



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



### Medication Error Reduction Plan Survey Facility Questionnaire

(This document is provided as guidance to the facility for the provision of information related to the MERP survey. The specific use and completion of this form by the facility is optional; however, in absence of its use the facility should otherwise be able to provide the following information as requested.)

**Directions: Please provide all information as requested. Supporting documentation may also be provided.**

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Form completed by/title/phone number: \_\_\_\_\_

Date completed: \_\_\_\_\_

**Question A.) Is there a method to address each of the "procedures and systems" listed under subdivision (d) of H&SC 1339.63 so as to identify weaknesses or deficiencies that could contribute to errors in the administration of medication?**

**Yes, please describe below.**       **No, proceed to question B.**

H&SC 1339.63(e)(1): Each facility's plan shall...Evaluate, assess, and include a method to address each of the procedures and systems listed under subdivision (d) to identify weaknesses or deficiencies that could contribute to errors in the administration of medication (including, but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use).

Question A facility guidance:

- What methodology is utilized for evaluating each of the procedures and systems to identify weaknesses or deficiencies which could contribute to medication errors? "Method" is defined, in part, as a procedure or process. The methodology by which this is done might include, but is not limited to, evaluation of external alerts (e.g. ISMP Quarterly Alerts, CDPH AFLs, FDA Alerts, etc.); medication pass observations; QAPI studies; FEMA studies; MUEs, analysis of medication error reports to identify system vulnerabilities, etc.

**Question A (continued):**

Question A facility guidance (continued):

- Each of the 11 procedures or systems must be evaluated and assessed to identify weaknesses or deficiencies.
- How often are you evaluating and assessing each of the procedures and systems to identify weaknesses or deficiencies that could contribute to medication errors? When was this last done?
- Have any weaknesses or deficiencies been identified that could contribute to medication errors? If so, what were they and when were they identified?

<b>Procedure or System:</b>	<b>Methodology:</b>	<b>Evaluation frequency:</b>	<b>Date last completed:</b>	<b>Weaknesses or deficiencies identified:</b>	<b>Date identified:</b>
<b>Prescribing:</b>			___/___/___		___/___/___
<b>Prescription order communications:</b>			___/___/___		___/___/___
<b>Product labeling:</b>			___/___/___		___/___/___
<b>Packaging and nomenclature:</b>			___/___/___		___/___/___
<b>Compounding:</b>			___/___/___		___/___/___
<b>Dispensing:</b>			___/___/___		___/___/___

**Question A (continued):**

<b>Procedure or System:</b>	<b>Methodology:</b>	<b>Evaluation frequency:</b>	<b>Date last completed:</b>	<b>Weaknesses or deficiencies identified:</b>	<b>Date identified:</b>
<b>Distribution:</b>			____/____/____		____/____/____
<b>Administration:</b>			____/____/____		____/____/____
<b>Education:</b>			____/____/____		____/____/____
<b>Monitoring:</b>			____/____/____		____/____/____
<b>Use:</b>			____/____/____		____/____/____

**Question B.) Since the previous MERP survey, has the plan been modified when weakness or deficiencies are noted to achieve the reduction of medication errors?**       **Yes, please describe below.**     **No, proceed to question C.**

H&SC 1339.63(e)(3): Each facility's plan shall...Be modified as warranted when weaknesses or deficiencies are noted to achieve the reduction of medication errors.

Question B facility guidance:

- Were weaknesses or deficiencies identified for any of the 11 procedures and systems? If yes, please indicate the date.
- If weaknesses or deficiencies were noted was the plan modified? If yes, please indicate the date and provide a brief summary of how the plan was modified.
- Was there follow-up done to assess effectiveness of the plan modification? If yes, please indicate the date.

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
<b>Prescribing:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	
<b>Prescription order communication:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
<b>Product labeling:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	
<b>Packaging and nomenclature:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
<b>Compounding:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	
<b>Dispensing:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
<b>Distribution:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	
<b>Administration:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
<b>Education:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	
<b>Monitoring:</b>	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question B (continued):**

Procedure or system:	Date identified:	Weakness identified:	Plan modification:	Date initiated:	Follow-up assessment done:
Use:	____/____/____			____/____/____	
	____/____/____			____/____/____	
	____/____/____			____/____/____	

**Question C.) Has an annual review been done to assess the effectiveness of the implementation of the plan for each of the procedures and systems listed under subdivision (d) of H&SC 1339.63?  Yes, please describe below.  No, the questionnaire is completed.**

H&SC 1339.63(e)(2): Each facility's plan shall...Include an **annual review to assess the effectiveness** of the implementation of **each of the procedures and systems** listed under subdivision (d).

H&SC 1339.63(d): ...procedures, and systems, including but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Question C facility guidance:

- The annual review of the organization's MERP plan should be approximately every 12 months.
- The methodology used to assess effectiveness should provide objective and relevant evidence that informs policy decision makers in the evaluation and development of corrective actions to effectively reduce medication errors.

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
<b>Prescribing:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Prescription order communications:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
<b>Product labeling:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Packaging and nomenclature:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
<b>Compounding:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Dispensing:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
<b>Distribution:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Administration:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
<b>Education:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Monitoring:</b>	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Question C (continued):**

Procedure or system:	Annual review date (required):	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
Use:	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	____/____/____	____/____/____ ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**End of Questionnaire**