

County of San Diego DMC-ODS QI Medication Monitoring Report

PROGRAM NAME:			
DATE:	Contract #	DMC Provider #:	
REPORT SUBMITTED BY:		PHONE:	
<input checked="" type="radio"/> QUARTER 1	<input type="radio"/> QUARTER 2	<input type="radio"/> QUARTER 3	<input type="radio"/> QUARTER 4
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

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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:

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

Email this form to: 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