



**California Department of Public Health
Center for Health Care Quality
Licensing & Certification Program**



Dear provider:

This evaluation is intended as a means for your facility to share information concerning the Medication Error Reduction Plan (MERP) Survey process and as a way to assist us in improving it. Please use the rating scale below* to rate this survey in each of the areas identified. If you select a 2 or 3 rating, kindly provide specific, explanatory comments in the space below, and/or by attachment. If you have any suggestions on how we might improve this survey please comment accordingly.

Your participation in this evaluation is completely voluntary—your feedback is important to us—thank you in advance for your participation. Once you have completed this form, please mail it to:

Jacqueline Lincer, B.S. RPh
Branch Chief
Orange County District Office
681 S. Parker Street
Orange, CA 92868

Alternatively, to discuss this survey you may contact Jacqueline Lincer at (714)567-2906 or via email at Jackie.Lincer@cdph.ca.gov.

Facility Name (optional): _____

*Rating Scale:

5	4	3	2	1
Excellent	Good	Fair	Poor	Not Applicable

Directions: For each question indicate your response by checking the appropriate box.

1. Surveyor staff introduced themselves and explained the MERP survey process during the entrance conference.

5 4 3 2 1

Question 1 (continued):

Comments: _____

2. Hospital staff was informed during the course of the survey of information needed to complete the survey.

5 4 3 2 1

Comments: _____

3. Areas of surveyor concern and/or deficient practice were presented in a clear and concise manner.

5 4 3 2 1

Comments: _____

4. During the exit conference, investigative findings were discussed adequately and there was an opportunity for facility staff to ask questions or otherwise comment.

5 4 3 2 1

Comments: _____

5. The survey was conducted in a professional and courteous manner.

5 4 3 2 1

Comments: _____

