

QI Medication Monitoring Report

Children's Mental Health System of Care

PROGRAM NAME:			
DATE:		UNIT:	SUBUNIT(S):
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
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No medication distribution during this quarter

Description of Activities:

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

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

1	2a	2b	2c	2d	2e	2f	2g	2h	2i

3	4	5a	5b	5c	5d	5e	5f	6	7

8	9a	9b	9c	10a-1	10b-1	10c-1	10c-2

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