

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>	

No medications distributed this quarter Yes No

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 McLoop 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							

Program Attestation: All prescribers are included in the quarterly sample? Yes No

If no, please explain:

Email this form to: QIMatters.hhsa@sdcounty.ca.gov

***Important: Please encrypt all emails if your program does not have TLS email encryption with the County.**

Include all completed DMC-ODS Medication Monitoring Tools

Do not email McLoop Forms unless a McLoop has been disapproved.

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