ASHP Accreditation Compliance Tool

COMPLIANCE ELEMENTS	DESCRIPTION	RESPONSIBLE COMMITTEE	FREQUENCY	POLICIES & RECOMMENDED CONTENT
HUMAN RESOURCES				
1 **Personnel File Documentation**	Review personnel files to ensure required documents are accurate and up to date	Human Resources	Upon hire and annually	**Personnel Policy** • HR File Requirements: ASHP Accreditation Checklist for HR Files
2 **Onboarding and Ongoing Training**	Review required training to ensure completion and documentation	Human Resources; Manager	Upon hire and annually	**Employee Orientation Policy** • Orientation checklist. **Employee Education Policy** • Program frequency and methods.
3 **Initial and Ongoing Competencies**	Review competencies to ensure applicability, documentation, and completion	Manager	Upon hire and annually	**Employee Performance Policy** • Performance assessment. • Re-training procedures (if necessary). • Corrective action(s).
PATIENT MANAGEMENT				
4 **Clinical Protocols**	Review and revise clinical protocols/care plans to ensure adherence to current evidence-based medicine	Quality/Accreditation Manager	Annually	**Patient Management Program Policy** • Define initial and reassessment periods for patients enrolled in the patient management program (PMP). • List disease states included in the organization's PMP. • Criteria for enrollment in the PMP. • PMP oversight.

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5	Patient Care Documentation	Audit patient records for compliance with accreditation, legal and best practice criteria	Quality/ Accreditation Manager	Quarterly	**Patient Management Program Policy**
					
					• Define elements of the plan of care that will be addressed during initial assessment and reassessment of patients enrolled in the PMP.
					   o List required documentation criteria for patient assessments.
					   o Define the timeframe for completion of clinical documentation in the patient record.
					   o Establish metrics/goals for documentation accuracy.

6	Patient Educational and Marketing Materials	Review and revise patient educational and marketing materials; Maintain a systematic method of tracking	Clinical Committee	Annually	**Patient Education Policy** • List type(s) of non-verbal patient education materials utilized and how confirmation of receipt/understanding of materials is obtained. • Describe the approval process and target literacy level for patient education materials to be utilized. • Describe the procedure for providing interpreter services and/or any other necessary accommodations. **Marketing Communications Policy** • Define the approval and review process for provider/client/patient-facing marketing materials. **Patient Management Program Policy** • Patient Rights and Responsibilities, including: o Methods for including patient/caregiver in the shared decision making, plan of care, etc.

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7	Patient Management Program Evaluation	Review and Revision of Clinical, Financial, QOL, and other outcomes	Clinical Committee	Annually	**Patient Management Program Policy** • Establish achievable program goals: Clinical, Financial, Health-Related Quality of Life (HR-QOL), clinical intervention outcomes. • Describe the process for developing and revising program goals, evaluating the impact/success of program. • Describe organizational oversight and leadership involvement in the program evaluation.
OPERATIONS					
8	Shipment Testing	Audit results of shipment testing to ensure appropriate temperatures are maintained	Quality Committee	Biannually (seasonally)	**Pharmacy Distribution Policy** • Describe cold chain and room temperature testing procedures. Include packaging method, how these are validated, and criteria for modification after validation test failure. • Describe the process for confirming team members are packing shipments correctly based on temperature profiles and delivery locations. • Describe procedures for packaging selection based on temperature profiles and shipping locations.

9	Dispensing and Distribution Accuracy	Review and analysis of dispensing and distribution accuracy for trends	Quality Committee	Quarterly	**Pharmacy Distribution Policy**
					
					• Procedures for handling:
					    o Delayed shipments (patient notifications).
					    o Holding shipments.
					    o Lost/stolen shipments.
					
					Quality Assurance Policy
					
					• Describe how error and near-miss data is used to inform decision making and Quality Improvement (QI) initiatives.

10	**Proactive Risk Assessments**	Audit of new medications dispensed and completion of proactive risk assessment	Clinical Committee	As needed and quarterly	**Medication/Product Risk Assessment Policy** • Describe the Medication Risk Assessment procedure. • Describe how hazardous medications are identified, resources available to staff, etc. • Methods for categorizing drugs (e.g., Specialty, Non-Specialty, other).
PATIENT EXPERIENCE					
11	**Phone Metrics**	Review of phone metrics such as abandonment, speed of answer, and call volume; Analyze for trends and implement action plans when needed	Quality Committee	Monthly and quarterly	**Quality Assurance Policy** • Define performance metrics for call center staff (time to answer, abandonment rate, service level, etc.). • Define how data is used to inform decision making and QI initiatives.
12	**Patient and Provider Complaints**	Review patient and provider complaint logs; Analyze for trends and implement action plans when needed	Quality Committee	Quarterly	**Quality Assurance Policy** • How data is used to inform decision making and QI initiatives. • Internal procedure for complaint escalation, investigation, and resolution timeframe. • Explain how the organization will communicate to consumers: (patients, clients, providers) how they can file a complaint, the expected resolution timeline, etc.
13	**Patient and Provider Satisfaction**	Distribution and analysis of patient and provider satisfaction	Quality Committee	Annually	**Quality Assurance Policy** • Define procedures for collecting patient/provider/client satisfaction data. • Define how data is used to inform decision making and QI initiatives (action plans).

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	REGULATORY & QUALITY				
14	**Business Continuity Plan**	Develop business continuity plan and testing exercises to include all critical systems	Quality Committee	Annually	**Emergency Preparedness and Disaster Recovery Policy** • Describe procedures in place for immediate emergency response and recovery of operations. • List the chain of command and succession plan. emergency contacts (boards of pharmacy, DEA, accrediting organizations, etc.). • Define the frequency of testing for emergency plans and other relevant exercises (e.g., fire drill).
15	**Licensure, Rule, and Regulation Monitoring**	Monitor and track state and federal laws and regulations	Compliance Officer; Quality/Accreditation Manager	Quarterly	**Rules & Regulations Policy** • List the agencies tracked and how changes to laws and regulations are communicated to staff. • Define responsibility (which staff track which organizations for updates to laws & regulations). • Describe the primary source verification process. • Attest that the pharmacy complies with all federal, state, and local laws governing its business. • Include any relevant Board of Pharmacy requirements (e.g., the WV Pharmacy Law Book must be available to all staff, on-site).
16	**Annual Quality Program Evaluation**	Assess compliance with annual reports and evaluations of the program	Quality Committee	Annually	**Quality Assurance Policy** • List individual staff/roles involved in the Quality Program Evaluation process. • Describe the required annual report(s) and approval authority. • Define how program effectiveness is measured and thresholds for action