

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 <i>Disapproved McFloop forms must be faxed in to 619-236-1953</i>		

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