents, Signed receipt of Client/Patient Rights and Responsibilities statement, Notice of receipt of the Medicare DMEPOS Supplier Standards, Proof of receipt of products.
Standard DRX5-2CR/Standard DRX5-5CR:: Each Client/patient will be evaluated by the pharmacist for appropriateness of treatment and medications/ supplies will be requested from a physician which will include the Physician's name, Diagnosis, length treatment, Special needs, explanation to the Client/patient of how to contact in case of an emergency (telephone call). The patient will be re-evaluated during their refill of medications when they request their refills. All DMEPOS patients will be counseled and provided verbal education and the manufacturer's instructions about medication use, hazards, side effects and other product specific instructions. Counseling records will be maintained electronically.
Standard DRX5-10A: All doctors that prescribe in the area will be verified by looking up their information on the NPI verification website, computer system and NY professional verifications.
Standard DRX5-12A: Patients that come for products that are not available at RealValue Patients Pharmacy will be referred to nearby DME supplier PRIME HEALTH MEDICAL SUPPLIES, 8916 ROOSEVELT AVE, JACKSON HEIGHTS, NY-11372 Phone: 718-446-2300.
Standard DRX6-1A to Standard DRX6-3F: **Quality Assessment, Performance Improvement, and Patient Safety Plan** (FY 2019)
The purpose of the Quality Assessment, Performance Improvement (QAPI) and Patient Safety Plan is to support the RealValue Patients Pharmacy Inc (RVPP) mission and strategic vision by outlining priorities, objectives and overall improvement strategies and methods to evaluate their effectiveness.
b. Mission: The mission of RealValue Patients Pharmacy Inc is to improve the human condition by providing patient-centered quality care.
c. Situation: CMS (the Centers for Medicare and Medicaid Services) has placed greater emphasis on measurement of value-based care: Hospital Compare Quality Star Rating system, the Value-Based Purchasing (VBP) Program, the Readmissions Reduction Program (RRP), and the Hospital Acquired Condition (HAC) Program. RVPP must adapt its Quality and Safety plan to this situation and work with the hospitals/doctors to reduce readmission costs.

d. RVPPs Strategic (multi-year) Quality Objectives: In order to support the overall mission, strategic vision, and goals for RVPP we have outlined the following objectives.
1. Achieve prescription growth to about 80 rxs per day by December 2019. (improved operations).
2. Analysis of patients prescription data for appropriateness per the published research and guidelines. (improved quality of service).
3. Analysis of patients prescription data for drug interactions, inappropriate prescribing in geriatric pts (medications on BEERS list =fall risk)(Improved client/patient safety).
4. Quarterly analysis of prescription data: To be in compliance with DMEPOS standards for patient records.

e. Fiscal Year 2019 QAPI and Patient Safety Plan Objectives
We have outlined our FY 2019 objectives to support the RVPP strategic objectives. We have organized them according to the dimensions of quality: safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness. The most important objective is safety. We will employ RVPP data sources to measure our progress toward meeting objectives.

1. Safety
a. Patient safety indicators (PS Is)
1. Decrease drug interactions. Monitor alert messages by the computer system..
2. Decrease Adverse drug events, measured by patient responses to questions on whether they had any skin or other reactions.
3. Decrease and eliminate inappropriate prescribing of BEERs list medications by informing the prescribing doctor and patient of the risks.
4.Quarterly analysis of prescription data: To be in compliance with DMEPOS standards for patient records by analysis of patient files for signed patient handout with information, medicare complaint log, HIPAA request form, advance beneficiary form.
2. Timeliness
a. Maintain prescription filling time to below 10 minutes and delivery times to within 2 hours.
3. Effectiveness
a. Monitor alert messages by the computer system to decrease drug interactions. The threshold will be less alerts for severe interactions with not more than 95% of alerts being for a severe interaction. Data will be collected every quarter over a 24 hour period of normal pharmacy prescription filling work by monitoring the filling process. If the percent of alerts exceeds 5% the staff will be required to undergo re-training and re-assessment of their skills.
b. Measure patient responses to questions on whether they had any skin or other reactions for adverse events. The threshold is less complaints of adverse events with not more than 95% of adverse reactions, data will be collected using the online survey form that is printed on the patients receipt (http://realvaluepharmacynyc.com/patients/). If the percent of adverse events exceeds 5% the staff will be required to undergo re-training and re-assessment of their skills.
c. Analyze patient flow in order to decrease service line specific length of filling and delivery times.

d. Measure patient responses to questions on whether they were happy with our service and filling time and delivery time using the online survey form that is printed on the patients receipt (http://realvaluepharmacynyc.com/patients/). The expected threshold is not more than 95% of patients complaining of slow delivery times. If the percent of alerts exceeds 5% the staff will be required to undergo re-training and re-assessment of their skills.
e. All prescription billing and coding with ICD10 will be monitored for errors using the medication incident and discrepancy form which is also used to report medication errors with plan of followup actions listed. The threshold for possible errors will be 95% error free with the hope that no errors will happen, if the percent of errors exceeds 5% the staff will be required to undergo re-training and re-assessment of their skills. Doctors will be contacted for the appropriate ICD10 code they used.

II. Structure and Leadership
a. The Chief Executive Officer (CEO) in consultation with the pharmacy director and other staff is responsible for developing the Quality Assessment, Performance Improvement and Patient Safety Plan. These leaders set priorities, provide leader emphasis, and allocates resources to support the plan.
b. Execution of the plan carried out by Pharmacists and pharmacy techs (Figure 1) who operationalize the plan, defining, refining, implementing, and monitoring.
c. Each staff will develop performance improvement initiatives that align with the RVPP quality and safety plan.
d. The Pharmacy director oversees the plan as the head of the Quality and Patient Safety Plan (QAPI). This oversight ensures quality and safety activity alignment within the organization and allows for collaboration while avoiding redundancy. The Quality and Patient Safety Plan pharmacy director reports to the CEO (Figure 2).
III. Quality Assessment and Performance Improvement Process
a. Setting Priorities
Quality priorities align with RVPP objectives and meet regulatory requirements. The CEO outlines, priorities, but obtains input from other staff and service technicians. Other issues (e.g., external benchmark projects, analysis of patient safety event reports, sentinel event analysis, or standard of care findings) may also receive priority. RVPP uses decision matrices along with other modalities to aid in developing priorities (Table 2).
b. Model for Quality Assessment and Performance Improvement
RVPP will use the Institute for Healthcare Improvement (IHI) model. This model is comprised of the following questions/ steps:
1. What is the aim (what is trying to be accomplished)?
11 . What will be measured (how will we know a change is an improvement)?
111. What change/intervention will be made?

1v. Following these three questions, we execute the PDSA cycle (Plan-Do-Study-Act) (Figure 3).

v. The Quality and Patient Safety Plan is flexible in order to accommodate change.
c. Developing Measure Specifications:
Working groups (pharmacy director and pharmacists) outline quality measures and metrics.
RVPP relies on pharmacy software data for actionable data.
Working groups (pharmacy director and pharmacists) develop written measurement specifications.
d. Reporting and Implementation:
Working groups (pharmacy director and pharmacists) will report findings to the CEO. The Pharmacy director is responsible for disseminating important information throughout the organization, in such formats as the Performance Improvement Quarterly report and/or other acceptable formats.
Every Quarter a report on the progress of the PI and QA plan will be made by the director and Annually or more frequently as necessary, findings from Working groups and services will be presented at the CEO.
RVPP performance improvement activities may also be shared in the following modes:
1. Departmental in-services on special quality performance improvement topics
11. Presentations to staff.
111. Reports of clinical data.
IV. Staff, Clinical and Services Quality and Safety Responsibilities.
All RVPP working committees report their plans and activities to the Quality and Patient Safety Pharmacy director at least annually but usually every quarter.
These working committees and their activities include:
v1. Performing the daily pharmacy filling : The purpose of the committee is to ensure the safe, effective, and efficient use of medicines and appropriate use of software data resources. The committee annually reports their plan and findings to the Quality & Patient Safety Council pharmacy director.

V. Safety
Departments and services annually report their plans and findings to the Quality and Patient Safety Council pharmacy director.
a. Safety is the most important aspect of quality care. RVPP integrates the patient safety with all quality assessment and performance improvement activities. It encompasses risk assessment and avoidance tactics such as conducting a "Failure Mode Effect Analysis" (FMEA). FMEA is a proactive risk assessment, which examines a process in detail including sequencing of events, assessing actual and potential risk, failure, or points of vulnerability, and prioritizes areas for improvement based on the potential impact on patient care.
b. The working committee (pharmacy director and pharmacists) proactively creates action plans based on findings from the "Sentinel Event Alerts" .
c. All patient safety events are reported via survey and questions to a central record. This includes near miss occurrences and unsafe conditions, as well as findings from adverse events. As the entire organization reports patient safety events, this component integrates all departments into the safety program.

d. The pharmacists facilitate execution of action plans derived from Root Cause Analysis activities, including those from Sentinel Events.
Standard DRX6-3F: E. Any serious adverse events, like falls, injury, accidents and unusual harmful events are to be recorded in the patient's profile within 1 hour of receiving the information and the pharmacist needs to be active to present care to the patient by calling 911 and emergency services as needed within 5 minutes of receiving information, the pharmacy director and physician needs to be informed of the event.
VI. **Oversight** and Information Sharing
a. Working groups (pharmacy director and pharmacists) and services report quality assessment and performance improvement information to the Quality and Patient Safety Council pharmacy director. The Quality and Patient Safety Council pharmacy director submits minutes to the CEO. Additionally, the CEO approves the annual Quality Assessment, Performance Improvement and Patient Safety Plan and monitors completion of the plan.
The various duties of these oversight committees are further defined below:
1. The CEO: establishes, maintains, supports, and exercises oversight of the quality monitoring and performance improvement function of RVPP. The CEO fulfills its responsibilities related to the quality assessment, performance improvement, and safety functions through its pharmacy director.
11. The pharmacy director: reviews and provides feedback related to quality reports submitted to the Quality and Patient Safety Council pharmacy directors. The CEO approves the annual plan and annual reassessment. He is also responsible for making recommendations to enhance the Quality Assessment, Performance Improvement and Patient Safety Plan.
111. Quality and Patient Safety Council pharmacy director: provides oversight for reporting quality initiatives from the pharmacists and staff.
VII. Resources
a. The Quality and Patient Safety Council pharmacy director supports and facilitates ongoing organizational quality assessment, performance improvement, and patient safety activities. The Quality and Patient Safety Council pharmacy director assists physicians and staff with developing and executing quality improvement projects.
b. The duties of the Quality and Patient Safety Council pharmacy director include:
1. Promoting patient safety through evidence-based clinical programs and initiatives
111. Management of databases (e.g., Vizient, CDC databases)
IV. Collaboration with all pharmacists and staff and services to execute the quality and patient safety plan (e.g., assisting with performance improvement projects) and achieve objectives.

VIII. Summary
The Quality Assessment, Performance Improvement, and Patient Safety Plan provides the objectives and framework for RVPP to implement quality assessment, performance improvement, and safety activities. These activities improve patient outcomes, patient experience, and patient safety in a comprehensive, methodical, and systematic manner and compliment the pharmacy Plans.

Figure 1:

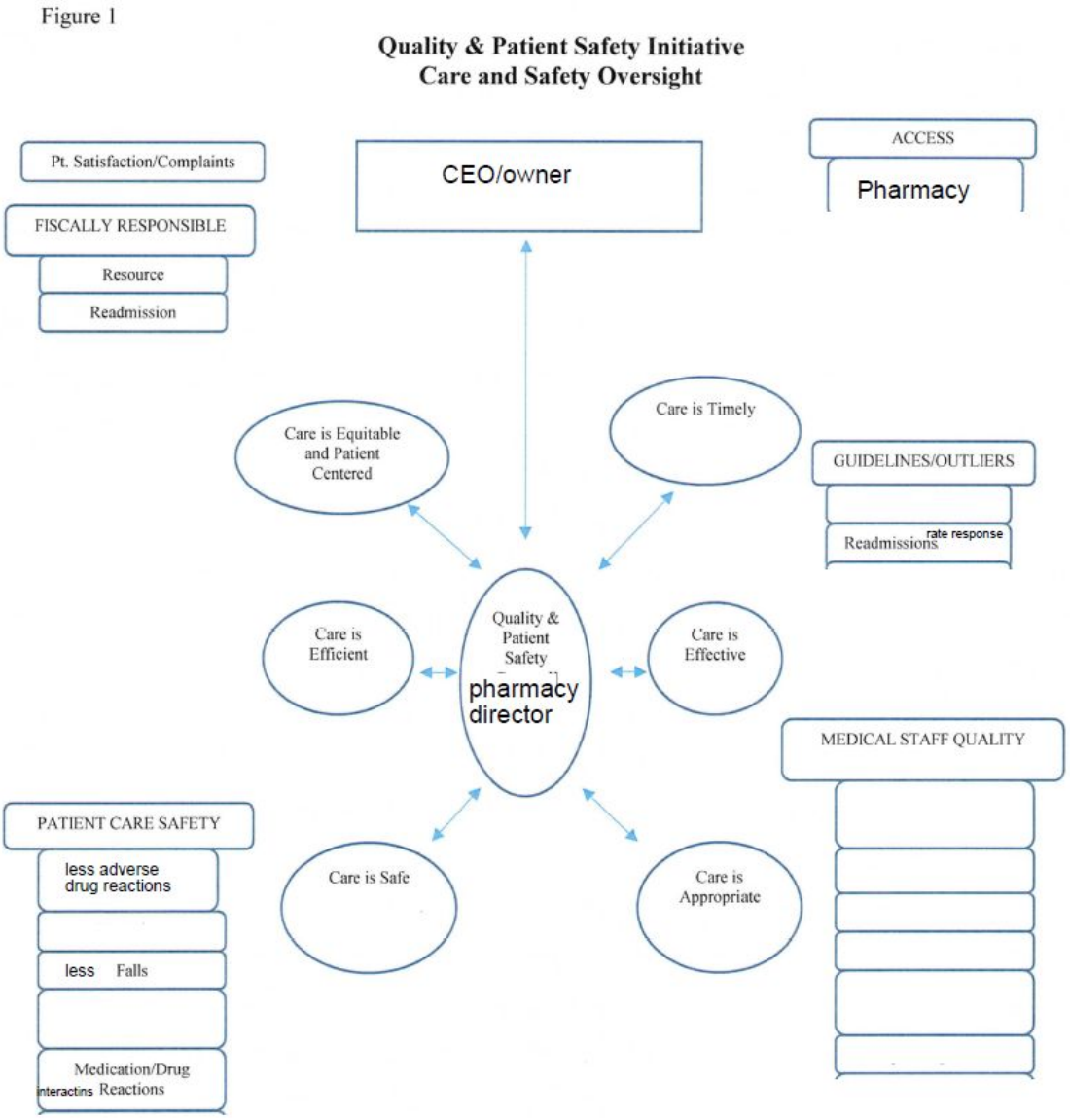
Figure 1
Quality & Patient Safety Initiative
Care and Safety Oversight
Pt. Satisfaction/Complaints
FISCALLY RESPONSIBLE
Resource
Readmission
CEO/owner
ACCESS
Pharmacy
Care is Equitable and Patient Centered
Care is Timely
GUIDELINES/OUTLIERS
Readmissions
rate response
Care is Efficient
Quality & Patient Safety
pharmacy director
Care is Effective
MEDICAL STAFF QUALITY
PATIENT CARE SAFETY
less adverse drug reactions
less Falls
Medication/Drug interactins Reactions
Care is Safe
Care is Appropriate

Figure 2:

Figure 2

COMMITTEE STRUCTURE

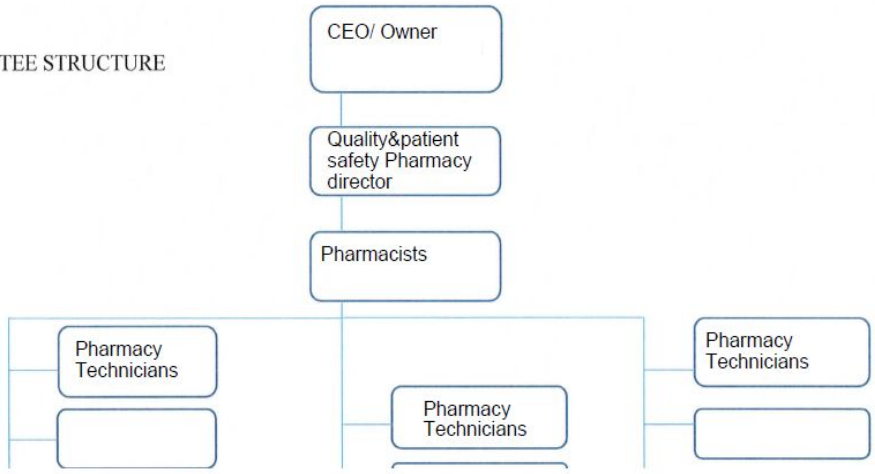

Table 2

PRIORITIZATION MATRIX –FY 2019
Quality and Patient Safety Goals

Improve Patient Safety & Quality

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Hospital Acquired Conditions	✓		✓	✓	✓			✓	✓	
Patient Safety Events	✓			✓	✓	✓	✓	✓	✓	
Pain Management – Safe opiod use	✓		✓	✓	✓	✓	✓	✓	✓	✓

Improve Resource Utilization

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Reduce Readmission	✓		✓	✓	✓			✓	✓	

Improve Satisfaction

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Patient Satisfaction	✓		✓	✓	✓	✓	✓	✓	✓	✓
Perception of Safety	✓		✓	✓	✓	✓	✓	✓	✓	✓
Complaint Management	✓		✓	✓	✓	✓	✓	✓	✓	✓

Figure 3:

Figure 3

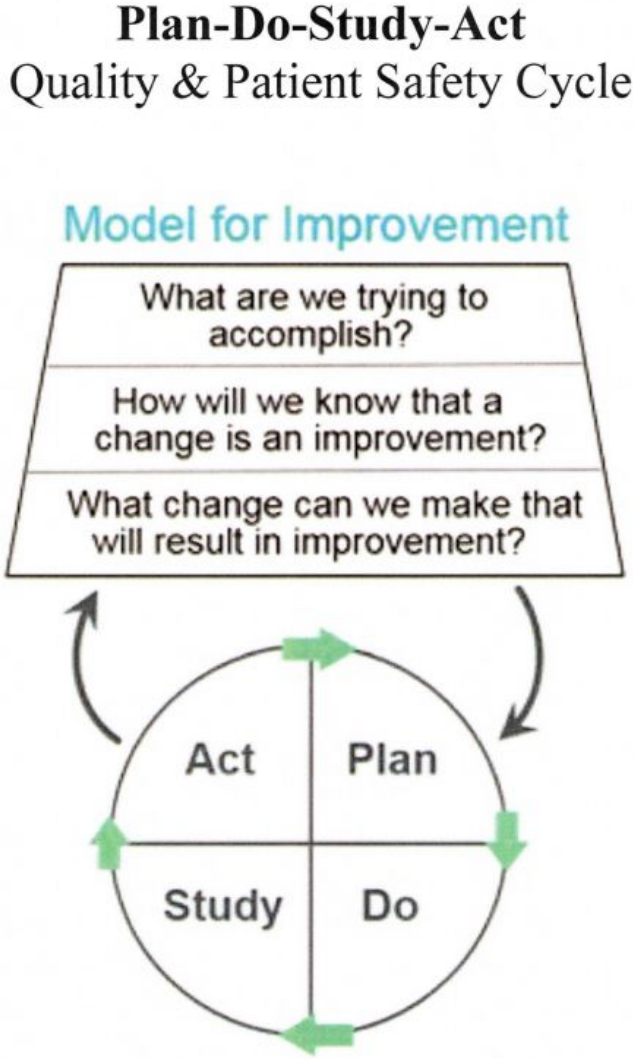

Figure 3

QUALITY PERFORMANCE IMPROVEMENT QUARTERLY REPORT
THE PDSA QUALITY CYCLE

Team/Disciplines: _____

Plan (Aim): (Identify your problem using priorities from the Quality and Patient Safety Annual Plan or issues identified as affecting important outcomes of care, treatment or service.)

1. Describe the objective:
2. List questions and make predictions:
3. Specify how to carry out the cycle:
    a. Who
    b. What
    c. Where
    d. When
4. How will cycle results be measured:

Do (Intervention): (Carry out the plan, observe impact, document problems, collect data and gather informal feedback. Display the data over time, on a "run chart" and against a comparative, an internal or external goal or benchmark. Note observations.)

Study (Measures): (Study results—analyze and study data. Compare results to predictions. What did you learn? Summarize quantitative and qualitative analysis. Quantitative: Which way is the experience moving - up down or static over time? Is this desirable or undesirable? Is the process in control, or does it have a lot of variation? How does the experience compare to the Goal or Benchmark. Qualitative: Why is this happening? Consider all reasons. What are the contributing factors? What does this mean?)

Act (Analyses): (What did you conclude from this cycle review? Refine the change based on what was learned from the do/study. Did the implementation work or not? If it did not work, what can you do differently in next cycle to address this? If it did work, can you spread across entire practice? Should this continue to be measured? Should another indicator be introduced?)

Contact Person Completing Form: _____ **Dept.** _____

Return completed form to Quality and Patient Safety,

Standard DRX7-1CR: Safety and infection control are to controlled using OSHA/CDC procedures and general personal hygiene methods. Training of hand washing techniques (wash for 20 secs)https://www.cdc.gov/features/handwashing/index.html , sneezing technique (covering with arm not hand) and wearing non shedding clothing and hair and gloves are other methods to be used to minimize infection. Staff that is sick can be asked to rest for a day.

Standard DRX7-4A: EMERGENCY PREPAREDNESS PLAN

RealValue Patients Pharmacy has a comprehensive emergency preparedness plan in place in the event of any disaster or catastrophic event, including fire to our facility, chemical spills in the community, floods, tornados, and community evacuations. Our primary goal is to continue to serve the patients health care needs. We will contact patients to refill their medications and patients will be responsible to contact us if they need any medications or supplies when there is a threat of disaster or inclement weather so that they have enough medication or supplies to sustain them.

Staff will be contacted via cell phone or email or text messaging as is possible in the event of a disaster to help with providing services, if our staff is also unable to be available due to the weather or situation of the facility then our patients will be referred to another DMEPOS supplier that is operating during the disaster or to the local emergency services. Typically in NYC snow, rain and cold temperatures cause disruption in patient services, we will make every effort to come to the pharmacy by either own transportation or via public transport so that we can provide services to the patients. Otherwise patients will be instructed to visit Medicare.gov/supplierdirectory. Or, call 1-800-MEDICARE (1-800-633-4227) or directed to another operating supplier. A referral log will be maintained (Appendix 6). This plan is part of the supplier handout for patients to sign.

If a disaster occurs, patients will be instructed to follow instructions from the civil authorities in their area. RealValue Patients Pharmacy will utilize every resource available to continue to provide service to the community. However, there may be circumstances where RealValue Patients Pharmacy cannot meet their needs due to the scope of the disaster. In that case, patients must utilize the resources of their local rescue or medical facility. RealValue Patients Pharmacy will work closely with authorities to ensure safety.

For a fire the pharmacy is equipped with automatic fire sprinklers and a fire extinguisher. There is a diagram for the evacuation plan, a smoke and fire alarm and an exit sign.

FIRE ALARM PROCEDURES If you see or smell smoke or fire please evacuate the building by using the nearest exit (front door). If safe to do so use the phone and report the incident to 911. Give the operator your name and the location of the incident. If you have a cell phone you may contact 911 directly. Proceed to evacuate the building using the nearest exit. Never use elevators during an evacuation. If it is safe to do so and you are trained with proper usage of a fire extinguisher, proceed to combat the fire. FIRE EXTINGUISHER INSTRUCTIONS Remember the word PASS which stands for: P……PULL safety pin from the handle, A……AIM at the base of the fire, S……SQUEEZE the trigger handle, S……..SWEEP from side to side over the fire.

Standard DRX7-7CR: Recalls of drug products are are communicated to RealValue patients pharmacy via email from wholesalers, the manufacturer, the FDA mailing lists, other news sources. All recalls are pulled from the shelf and returned to the wholesaler or manufacturer as directed in the recall, showing lot number, expiration date, manufacturer and address the product was returned. Returns are sent to https://clsnetlink.com/ inmar returns or wholesaler as directed in the recall notice, a copy will be maintained with our invoices. If patients need to be contacted a report will be run and patients will be notified.

Standard DRX7-10B: For enteral products we will only place orders when the patient is available to pickup the enteral product within a day or return it to the wholesaler. Storage of enteral products will be as per the requirements of the product. All expired products/medicines/drugs are pulled from the shelves 1 month prior to their expiration date and returned through a reverse distributor.

Standard DRX7-11A: Any serious adverse events, like falls, injury, accidents and unusual harmful events are to be recorded in the staffs file as soon as possible, but first care should be provided. The pharmacist / pharmacy director should be notified who will call 911 and emergency services as needed within 5 minutes of receiving information, less severe events can be dealt with by the local doctors in the area. The staff will be followed up for their status the next day or as appropriate. The event is to be investigated within 24 hours to identify the cause and to fix the problem and recorded in the log attached below (Appendix 5).

Standard DRX7-12CR: All deliveries of products are to be made using proper means of transporting the medications, if the product is refrigerated the product is delivered in a cooler with ice packs to keep it cool. All products are to be examined to look for any damage.

Standard DRX7-16A: Any warranty of products are the responsibility of the manufacturer and will be honored by the manufacturer. Realvalue patients pharmacy will help the patient in this process but will not be liable for manufacturer defects.

RVPPs Exposure Control Plan (OSHA) Policy: The (**RealValue Patients Pharmacy Inc**) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens." https://www.osha.gov/SLTC/etools/hospital/expert/ex_pharmacy.html

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- **(Pharmacy Director)** is (are) responsible for implementation of the ECP. **(Pharmacy Director)** will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____347-699-1237_____
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- **(Pharmacy Director)** will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard**. RealValue Patients Pharmacy Inc** will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number:_____
- **(Pharmacy Director)** will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number:____347-699-1237_____
- **(Pharmacy Director)** will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number:___347-699-1237_____

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Job Title

- **Pharmacists**
- **Pharmacy Interns**
- **Pharmacy Technicians**
- **_Pharmacy Clerks**
- **Pharmacy Director**

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Title

- **Pharmacy Technicians**

- **Pharmacy Clerks**

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts by contacting **(Pharmacy Director)**. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Pharmacy Director) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- **Use of vanish-point syringes for all medicines administered to patients**
- **Use of safety needles for all medicines administered to patients**

Sharps disposal containers are inspected and maintained or replaced by (Pharmacy Director) whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through **review of OSHA records and employee interviews.**

We evaluate new procedures and new products regularly by **reviewing updated literature supplier info, and updated OSHA requirements.**

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Pharmacy Director).

The types of PPE available to employees are as follows:

- **Gloves**
- **Lab Coats**

PPE is located **in all areas** and may be obtained through **(Pharmacy Director)**.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in **in sharps containers or appropriately labeled containers**
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

Used PPE that is not soaked in contaminated fluids may be disposed in the regular trash. PPE that is soaked in blood will be put in the sharps container. All needles will be placed in sharps containers.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"),
and closed prior to removal to prevent spillage or protrusion of contents during handling
The procedure for handling sharps disposal containers is:

Sharps by mail will be preferred, but if it is not available the sharps containers will be taken to local waste facility or hospital for incineration.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available **in all areas of the pharmacy where immunizations are provided.** Broken glassware that may be contaminated is only picked up
using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by this company:

- **Lab Coats**
- **Table clothes**

Laundering will be performed by **(Pharmacy Director) at as needed.**

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color coded containers before transport.
- Wear **gloves** when handling and/or sorting contaminated laundry:

Labels

The following labeling methods are used in this facility:

Equipment to be Labeled Label Type

- **Sharps containers to be labeled with biohazard label**
- **Contaminated laundry will be stored in biohazard labeled bags or bins**

(Pharmacy Director) is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify **(Pharmacy Director)** if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

(Pharmacy Director) will provide training to employees, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1) Documentation exists that the employee has previously received the series
2) Antibody testing reveals that the employee is immune
3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept **with the exposure control plan**.

Vaccination will be provided by **NYC immunization centers in Ft Greene, Brooklyn-NY by the state.**

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact **(Pharmacy Director)** at the following number _____347-699-1237_____ .
An immediately available confidential medical evaluation and follow-up will be conducted by **local emergency department of local physician's office.**
Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE
EVALUATION AND FOLLOW-UP

(Pharmacy Director) ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
(Pharmacy Director) ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

(Pharmacy Director) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES
SURROUNDING AN EXPOSURE INCIDENT

(Pharmacy Director) will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

(Pharmacy Director) will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
If revisions to this ECP are necessary **(Pharmacy Director)** will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by **(Pharmacy Director)**.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at **(9401, 37th ave Jackson heights-NY-11372).**

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years **with the exposure control plan.**

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed **to (Pharmacy Director).**

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

(Pharmacy Director) is responsible for maintenance of the required medical records. These confidential records are kept in **the expose control file** for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to **(Pharmacy Director).**

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by **(Pharmacy Director).**

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: **(Employee Name)_____ Date:_____**

(must be filled out by each employee who refuses vaccination)

Hepatitis B Vaccine: I have completed / started the hepatitis B vaccine series.

Dates given: Dose 1 _____ Dose 2 ____ Dose 3_____ Please attach copy of proof of vaccination if available.

X_____ Date: _____

(Signature)

Hepatitis B Vaccine Declination: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

X_____ Date: _____

(Signature)

Training Log

Date Training Session Completed	Name of Person Who Completed Training	Title of Person Who Completed Training

Summary of Training Session

- Explain the epidemiology, symptoms, and transmission of bloodborne pathogen disease
- Define the OSHA bloodborne pathogen standard
- Review the pharmacy's exposure control plan
- Identify tasks and other actives that may involve exposure to blood and OPIM
- Describe what constitutes an exposure incident
- Discuss the use and limitations of engineering control, work practices, and PPE
- Describe the efficacy and safety of the hepatitis B vaccine
- Identify the procedure to follow if an exposure incident occurs including reporting and medical follow-up
- Describe the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- Explain the pharmacies system of signs and labels to identify hazardous materials

File copies of certificate of completion with this form along with ECP

Statement of Acknowledgement of ECP

I have read and understand the pharmacy's exposure control plan. Initial____
I have received a copy of this pharmacy's ECP. Initial ____
I have completed the blood borne pathogens training and will review it annually. Initial ___
Last Date of Completion: _____
I am aware of the process to follow if I do come into contact with blood or OPIM.
I will adhere to this pharmacy's exposure control plan to minimize my potential exposure to blood borne pathogens.
X_____ Date: _____
(Signature)

Source Individual Consent for Testing

I acknowledge that during a clinical service, the healthcare provider may have been exposed to my blood or OPIM. I consent to having my blood tested for HIV, HCV, and HBV infectivity to allow for the proper follow up for the healthcare provider. I realize my infectious status may be disclosed to the medical personnel providing care for the potentially infected person(s).

X_____ Date: _____
(Signature)

Source Individual Statement of infectious disease status

I acknowledge that during a clinical service, the healthcare provider may have been exposed to my blood or OPIM. I would like to disclose that I am currently infected with _____ (name of disease(s)). I realize my infectious status may be disclosed to the medical personnel providing care for the potentially infected person(s).

X_____ Date: _____
(Signature)

Sharps Injury Log

Date of Incident	Type and Brand of Device Involved in Incident	Location of Accident	Explanation of how incident occurred

Appendix 1:

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c). https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=8faa91945881bf476ca44232fb4eb75e&rgn=div8&view=text&node=42:3.0.1.1.11.4.5.8&idno=42 If suppliers have any questions regarding these standards, please contact the National Supplier Clearinghouse.

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment.*
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The full version of the Supplier Standards may be found at 42 CFR 424.57c .https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=8faa91945881bf476ca44232fb4eb75e&rgn=div8&view=text&node=42:3.0.1.1.11.4.5.8&idno=42 The products and/or services provided to you by Realvalue Patients Pharmacy inc are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request we will furnish you a written copy of the standards.

1.) I certify that I have received a copy of the CMS Medicare DMEPOS Supplier Standards.

2.) Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA): I certify that I have received a copy of Realvalue patients pharmacy Inc Notice of Privacy Practices. The notice of Privacy Practices describes the types of uses and disclose of my protected health information that might occur in my treatment, payment of my bill or in the performance of Realvalue patients pharmacy Inc operations. The Notice of Privacy Practices also describes any rights and Realvalue patients pharmacy Inc duties with respect to my protected health information. The Notice of Privacy Practices is electronically served. Realvalue patients pharmacy Inc reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my appointment.

3.) Photo/ Video Release By signing this form I give my consent for Realvalue patients pharmacy Inc to take photographs, of any device that I receive, for my personal file.
4.) Authorization and Release/Insurance Assignment I hereby authorize and request my insurance company to pay directly to Realvalue patients pharmacy Inc. The amount(s) due on my claim for services rendered to me or my dependant. I further agree that should the amount paid by the insurance company be insufficient to cover the entire device, I understand that I am financially responsible for payment of the difference, I will be responsible to Realvalue patients pharmacy Inc for the payment of the entire bill. I further authorize and give my permission to release all medical information necessary to any carrier listed on the claim for the purpose of processing this or any related medical claim to secure payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic. I also understand that the telephone inquiries to my insurance company are not a guarantee of coverage or benefits. We (Realvalue patients pharmacy Inc) have attempted to estimate your balance due; however, after review by your insurance company, you may owe an additional amount.
5) I have been made aware of RVPPs emergency plan, patient surveys and complaint processes. And webpage for complaints.
6) I have been verbally instructed on how to use, clean, maintain, the safety features and warranty of the product and provided the manufacturer's instructions/warranty. I can also call 347-699-1237 (RVPP) with any further questions.
7) in case of any kind of emergency we will contact a)Mr/Mrs_____Telephone:_____Address:_____ or b) Mr/Mrs_____Telephone:_____Address:_____

Signature:_____

Acknowledgement of Receipt of Notice of Privacy Practices

REALVALUE PATIENTS PHARMACY INC NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. You have the right to a paper copy of this notice and may ask for a copy of this notice at any time. Please contact the Patient Representative at 347-669-1237. **WHO WILL FOLLOW THIS NOTICE:** This notice describes our company's practices and that of: • All employees, staff and other Realvalue patients pharmacy personnel. • Healthcare professionals and students in training. **OUR PLEDGE REGARDING MEDICAL INFORMATION**: We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Realvalue patients pharmacy Inc. This is used to provide you with quality care and to comply with certain legal rules. This notice applies to all of the records of your care at REALVALUE PATIENTS PHARMACY INC and will tell you about the ways in which we may use and disclose information about you. We also explain your rights and certain duties we have regarding the use of your medical information. By law we need to: • Make sure that medical information that identifies you is kept confidential; • Give you this notice of our legal duties and privacy practices with medical information about you; and • Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU: There are many different ways that we may use medical information. For each type of use or disclosure we will explain what we mean and try to give an example. Not every use will be listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories. For Treatment. Your medical information may be shared with those people who are taking care of you. For instance, a doctor treating you for a broken leg would need to know if you have another illness that may slow your healing. We may share this information with people helping in a disaster relief, or with people that may help with your medical care, such as family members, clergy or others we use to provide services that are part of your care. For Payment. We may share information about the care you received at Realvalue patients pharmacy Inc so that it may be billed. For example, we may need to give your health plan information about services you received at Realvalue patients pharmacy Inc so your health plan will pay for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment. For Company Operations. We may use information about you for company operations. This type of information sharing helps run the company and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to measure how well our staff cared for you. We may also combine information about many patients to decide what types of services Realvalue patients pharmacy Inc should offer. We may share your information for learning purposes. We may also combine information with other orthotic and prosthetic companies to find areas where we can improve. Appointment Notice. We may use information to contact you as a reminder that you have an appointment for treatment. Treatment Options, Health-Related Services and Benefits. We may use and disclose medical information to tell you about or suggest other treatment and service options that may be of interest to you. **SPECIAL SITUATIONS:** We may disclose health information, including individually identifiable health information about you as required by State or Federal Laws and regulations relating to any or all of the following, as such may apply to you. • Community / Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics. • To avert a serious threat to your health or safety and to protect the health and safety of the public. • Any disclosure would only be to someone able to help prevent or lessen the threat. • Administrative oversight for such things as audits, investigations, licensure, or determining cause of death. • Court Order or other legal processes related to law enforcement activities including custody of inmates, legal actions, or national security activities. • Military and Veteran reporting on members of

the armed forces of U.S. or foreign military as required by military command authorities. • Workers' Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU: You have the following rights to medical information we maintain about you. To use these rights, please contact the Realvalue patients pharmacy Inc Office. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We will charge a fee for the costs of copying, mailing or other supplies related to your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Realvalue patients pharmacy Inc will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Realvalue patients pharmacy Inc. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: • Was not created by us, unless the person or entity that created the information is no longer available to make the amendment. • Is not part of the medical information kept by or for Realvalue patients pharmacy Inc. • Is not part of the information which you would be permitted to inspect and copy; or • Is accurate and complete. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Right to Request Restrictions. You have the right to request limits on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example you could ask that we not use or disclose information about services you received. We are not required by Federal regulation to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide you emergency care. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. **CHANGES TO THIS NOTICE** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be posted Realvalue patients pharmacy Inc with the effective date in the upper right corner. A copy will always be given to you upon request.

COMPLAINTS If you believe you privacy rights have been violated, you may file a complaint with the Realvalue patients pharmacy Inc. or with the Secretary of the Department of Health and Human Services (1-800-368-1019) or Call medicare 1-800-MEDICARE (1-800-633-4227), or ACHC's Complaints Department at (855) 937-2242 (24 hours available). To file a complaint with Realvalue patients pharmacy Inc , you must submit you complaint in writing to: Quality Improvement, Realvalue patients pharmacy Inc , 9401 unit 7 37th ave, Jackson Heights NY 11372. If you wish to discuss your complaint, you may call the Patient Representative at 347-669-1237. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

EMERGENCY PREPAREDNESS PLAN: RealValue Patients Pharmacy has a comprehensive emergency preparedness plan in place in the event of any disaster or catastrophic event, including fire to our facility, chemical spills in the community, floods, tornados, and community evacuations. Our primary goal is to continue to serve the patients health care needs. We will contact patients to refill their medications and patients will be responsible to contact us if they need any medications or supplies when there is a threat of disaster or inclement weather so that they have enough medication or supplies to sustain them. Otherwise patients will be instructed to visit Medicare.gov/supplierdirectory. Or, call 1-800-MEDICARE (1-800-633-4227) or directed to another operating supplier.

If a disaster occurs, patients will be instructed to follow instructions from the civil authorities in their area. RealValue Patients Pharmacy will utilize every resource available to continue to provide service to the community. However, there may be circumstances where RealValue Patients Pharmacy cannot meet their needs due to the scope of the disaster. In that case, patients must utilize the resources of their local rescue or medical facility. RealValue Patients Pharmacy will work closely with authorities to ensure safety.

Appendix 2:

MEDICATION INCIDENT AND DISCREPANCY REPORT FORM Incident Report #:

MEDICATION INCIDENT AND DISCREPANCY REPORT	**PATIENT INFORMATION**
1. Use for all medication incidents. Medication discrepancies can be reported at pharmacist's discretion. 2. The pharmacist discovering the error initiates the report 3. Notify physician and pharmacy manager of all **MEDICATION INCIDENTS** that could affect the health or safety of a patient	Name:_____ Address:_____ Phone:_____ Sex: _____ DOB:_____ Rx #:_____ PHIN_____

Error Date: _____ (Hour Date Month Year)

Discovery Date: _____ (Hour Date Month Year)

Pharmacist initiating report: _____

Drug ordered:
(State: drug/dose/form/route/directions for use)

- ☐ **Medication Incident:** an erroneous medication commission or omission that has been subjected upon a patient.
- ☐ **Medication Discrepancy:** an erroneous medication commission or omission that has not been released for the patient.

TYPE OF INCIDENT– Patient received drug:

- ☐ Incorrect Dose
- ☐ Incorrect Dosage Form
- ☐ Incorrect Drug
- ☐ Incorrect Generic Selection
- ☐ Incorrect Patient
- ☐ Incorrect Strength
- ☐ Outdated Product
- ☐ Allergic Drug Reaction
- ☐ Incorrect Label/Directions
- ☐ Drug Unavailable/Omission
- ☐ Drug-drug Interaction
- ☐ Other _____
- ☐ Billing and coding errors

_____
_____
_____

TYPE OF INCIDENT OR DISCREPANCY – Patient did not receive drug:

- ☐ Prescribing (specify) _____
- ☐ Dispensing (specify) _____
- ☐ Documentation (specify) _____
- ☐ Other (specify) _____
- ☐ Billing and coding errors_____

INCIDENT/DISCREPANCY DESCRIPTION
State facts as known at time of discovery. Additional details about the error by the pharmacist involved may be attached to this document.

_____
_____
_____
_____
_____
_____

DATE: _____ (Hour Date Month Year) _____ Signature of Pharmacist:

CONTRIBUTING FACTORS

(To be completed by pharmacist responsible)

- ☐ Improper patient identification
- ☐ Incorrect transcription
- ☐ Lack of patient counselling
- ☐ Misread/misinterpreted drug order (include verbal orders)
- ☐ Drug unavailable
- ☐ Other

DATE: _____ _____

Hour Date Month Year Signature

NOTIFICATION – Complete the following information according to Standards of Practice.

1. **Patient notified:**

   _____

   Hour Date Month Year

2. **Physician notified: ____**
   Yes/No

   _____

   Hour Date Month Year

SEVERITY

- ☐ None
- ☐ Minor
- ☐ Major
- ☐ No change in patient's condition: no medical intervention required
- ☐ Produces a temporary systemic or localized response: does not cause ongoing complications
- ☐ Requires immediate medical intervention

OUTCOME OF INVESTIGATION

FOLLOW-UP:

Problem Identification

- ☐ Lack of knowledge
- ☐ Performance problem
- ☐ Administration problem
- ☐ Other

Action

- ☐ Education provided
- ☐ Policy/procedure changed
- ☐ System changed
- ☐ Individual awareness
- ☐ Group awareness
- ☐ Other

RESOLUTION OF PROBLEM THAT RESULTED IN THE ERROR BEING MADE:

Signature: Date:
(Pharmacist filling out the form)

Signature: Date:
(Pharmacy Manager)

PHARMACY USE ONLY

RealValue Patients Pharmacy
Inc
9401 37th ave Unit 7,
Jackson Heights NY 11372.
Tel/Text/Fax: 347-699-1237

MEDICARE BENEFICIARY COMPLAINT LOG

Date of receipt of complaint: _____

Patient's name: _____

Patient's address: _____

_____ State _____ Zip code _____

Patient's telephone number: _____

Patient's Medicare or Health Insurance Claim Number: _____

Description of complaint: _____
_____
_____
_____

Action taken to resolve the complaint: _____
_____
_____
_____

_____ _____
Signature of representative Date

RealValue Patients Pharmacy Inc
9401 37th ave Unit 7,
Jackson Heights NY 11372.
Tel/Text/Fax: 347-699-1237

Appendix 3:

RealValue Patients Pharmacy Inc

HIPAA PHI Access Request Form

The Health Insurance Portability and Accountability Act permits me to obtain copies of my Protected Health Information. I understand that I can only request access to my own records or those of my minor children or dependents. I request that RVPP Pharmacy provide me my individually identifiable health information as indicated below. This request includes all of my individually identifiable health information that RVPP Pharmacy maintains, creates, or otherwise obtains for purposes of filling my prescriptions or providing me with Pharmacy services. This information includes my name and address, the names of and contact information for my physicians, my medical conditions, and other prescription information.

- **If this request is for yourself:**
  - Please complete this form and mail it with a photocopy of your government issued ID and:
    - A utility bill in your name that reflects the same address shown on your ID, OR
    - This form notarized by a licensed Notary Public

- **If this request is for a deceased person please mail copies of available documentation including:**
  - Death Certificate OR
  - Executor Paperwork

- **If this request is for a minor child (under age 18) or dependent with a different last name please complete the following:**

  I am the legally appointed guardian or parent of a child with a different last name. I hereby declare that, as such, I am entitled to obtain any and all information requested regarding pharmacy records and prescription information for my minor child or dependent.

  Name of Minor Child or Dependent:_____

  Address: _____

  Date of Birth: _____

  Name of legal guardian:_____

Mail this form to:

RealValue Patients Pharmacy Inc,
9401, 37th Ave, Unit 7
Jackson Heights NY 11372.

Tel: 347-699-1237

Part One: Patient Information (for whom the PHI is being requested)

First Name | MI | Last Name | Suffix | Date of Birth (MM/DD/YYYY)

Primary Address

City | State | Zip Code

Phone Number

Time period of this request:

From (earliest date): _____ To: (most recent date):_____

[ ] If you would like paper copies check here

If you would like electronic copies of prescription information that we filled for you during the time period you specified above, check the following as applicable:

[ ] Include Medical Expense Statement Summary

_____ _____
_____ _____
_____ _____

Format of electronic health information to be provided:
For security purposes, we will e-mail your electronic health information in encrypted Portable Document Format ("PDF") format.

Transmission of electronic health information to be provided by e-mail to the following e-mail address:

E-mail Address

NOTE: We will e-mail your electronic health information to you in encrypted PDF format. However, you assume all risks should the transmission be hacked or otherwise accessed by an unauthorized person.

Part Two: Transmission to another person

If you wish to have the health information that you have requested above mailed to someone other than yourself, complete the following:

[ ] I wish to have the health information that I have requested above mailed directly to the following person rather than to me:

First Name Last Name Suffix

Address

City State Zip Code

E-mail Address

Phone Number

I understand that if my electronic health information includes any HIV/AIDS information, Mental Health information, and/or Alcohol and Substance Abuse information, this information will be transmitted as part of this request.

NOTE: We will e-mail your electronic health information in encrypted PDF format. However, you assume all risks should the transmission be hacked or otherwise accessed by an unauthorized person.

I attest that the above information is accurate and complete, and that RVPP Pharmacy may rely on it to provide these services.

Customer Signature _____ Date _____

If a personal representative is signing for the customer, please indicate your relationship to the patient:

_____

This Section for Notary Use Only (to be used only if a utility bill cannot be provided)

On this _____day of _____, 20___, before me, a Notary Public in and for the State of _____, personally appeared_____
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument, and s/he executed this document in my presence.

Signed in: County of: _____
State of _____

Notary:_____

Notary Stamp would go here

OR

Notary Seal would go here

Appendix 4:

Orientation policies and procedures checklist include, but are not limited to:

Processes	Reviewed with New Hire (Yes/No).	Online training completed (Yes/No)
1- Review of the individual's job description, duties performed, and the individual's role in the organization.		
2- Organizational chart		
3- Record keeping and reporting		
4- Confidentiality and privacy of Protected Health Information (PHI)		
5- Client's/patient's rights		
6- Advance Directives, if applicable to the service(s) provided		
7- Conflict of interest		
8- Written policies and procedures		
9- Emergency plan		
10- Training specific to job requirements		
11- Cultural diversity		
12- Communication barriers		
13- Ethical issues		
14- Professional boundaries		
15- Performance Improvement (PI) Plan		
16- Compliance Program		
17- Conveying of charges for care/service		
18- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control		
19- Orientation to equipment, if applicable as outlined in job description		
20- Incident/variance reporting		
21- Handling of client/patient complaints/grievances		
22- ACHC Accreditation Standards		

Appendix 5: Work injuries forms

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ______________

City ______________ State ______________

Identify the person			Describe the case			Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case:		Remained at Work		Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (*e.g., Welder*)	(D) Date of injury or onset of illness	(E) Where the event occurred (*e.g., Loading dock north end*)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (*e.g., Second degree burns on right forearm from acetylene torch*)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
					Page totals➤	___	___	___	___	___	___	___	___	___	___	___	___
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
______	______	______	______
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
______	______
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries ______

(2) Skin disorders ______

(3) Respiratory conditions ______

(4) Poisonings ______

(5) Hearing loss ______

(6) All other illnesses ______

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name ______________

Street ______________

City ______________ State ______ ZIP ______

Industry description (*e.g., Manufacture of motor truck trailers*)

____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees ______________

Total hours worked by all employees last year ______________

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

______________ Company executive ______________ Title

( ) - Phone / / Date

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (_____)_____–_____ **Date** ___/ ___/ ___

Information about the employee

1) **Full name** _____

2) **Street** _____

City _____ **State** _____ **ZIP** _____

3) **Date of birth** ____/ ____/ ____

4) **Date hired** ____/ ____/ ____

5) ☐ **Male**
☐ **Female**

Information about the physician or other health care professional

6) **Name of physician or other health care professional** _____

_____

7) **If treatment was given away from the worksite, where was it given?**

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) **Was employee treated in an emergency room?**
☐ **Yes**
☐ **No**

9) **Was employee hospitalized overnight as an in-patient?**
☐ **Yes**
☐ **No**

Information about the case

10) **Case number from the Log** _____ *(Transfer the case number from the Log after you record the case.)*

11) **Date of injury or illness** ____/ ____/ ____

12) **Time employee began work** _____ **AM / PM**

13) **Time of event** _____ **AM / PM** ☐ **Check if time cannot be determined**

14) ***What was the employee doing just before the incident occurred?*** **Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.** ***Examples:*** **"climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."**

15) ***What happened?*** **Tell us how the injury occurred.** ***Examples:*** **"When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."**

16) ***What was the injury or illness?*** **Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore."** ***Examples:*** **"strained back"; "chemical burn, hand"; "carpal tunnel syndrome."**

17) ***What object or substance directly harmed the employee?*** ***Examples:*** **"concrete floor"; "chlorine"; "radial arm saw."** ***If this question does not apply to the incident, leave it blank.***

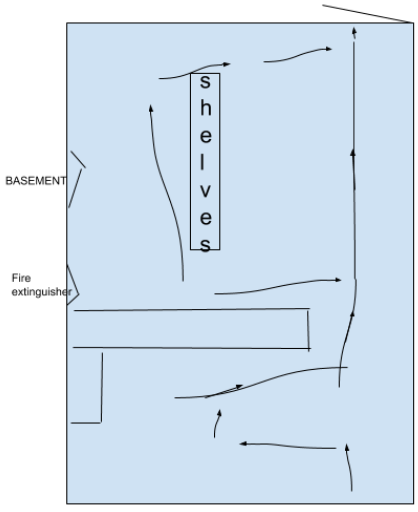
18) ***If the employee died, when did death occur?*** **Date of death** ____/ ____/ ____

Fire and disaster evacuation plan:

Fire/water Evacuation Plan:

1- Incase of fire or water the auto fire sprinklers will start.
2- Please pickup the fire extinguisher and exit through the front door following the arrows..
3- cross the street and wait on the other side. Call 911 and the fire dept.

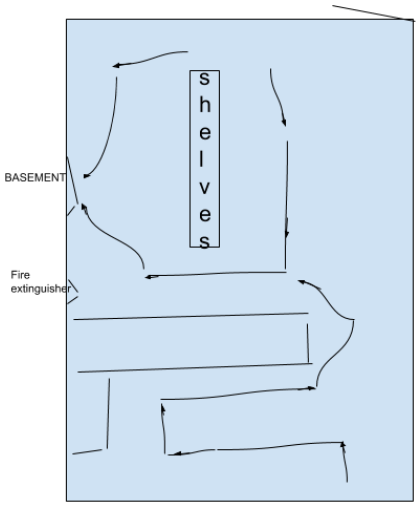
Front of store door exit



Hurricane/tornado wind storm Evacuation Plan:

1- Incase of hurricane/tornado/ wind storm do not exit the store.
2- Please move into the basement following the arrows.
3- there is an exit door in the basement with a key in the lock in case of need to exit. Call 911 and the fire dept.

Front of store door exit

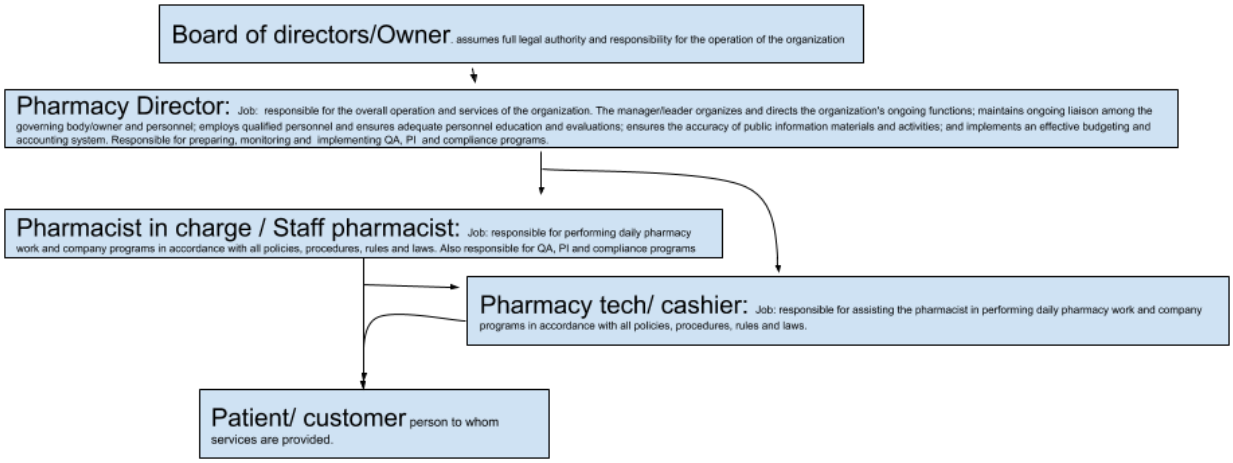


Appendix 6:

PATIENT REFERRAL LOG

Patient Name Chart #	Referred to (lab, radiology, consultant)	Date Referred	Date Report Received	Follow-up

Page _____


Board of directors/Owner. assumes full legal authority and responsibility for the operation of the organization
Pharmacy Director: Job: responsible for the overall operation and services of the organization. The manager/leader organizes and directs the organization's ongoing functions; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system. Responsible for preparing, monitoring and implementing QA, PI and compliance programs.
Pharmacist in charge / Staff pharmacist: Job: responsible for performing daily pharmacy work and company programs in accordance with all policies, procedures, rules and laws. Also responsible for QA, PI and compliance programs
Pharmacy tech/ cashier: Job: responsible for assisting the pharmacist in performing daily pharmacy work and company programs in accordance with all policies, procedures, rules and laws.
Patient/ customer person to whom services are provided.