California Department of Public Health
Center for Health Care Quality
Pharmaceutical Services

GENERAL ACUTE CARE HOSPITAL RELICENSING SURVEY

Entrance documents/Data request for Pharmaceutical Services [CCR Title 22, Chapter 1], Medication Reduction Error Plan [HSC 1339.63] and Antimicrobial Stewardship Program [HSC 1288.85]

NAME OF FACILITY	DATE	NAME OF SURVEYOR

Please provide items one through three below as soon as possible.

Please provide the following documents/data to the Pharmaceutical Consultant :	RECEIVED √	NOTE
1. Policies and procedures related to:		
• Medication errors (e.g., reporting and analysis)		
• Medication administration (including medication administration times)		
• Emergency medication use (crash carts, malignant hyperthermia carts, etc.)		
• Automated dispensing cabinets (ADCs) including overrides and discrepancies		
• Drug storage (refrigerators, warmers, unit stock, etc.)		
• High risk medication use (insulin, narcotics, heparin, droperidol, etc.)		
• PCA and pain management		
• Sterile compounding practice and last complete certification report		
• Antimicrobial stewardship program		
2. The current MERP and evidence of annual reviews for the past 3 years		
3. Patient lists – see "*Patient Lists Request for Clinical Record Review*" on page 2		
4. Medication error summary reports and trends analysis for the past 3 years		
5. Multidisciplinary MERP committee meeting minutes and Pharmacy and Therapeutics (P&T) Committee meeting minutes for the past 3 years		
6. Preprinted or Electronic Medical Record order sets for titrating medications (insulin drip, heparin, etc.).		
7. All adverse events in the past 3 years, resulting in patient death or serious disability directly related to a contaminated drug, device, or biologic; use or function of a device other than is intended (where "device" refers to equipment associated with medication delivery); medication error or hypoglycemia (see H&SC 1279.1 [b][2][A],[b][2][B],[b][4][A], and [b][4][D].		

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Patient Lists Request for Clinical Record Review

Please provide the lists of patients (including patient name, date of use and unit location) who have received the following medications in the past 30 days (expand to 90 days if report contains fewer than 3 patients) with policies and procedures and preprinted order sets related to these medications:

☐ PCA delivered drugs
☐ Transdermal fentanyl
☐ Insulin drip
☐ Heparin drip
☐ Droperidol
☐ _____
☐ _____

In addition, please provide list(s) of patients who have been administered the following medication(s) in the past 30 days:

Rescue (reversal) agent(s):

☐ D50

☐ Naloxone

☐ Protamine

☐ _____

High-risk medications are those medications involved in a high percentage of medication errors and/or sentinel events, and medications that carry a higher risk for abuse, errors, or other adverse outcomes. High alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. For high-risk/high-alert medications and high-risk patients (e.g., pediatric, geriatric or patients with renal or hepatic impairment), there should be systems in place to minimize adverse drug events. Such systems may include strategies such as dose limits, pre-printed orders, special packaging, special labeling, improving access to information about these drugs, safeguards in distribution of high-risk/high-alert medications, automated alerts and employing redundancies such as automated or independent double-checks when necessary.

High-risk medications will vary between hospitals and health care settings depending on patient populations and services provided.