

Set-up of DME

Policy # PTS- 101
Date Effective: 03/01/2009
Date Revised:
Approved by: Michael Burns

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the pharmacy.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Care giver is notified and the following issues discussed:
 - * Referral Source
 - * Type and Purpose of device ordered
 - * Insurance information
 - * Patient's address and travel directions
 - * Date and time of Set-up
4. Activate a new patient file which should include the following forms:
 - * HIPAA forms
 - * Assignment of Benefits
 - * DME Intake Form and Delivery Instruction Ticket
 - * Patient's Rights & Responsibilities
 - * Supplier Standards
 - * Follow-up Plan of Care as appropriate
5. Upon arrival at the pharmacy, introductions are made to patient/care giver. Make sure hands are sanitized prior to helping patient.
6. Suitability for Equipment is determined based on a safety assessment and the patient/caregiver's ability to understand instructions.
7. The patient/care giver is educated on the reasons for prescribed treatment and goals to be achieved.

-2-
Set-up of DME
Policy# PTS - 101

8. The patient rep utilizes universal precautions prior to actual set-up of the patient.
9. Instructions and a demonstration should then be given to the patient/care giver on device's purpose; the operation of controls and the following:
 - * Rights & Responsibilities
 - * Equipment instructions
 - * Frequency of use, duration etc.
 - * Infection Control techniques
 - * Safety hazards
 - * Maintenance /Cleaning of equipment
 - * Availability of Services
 - * Complaint Procedure
10. A return demonstration should be given by the patient/caregiver.
11. Dispose of gloves by placing in a sealed plastic bag and placed in trash can.
12. Complete and discuss paperwork:
 - a) DME Intake Form and Delivery Instruction Ticket
 - b) Assignments of Benefits
 - c) Patient's Rights & Responsibilities
 - d) HIPAA
13. Inform the patient/care giver of your follow-up protocol. (Standard is a phone call up to seventy-two (72) hours).
14. Wash hands or use alcohol based gel.

Set-up of Diabetic Shoes Orthopedic

Policy # PTS-101 (DS)
Date Effective: 11/1/2009
Date Revised: 04/20/2015
Approved by: Michael Burns

Purpose: *To service our customers with appropriate and properly fitted shoes.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for diabetic shoes is received in the store.
2. Pharmacy has verified that patient has had foot exam and a Diabetes management exam in the last 90 days from a Prescribing and/ or Certifying Physician; medical records have been obtained to support the need for the diabetic shoes and inserts ordered prior to fitting.
3. Patient/Care giver is notified and the following issues discussed prior to the fitting for the diabetic shoes and inserts:
 - Referral Source (Medical Dr.)
 - Provider has called IVR Line to make sure of eligibility for item
 - Insurance information has been verified using the check off list
 - Statement of Certifying Physician for diabetic shoes (criteria has been met)
4. Activate a new patient file which should include the following forms:
 - Patient Information Packet- Description of shoe fittings, Supplier Standards, HIPPA statement, Equipment Warranty Info, Complaint Protocol, Patient Rights and Responsibilities, blank DME intake and Assignment of Benefits forms.
 - DME Intake form- completely filled out, signed and dated
 - Assignment of Benefits form- signed and dated
 - Documentation from physician required by Medicare
5. The patient representative/shoe fitter utilizes universal precautions prior to measuring patient for diabetic shoes and follows the check list for fitting diabetic shoes.
 - Appropriate measuring devices are utilized and measurements recorded
 - Fitting forms are filled out according to Medicare requirements
 - Shoes are selected according to the physician's order and patient's condition
 - Type and purpose of diabetic shoes ordered
6. Dispose of gloves in a plastic bag and place in trash and wash hands with soap and water or use alcohol prep/sanitizing wipe.

10. Complete and discuss paperwork:
 - a. Shoe Fitting Guide- Diabetic Shoes and Inserts Break-in Instructions (give pt. a copy and explain verbally)
 - b. Let patient know you will be following up in 5 days to see if any problems.
 - c. Patient Agreement- Proof of Delivery and Return Policy for Diabetic Shoes (discuss with patient and have them read and sign form)
11. Orthopedic Footwear Specialist and on-site Diabetic Shoe Fitters.
 - a) All AuBurn locations will have a full time staff member who is trained in the specialty service of fitting diabetic shoes and inserts.
 - b) All AuBurn locations will have access to the expertise of AuBurn's Orthopedic Shoe Specialist. This individual will fit shoes at all 17 AuBurn retail locations and for all contracted LTC facilities filling through AuBurn LTC pharmacy but is not limited to this parameter.
 - c) Any questions, comments or complaints will be engaged by the main shoe fitter for each location and then referred to the Orthopedic Footwear Specialist as needed. If the Specialist is the main shoe fitter for an individual location they will always be referred to. Customer Complaint Policy and Summary/Log will be utilized when appropriate.

Medication Therapy Management Services (MTM)

Policy # PTS-101M
Date Effective: 02/25/2017
Date Revised:
Approved by: Michael Burns

Purpose: *To provide Medication Therapy Management (MTM) services focused on improving patient's therapeutic outcomes.*

Policy: *The framework for pharmacist-provided MTM services will adhere to the following guidelines.*

Procedure:

1. The service delivery in the pharmacy practice shall facilitate collaboration among the pharmacist, patient, physician, and other health care professionals to promote safe and effective medication use and optimal patient outcomes.
2. The MTM service shall target specific patients that can benefit from this practice.
3. The service shall follow the core elements as follows:
 - a. Medication Therapy Review (MTR)
 - i. Collect patient specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them.
 - b. Personal Medication Record (PMR)
 - i. Comprehensive list of the patient's medications (prescription and nonprescription, herbal products, and other dietary supplements).
 - c. Medication-related action plan (MAP)
 - i. Develop a list of actions for the patient to use in tracking progress for self-management to improve medication therapy outcomes.
 - d. Intervention / Referral
 - i. The Pharmacist in providing consultative services, intervenes to address medication-related problems; when necessary, the pharmacist shall refer the patient to a physician or other health care professional.
 - e. Documentation & Follow-Up
 - i. All services are documented in a consistent manner, and follow-up MTM visit is scheduled based on the patient's medication-related needs. The documentation shall be retrievable in a format that is accessible to all pharmacy staff.

4. The documented MTM encounters shall be communicated to patient, physicians, and payers as necessary. If to patients, the communication shall be easily understood as to ensure active involvement in the care process.

Immunization Services

Policy # PTS-101(I)
Date Effective: 02/25/2017
Date Revised:
Approved by: Michael Burns

Purpose: *To safely administer Immunization Services to patients appropriately and safely.*

Policy: *Pharmacy Immunization Services will adhere to the following guidelines.*

Procedure:

1. Pharmacists providing Immunizations will have successfully completed an APHA Pharmacy Based Immunization Delivery program.
2. Pharmacists providing Immunizations will have a current CPR (Cardiopulmonary Resuscitation) or BCLS (Basic Cardiac Life Support) certification.
3. The Pharmacy shall document immunization fully and report clinically significant events appropriately.
4. There shall be written materials provided to educate patients regarding the vaccines administered.
5. There shall be processes in place to manage emergency events.
6. The Pharmacy will document the practice of infection control inclusive of:
 - a. Hand washing before and after each patient contact.
 - b. Practicing aseptic technique while preparing and administering vaccines.
 - c. Will follow Universal/Standard Precautions when at risk for exposure to Blood-borne pathogens.

Set-up of CPM

Orthopedic

Policy # PTS- 1010
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the office.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Care giver is notified and the following issues discussed:
 - * Referral Source
 - * Type and Purpose of device ordered
 - * Insurance information
 - * Patient's address and travel directions
 - * Date and time of Set-up
4. Activate a new patient file which should include the following forms:
 - * Patient Agreement
 - * Plan of Care
 - * Patient's Rights & Responsibilities
 - * Follow-up Plan of Care
 - * HIPAA forms
5. Upon arrival, introductions are made to patient/care giver.
6. Suitability for equipment is determined based on a safety assessment and the patient/caregiver's ability to understand instructions.
7. The location and placement of the device is assessed based on patient safety, equipment safety and where the patient would use the device the most.
8. The patient/care giver is educated on the reasons for prescribed treatment and goals to be achieved.
9. The patient rep utilizes universal precautions prior to actual set-up of the patient.

10. The affected limb is placed in the device and adjusted to the needed specifications.
11. Instructions and a demonstration should then be given to the patient/care giver on device's purpose; the operation of controls and the following:
 - * Rights & Responsibilities
 - * Equipment instructions
 - * Getting in and out of the device
 - * Frequency of use, duration etc.
 - * Degree increase
 - * Infection Control techniques
 - * Safety hazards
 - * Advance directive
 - * Maintenance /Cleaning of equipment & soft goods
 - * Availability of Services
 - * Complaint Procedure

A return demonstration should be provided by patient/caregiver.

14. Dispose of gloves in patient's trash.
15. Complete and discuss paperwork:
 - a) Plan of Care
 - b) Patient Agreement
 - c) Patient's Rights & Responsibilities
16. Inform the patient/care giver of your follow-up protocol. (Standard is a phone call up to seventy-two (72) hours after set-up and a visit as appropriate to the patient's condition.)
17. Wash hands or use alcohol based gel.

Set-up of Oxygen Respiratory

Policy # PTS-101R

Date Effective: 01/01/2019

Date Revised:

Approved by: Michael W. Burns, CEO

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the office.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Caregiver is notified and the following issues discussed:
 - * Referral Source
 - * Type and Purpose of device ordered
 - * Patient's address and travel directions
 - * Date and time of Set-up
4. Activate a new patient file, which should include the following forms:
 - * Patient Agreement
 - * Plan of Care
 - * Patient's Rights & Responsibilities
 - * Follow-up Plan of Care
5. Upon arrival, introductions are made to patient/caregiver.
6. Suitability for Home Care is determined based on a safety assessment including Fire safety. (e.g. the presence or absence of smoke alarm & fire extinguisher and the patient/caregiver's ability to understand instructions.
7. The location and placement of the tank/concentrator is assessed with the following criteria being used:
 - * Stored in well ventilated area
 - * Stored away from heat ducts, radiators, steam pipes, combustibles, oil, grease and electrical appliances.
 - * If setting up a cylinder make sure it is secured in a cart.

Continued Page 2

8. The patient/caregiver is educated on the reasons for prescribed treatment and goals to be achieved.
9. The patient rep utilizes universal precautions prior to actual set-up of patient (If appropriate for equipment).
10. The tank/concentrator is put in place and the mask/nasal cannula is applied.
 - * Use caution not to kink the tubing causing restriction of Oxygen flow.
 - * If setting up an oxygen concentrator, avoid the use of extension cords.
 - * If the house does not have a 3-prong outlet, you must make sure the patient uses an adapter and instruct that the 3rd wire needs to be properly grounded. If the adapter cannot be connected correctly then inform the patient to call an electrician.
11. Make sure a "No Smoking" sign is posted at the front door (or main entrance to home) and in the location where the oxygen is being used.
12. Instructions and a demonstration should be given to the patient/caregiver on Oxygen's uses, the operation of controls, valves, alarms and liter flow as well as the following:
 - * Rights & Responsibilities
 - * Equipment instructions
 - * Care of Oxygen tubing
 - * Oxygen as a drug (Avoid alcohol and other sedating drugs)
 - * Infection Control
 - * Maintenance /Cleaning of equipment & filters
 - * Frequency of use, duration
 - * Safety hazards
 - * Availability of Services & when to call for replacement tanks
 - * Complaint Procedure
 - * Emergency back up
13. Return Demonstration should be obtained from the person whom instruction was given.
14. Dispose of gloves (PPE) in patient's trash.
15. Complete and discuss paperwork:
 - a) Plan of Care
 - b) Patient Agreement
 - c) Patient's Rights & Responsibilities
16. Inform the patient/caregiver of your follow-up protocol. (Standard is a phone call seventy-two (72) hours after set-up and a visit as appropriate to the patient's condition).
17. Wash hands or use alcohol-based gel.

Set-up of Support Surfaces Wound Care

Policy # PTS- 101W
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the office.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Caregiver is notified and the following issues discussed:
 - * Referral Source
 - * Type and Purpose of device ordered
 - * Patient's address and travel directions
 - * Date and time of Set-up
4. Activate a new patient file which should include the following forms:
 - * Patient Agreement
 - * Plan of Care
 - * Patient's Rights & Responsibilities
 - * Mattress Pick-up letter
 - * Follow-up Plan of Care
 - * Booklet on Advance Directive
5. Upon arrival, introductions are made to patient/caregiver.
6. The following factors are assessed:
 - * Environmental
 - * Patient's mobility and transfer status
 - * If safe set-up requires an additional representative
(If that is the case then reschedule.)

Continued Page 2

7. Prior to moving the patient, Universal Precautions are followed and wound status is determined thru observation and/or reports from caregiver.
8. Patient is transferred from bed (if occupying) and device is applied and secured. (Always make sure the strap is fastened and secured onto bed frame.)
9. Assess electrical source and address all safety concerns.
10. The device should be inflated according to manufacturer's instructions.
11. Once device is fully inflated, apply caregiver sheets (when appropriate) and place patient onto mattress and secure side rails immediately.
12. Instructions and a demonstration should then be given to the patient/caregiver on device's purpose; the operation of controls and mattress elements. At this time patient/caregiver teaching on the following areas should also take place:
 - * Goals to be achieved with the device
 - * Infection Control
 - * Maintenance /Cleaning of equipment
 - * Availability of Services
 - * Complaint Procedure
13. Document the following information on the Plan of Care:
 - * wound status
 - * overall health
 - * nutritional status
 - * mobility
14. Dispose of gloves and/or apron in a plastic bag and place in patient's trash.
15. Complete and discuss paperwork:
 - a) Plan of Care
 - b) Patient Agreement
 - c) Patient's Rights & Responsibilities
16. Inform the patient/caregiver of your follow-up protocol. (Standard is a phone call seventy-two (72) hours after set-up and a visit as appropriate to the patient's condition).
17. Wash hands or use alcohol base gel.

Patient Follow-up

DME

Policy # PTS- 102

Date Effective: 02/28/2009

Date Revised:

Approved by: Michael Burns

Purpose: *To monitor the patient's progress as it relates to the equipment provided by this medical equipment company.*

Policy: *The Patient Representative will monitor the patient's progress from set-up of equipment to discharge.*

Procedure:

Phone call follow-up

1. Each patient that is set-up on our equipment receives a follow-up phone call within 72 hours of service delivery.
2. The following information is ascertained at the time of the phone call and documented on the Follow-up Plan of Care if there are patient issues. If not then take this opportunity to document on the patient satisfaction survey.
 - * Operating function of equipment
 - * Comfort level of Patient on the equipment
 - * Understanding of the purpose of the device
 - * Safety concerns
 - * Equipment settings evaluating frequency of use, duration and if settings have increased decreased or stayed the same.
 - * Coordination of Services
 - * Availability of services and examples of when patient/care giver should call for assistance.
 - * Follow-up plan

Follow-up visit (When Applicable)

1. Universal Precautions are utilized when necessary during the follow-up visit.
2. Follow-up visits by the Patient Representative are focused on the individual patient's condition and are done as warranted.
3. All necessary information and procedures are documented on the Follow-up Plan of Care.
4. Any additional instructions are given to the patient/care giver and the next follow-up is discussed.

Patient Follow-up Orthopedic

Policy # PTS- 1020
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *To monitor the patient's progress as it relates to the equipment provided by this medical equipment company.*

Policy: *The Patient Representative will monitor the patient's progress from set-up of equipment to discharge.*

Procedure:

Phone call follow-up

1. Each patient that is set-up on our equipment receives a follow-up phone call within 72 hours of service delivery.
2. The following information is ascertained at the time of the phone call and documented on the Follow-up Plan of Care:
 - * Operating function of equipment
 - * Comfort level of Patient on the equipment
 - * Understanding of the purpose of the device as it relates to the patient's condition
 - * Patient's condition as it relates to mobility and pain, stiffness and swelling.
 - * Safety concerns
 - * Equipment settings evaluating frequency of use, duration and if settings have increased decreased or stayed the same.
 - * Coordination of Services
 - * Availability of services and examples of when patient/care giver should call for assistance.
 - * Follow-up plan

Follow-up visit

1. Universal Precautions are utilized when necessary during the follow-up visit.
2. Follow-up visits by the Patient Representative are focused on the individual patient's condition and are done as warranted.
3. All necessary information and procedures are documented on the Follow-up Plan of Care.
4. Any additional instructions are given to the patient/care giver and the next follow-up is discussed.

Patient Follow-up Respiratory

Policy # PTS- 102R
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *To monitor the patient's progress as it relates to the equipment provided by this medical equipment company.*

Policy: *The Patient Representative will monitor the patient's progress from set-up of equipment to discharge.*

Procedure:

Phone call follow-up

1. Each patient that is set-up on our equipment receives a follow-up phone call within 72 hours of service delivery.
2. The following information is ascertained at the time of the phone call and documented on the Follow-up Plan of Care:
 - * Safety & environment
 - * Review of Oxygen tips and hazards
 - * Equipment use and operation
 - * Other Home Care services
 - * Patient's condition as it relates to difficulty in breathing and ADL
 - * Equipment settings/Liter flow, evaluating frequency of use, duration and if settings have increased decreased or stayed the same.
 - * Availability of services and examples of when patient/care giver should call for assistance.
 - * Follow-up plan

Follow-up visit

1. Universal Precautions are utilized when necessary during the follow-up visit.
2. Follow-up visits by the Patient Representative are focused on the individual patient's condition and are done at the least every 60 days.
3. All necessary information and procedures are documented on the Follow-up Plan of Care.
4. Any additional instructions are given to the patient/care giver and the next follow-up is discussed and recommendations documented.

Patient Follow-up Wound Care

Policy # PTS- 102W
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *To monitor the patient's progress as it relates to the equipment provided by this medical equipment company.*

Policy: *The Patient Representative will monitor the patient's progress from set-up of equipment to discharge.*

Procedure:

Phone call follow-up

1. Each patient that is set-up on our equipment receives a follow-up phone call within 72 hours of service delivery.
2. The following information is ascertained at the time of the phone call and documented on the **Follow-up Plan of Care:**
 - * Operating function of equipment
 - * Comfort level of Patient on the equipment
 - * Understanding of the purpose of the device as it relates to the patient's condition
 - * Safety concerns
 - * Coordination of Services
 - * Availability of services and examples of when patient/caregiver should call for assistance.
 - * Follow-up plan

Follow-up visit

1. Universal Precautions are utilized when necessary during follow-up visit.
2. Monthly follow-up is done with the Agency who referred the patient with regard to coordination of services and patients wound status thus far.
3. Follow-up visits by the Patient Representative are focused on the individual patient's condition and are done as needed.
4. All necessary information and procedures are documented on the Follow-up Plan of Care.
5. Any additional instructions are given to the patient/caregiver and the next follow-up is discussed.

Pick-up of Equipment

Policy # PTS -103
Date Effective: 02/28/2009
Date Revised:
Approved by: Michael Burns

Purpose: *All equipment should be returned to inventory to prevent billing errors and have equipment ready for patients.*

Policy: *When picking up equipment in patient home all staff will follow these guidelines.*

Procedure:

1. Patient Representatives will use Universal Precautions when picking up equipment.
2. The equipment is then placed in a bag for dirty equipment. Do not bring soft goods back to the office. Dispose of these in the patient home.
3. The field representative's gloves are removed and placed in the patient's trash.
4. A pick-up form or Patient Agreement form is completed and patient/caregiver's signature is obtained with appropriate stop date and reason for pick-up.
5. The device is then placed in the dirty section of the vehicle.

Pick-up of Equipment Orthopedic

Policy # PTS -1030
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *All equipment should be returned to inventory to prevent billing errors and have equipment ready for patients.*

Policy: *When picking up equipment all staff will follow these guidelines.*

Procedure:

1. Patient Representatives will use Universal Precautions when picking up equipment.
2. The soft goods are removed from the device and placed in the patient's trash.
3. The device is then placed in a bag for dirty equipment.
4. The field representative's gloves are removed and placed in the patient's trash.
5. A pick-up form or Patient Agreement form is completed and patient/caregiver's signature is obtained with appropriate stop date and reason for pick-up.
6. The device is then placed in the dirty section of the car/van.

Pick-up of Oxygen Equipment

Respiratory

Policy # PTS -103R
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *All equipment should be returned to inventory to prevent billing errors and have equipment ready for patients.*

Policy: *When picking up equipment all staff will follow these guidelines.*

Procedure:

Cylinders

1. Patient Representatives will use Universal Precautions when picking up equipment.
2. A pick-up form or Patient Agreement form is completed and patient/caregiver's signature is obtained with appropriate stop date and reason for pick-up
3. The cylinders are removed from the home and placed in the dirty side of the van along with other empty or used tanks.
4. The cylinders are secured in a cart or chained .

Concentrators/other Respiratory equipment

1. The equipment is placed in a dirty bag and tied .
2. The rep removes gloves and places them in the patient's trash.
3. Same as # 2 above.
4. The equipment is then placed in the dirty side of the van.

Pick-up of Equipment Wound Care

Policy # PTS - 103W
Date Effective: 01/01/2019
Date Revised:
Approved by: Michael Burns

Purpose: *All equipment should be returned to inventory to prevent billing errors and have equipment ready for patients.*

Policy: *When picking up equipment all staff will follow these guidelines.*

Procedure:

1. Patient Representatives will use Universal Precautions when picking up equipment.

Larger Equipment (bed frames, etc.)

2. Curbside cleaning is performed by wiping down equipment with Zep Formula 165-A.
3. The controller is wrapped in the tall comforter for protection and placed in another mattress bag.
4. Mattress is placed in bag.
5. A dirty equipment sticker will placed on the device to identify it as dirty equipment.

Smaller Equipment

6. Wrap small controller in the mattress and roll away from yourself. Place in bag and label with dirty equipment sticker.
7. A pick-up form or Patient Agreement form is completed and patient/caregiver's signature is obtained with appropriate stop date and reason for pick-up.

Emergency Responsiveness

Policy # PTS - 104
Date Effective: 02/28/2009
Date Revised:
Approved by: Michael Burns

Purpose: *To inform organizations staff how to best handle this most difficult topic in the home.*

Policy: *All staff involved in the care of the patient must follow these guidelines.*

Procedure:

1. In the event of an emergency while in the patient's home, the organization's staff will call 911 for emergency assistance.

Automated Clinical Record Systems

Policy # PTS-105
Date Effective: 02/01/2017
Date Revised:
Approved by: Michael Burns

Purpose: *To ensure that pharmacy information systems are utilized to document all relevant patient information.*

Policy: *Pharmacy information systems allow for documentation into the patient record of all medical / health information related to prescription medications assuring protection of all relevant patient information.*

Procedure:

1. The pharmacy information system shall allow for the checking of the prescription medication order and patient profile prior to dispensing for:
 - a. Accurate and reasonable dosage
 - b. Duplicate medication therapy
 - c. Drug - Drug, dietary and non-prescription medication interactions
 - d. Frequency
 - e. Route of administration
 - f. Therapy contraindication
 - g. Patient allergies
 - h. Potential or actual adverse drug reactions
2. The pharmacy information system shall allow access to clinical decision programs. The Pharmacy information system is routinely updated to assist the pharmacy staff in effective clinical decision processes.
3. The pharmacy information systems shall be able to accept e-prescribing transmissions.
4. The pharmacy information systems shall have in place to manage drug re-calls and outdated drugs.
5. The pharmacy information system shall have routine maintenance, updates, back-up and cyber security processes.
6. If the pharmacy information systems fails or is down, there are manual back-up procedures in place to continue to provide service to patients.
7. The Pharmacy practice ensures that data is secure and protected from unauthorized access.
8. The Pharmacy practice ensures that patient information meet or exceeds security requirements of the Health Insurance Portability Accountability Act (HIPAA).