

## County of San Diego DMC-ODS QI Medication Monitoring Report

<b>PROGRAM NAME:</b>			
<b>DATE:</b>	<b>Contract #</b>	<b>DMC Provider #:</b>	
<b>REPORT SUBMITTED BY:</b>			<b>PHONE:</b>
<input checked="" type="radio"/> <b>QUARTER 1</b>	<input type="radio"/> <b>QUARTER 2</b>	<input type="radio"/> <b>QUARTER 3</b>	<input type="radio"/> <b>QUARTER 4</b>
Jul 1 – Sep 30	Oct 1 – Dec 31	Jan 1 – Mar 31	Apr 1 – Jun 30
<i>Due Oct 15</i>	<i>Due Jan 15</i>	<i>Due Apr 15</i>	<i>Due Jul 15</i>

Committee Member

Discipline

Committee Member

Discipline

**Description of Activities:**


Total number of records screened this quarter  
 Total number of deficiencies identified  
 Total # of open charts receiving medication at clinic  
 # McFloops Disapproved *Disapproved McFloop forms must be faxed in*

# McFloops Approved/Completed  
 # McFloops Outstanding  
 Total number of McFloops required

Total number of deficiencies for all records screened this quarter, listed by item:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>								

**Email this form to: [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)**

*Do not email Med Monitoring Tools*

*Do not email McFloop Forms*

**This form may also be faxed to the QI Unit at 619-236-1953**