MACOMB COUNTY COMMUNITY MENTAL HEALTH PROVIDER MORTALITY REVIEW

(To be completed by clinically responsible Provider Mortality Review Team)

VENDOR ORGANIZATION NAME:		Vendor #	
PROVIDER NAME:		Provider #	
Consumer Information:			
Consumer:	Clinical Record #		
Documents Reviewed: [List all documents rev	riewed, i.e.: clinical record, autopsy	report]	
Summary of Findings:			
Identified Areas for Improvement:			
Plan of Action / Recommendations:			
Review Team Members:			

Send to: MCCMH Office of the Chief Medical Officer

19800 Hall Road

Clinton Township, MI 48038

Exhibit C, MCCMH Mortality Review Report, MCCMH MCO Policy 8-003, "REPORTING AND RESPONDING TO CRITICAL INCIDENTS, SENTINEL EVENTS AND RISK EVENTS" (Rev. 11/22)