

# QI Medication Monitoring Report

Children's Mental Health System of Care

<b>PROGRAM NAME:</b>			
<b>DATE:</b>		<b>UNIT:</b>	<b>SUBUNIT(S):</b>
<b>REPORT SUBMITTED BY:</b>			<b>PHONE:</b>
<input checked="" type="radio"/> QUARTER 1	<input type="radio"/> QUARTER 2	<input type="radio"/> QUARTER 3	<input type="radio"/> QUARTER 4
Jul 1 – Sep 30	Oct 1 – Dec 31	Jan 1 - Mar 31	Apr 1 – Jun 30
<i>Due Oct 15</i>	<i>Due Jan 15</i>	<i>Due Apr 15</i>	<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:

<b>1</b>	<b>2a</b>	<b>2b</b>	<b>2c</b>	<b>2d</b>	<b>2e</b>	<b>2f</b>	<b>3</b>

<b>4a</b>	<b>4b</b>	<b>4c</b>	<b>4d</b>	<b>4e</b>	<b>5</b>	<b>6</b>	<b>7</b>

<b>8a</b>	<b>8b</b>	<b>8c</b>	<b>9a-1</b>	<b>9b-1</b>	<b>9c-1</b>	<b>9c-2</b>

**Email this form to: [QIMatters.hhsa@sdcounty.ca.gov](mailto: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**