

## County of San Diego DMC-ODS QA Medication Monitoring Submission Form

<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> Jul 1 – Sep 30 <i>Due Oct 15</i>	<input type="radio"/> <b>QUARTER 2</b> Oct 1 – Dec 31 <i>Due Jan 15</i>	<input type="radio"/> <b>QUARTER 3</b> Jan 1 – Mar 31 <i>Due Apr 15</i>	<input type="radio"/> <b>QUARTER 4</b> Apr 1 – Jun 30 <i>Due Jul 15</i>

Committee Member:

Discipline:

Committee Member:

Discipline:

### Description of Activities:

	Total number of records screened this quarter		# McFloops Approved/Completed
	Total number of variances identified		# McFloops Outstanding
	Total # of open charts receiving medication at clinic		Total number of McFloops required
	# McFloops Disapproved <i>Disapproved McFloop forms must be <b>faxed</b> in to 619-236-1953</i>		

Total number of variances 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>	<b>15</b>							

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

*Do not email Medication Monitoring Tools*

*Do not email McFloop Forms unless a McFloop has been disapproved.*

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