

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

Committee Member:	Discipline:	Committee Member:	Discipline:
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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

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 (and applicable forms below) 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
Please submit McFloops if a variance(s) are found.*

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