

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:

<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> Total number of records screened this quarter	<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> # McFloops Approved/Completed
<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> Total number of variances identified	<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> # McFloops Outstanding
<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> Total # of open charts receiving medication at clinic	<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> Total number of McFloops required
<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> # 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							

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 McFloop Forms unless a McFloop has been disapproved.

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