SRX TASKS CALENDAR

(Write in the date completed and Initial in the appropriate box)

	1	·										
MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				MONT	HLY CH	HECKS						
Products checked												
monthly for expiration												
(any expired items												
replaced) (expired												
products quarantined)												
PPE Kits checked												
monthly. Supply area												ļ
and delivery vehicles.												
(restocked as needed)												
First Aid Kits checked												
monthly. Supply area												
and delivery vehicles.												
(restocked as needed,												
any expired items replaced)												
Eye Wash Station												
checked monthly. Supply												
area and delivery												
vehicles.												
(any expired items												
replaced)												
Fire Extinguisher(s)												
Checked & Tag dated												
and Initialed monthly.												
Supply area and delivery												
vehicles.												
		ANN	UAL CH	HECKS	(Date and	d initial in r	month com	pleted)				
Annual Fire								<u> </u>				
Extinguisher(s)												
certification completed.												
Supply area and delivery												
vehicles.												
Annual Fire Drill												
completed.												
Annual Emergency												
Preparedness Drill												
completed.												
Annual Business												
Continuity audit												
completed												
Annual Information												
Security Risk Assessment completed.												
Liability Insurance												
renewed.												
Terrewed.												
	\/ARV	ING M)NTH/S	S) COM	PLETEI) (Data a	nd initial in	month on	mploted \	l	1	1
¹ Update your Medicare	V /-\1\\ 1	II VO IVIC) JOIVI	. <u> - </u>	Uale al	iu ii iiliai III	Intontin CO	inpieteu.)			
855B (PECOS) with any												
changes as required.												
onangos as required.												
² Update your												
Management Notebook												
as needed.												
										ļ		ļ
Emergency backup												
systems checked.												
Generator (if applicable)												
checked and documented.												
aocumentea.			<u> </u>							<u> </u>	<u> </u>	

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MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	VARY	ING MO	ONTH(S	COM	PLETE	D (Date ar	nd initial in	month co	mpleted.)			
³ PI Committee Meeting												
³ PI Reports Completed.												
Annual PI Report Completed.												
Compliance Committee Meeting, as needed.												
Compliance Audit completed at least annually												
Report provided to the PI Coordinator for inclusion in the Annual PI Report.												
Safety Committee Meeting, as needed.												
Staff Meeting completed and documented.												
Review of Budget and Profit & Loss Statements.												
Leadership Business Meeting												
Budget Completed												
Contracts reviewed and the review is documented, if applicable (outside individuals or organizations that provide care/services on behalf of the organization).												
⁴ P&P, Forms, Employee Handbook Reviewed and Revised As Needed.												
SDS Notebook Reviewed												
Required Federal and State Posters reviewed and updated as needed and posted.												
TB prevalence statistics for service areas updated and posted.												
⁵ Accreditation required annual Training / Education completed.												

The individual responsible for completion of each task above must initial and date completion in the boxes provided in this tasks calendar.

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¹List of Changes to Report (within 30 days of change)

- Changes in business location
- Adding/subtracting product lines
- Authorized/delegated official, contact persons
- Changes in ownership (CHOW). 5% or greater direct ownership.
- Address information
- Remittance/special payments
- Correspondence address
- Update expiration dates and upload copies of documents (Pharmacy Licenses, Liability Insurance, etc.). Keep copy of receipt of payment.

² Mana	gement Notebook
	Copies of required local and state licenses business licenses with correct business address.
	Copies of required state pharmacy license(s) (all states you are providing medications that
	require a license)
	Current Org Chart

IRS CP 575 (EIN) with correct business address
NPI Approval Letter with correct business address

NPI Approval Letter with correct business addressCompleted CMS 588 Form

☐ Completed CMS 460 Form (for participating providers)

☐ Current Liability Insurance with correct business address

□ Copy of PECOS Application

□ Accreditation Application and Contract

☐ Copy of Accreditation Certificate

■ New Patient Packet (includes blank patient forms and patient handouts)

☐ Blank Complaint Log and Form

☐ Blank Incident Report

☐ Proof of pharmacy delivery vehicle insurance (if applicable)

☐ Completed annual Leadership meeting minutes

■ Annual Budget

□ Contracts with outside firms and individuals (that provide *direct patient care, billing firms, and suppliers, if applicable.)

In case the authorized official is absent, be sure another employee or employees are familiar with the notebook and can help the auditor find documents in the notebook.

*Direct patient care is defined as care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

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³Quarterly Audits, PI Meetings and PI Reports.

PI Audits include:

- Patient satisfaction surveys
- Input from personnel regarding the quality of operations and services
- Input from referral sources regarding the quality of operations and services
- Patient complaints and the average resolution time
- Incident and adverse events
- Patient and employee infections
- · Patient record audits
- Billing and coding errors
- Employee file audits
- The annual PI report that includes the following additional requirements:
 - Number of SRX clients/patients receiving prescriptions
 - Number of SRX prescriptions dispensed
 - Number of SRX prescriptions dispensed per payer source
 - Number of SRX prescriptions dispensed incorrectly:
 - Wrong client/patient
 - Wrong drug
 - Wrong address
 - Wrong quantity
 - Average delivery time
 - Call center metrics, if applicable
 - Satisfaction survey rates as a percentage of clients/patients served
- Monitoring all care/service provided under a contract/agreement
- Any other audits completed by the company

³PI Audit Tools and Reporting Tools are available from AHCC for you to complete the required audits and reports. Contact fboyer@ahcc.com for information.

⁴Policies and procedures (P&Ps) should be reviewed at least annually. Accreditation organizations (AO) recommend updating P&P manuals at least every 3 years as laws, rules, regulations and accreditation standards change frequently. Policies and procedures manuals are available from AHCC. Contact fboyer@ahcc.com for information.

⁵ Annual Training / Education is an accreditation requirement. An Annual Training / Education self-study booklet and online testing is available from AHCC. Booklets and tests are updated annually. Contact fboyer@ahcc.com for information.

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