

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

PROGRAM NAME:			
DATE:	CONTRACT #:	DMC PROVIDER #:	
REPORT SUBMITTED BY:			PHONE:
<input checked="" type="radio"/> QUARTER 1 Jul 1 – Sep 30 <i>Due Oct 15</i>	<input type="radio"/> QUARTER 2 Oct 1 – Dec 31 <i>Due Jan 15</i>	<input type="radio"/> QUARTER 3 Jan 1 – Mar 31 <i>Due Apr 15</i>	<input type="radio"/> QUARTER 4 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 *Disapproved McFloop forms must be **faxed** in to 619-236-1953*

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

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15							

Email this form to: 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