



**MACOMB
COUNTY**
COMMUNITY MENTAL HEALTH

MCCMH Administration
19800 Hall Road
Clinton Township, MI 48038

855-99-MCCMH
info@mccmh.net
www.mccmh.net

DATE:

David Pankotai
Chief Executive
Officer

TO: *Provider Name*
Provider Address

BOARD OF DIRECTORS

Phil Kraft
Chairperson

Attention: Name of Provider Staff Member to receive letter
Email of Provider Staff Member letter sent to

Selena Schmidt
Vice-Chairperson

FROM: MCCMH Chief Medical Officer
Chair - Clinical Risk Management Committee

Lori Phillips
Secretary-Treasurer

RE: Patient Case #000000 Person's First & Last Name

Megan Burke
Linda Busch
Donna Cangemi
Nick Ciaramitaro
Wayne Conner
Ryan Fantuzzi
Dana Freers
Mark Kilgore
Antoinette Wallace

The Clinical Risk Management Committee (CRMC) has reviewed the _____ review packet dated _____ concerning the above-referenced person served who was receiving services from your program at the time of the incident. This incident has been determined to be a:

Sentinel Event Non-Sentinel Event



Therefore, you are being directed to complete a:

Root Cause Analysis Mortality Review



In accordance with MCCMH MCO Policy 8-003, "Reporting and Responding to Critical Incidents, Sentinel Events, and Risk Events," please send your completed _____ within 90 calendar days and include progress notes and integration of care documentation. If you have any questions, please contact _____.



Please be advised that Root Cause Analysis and Mortality Review functions are considered to be peer review/Quality Improvement activities and their findings are not subject to the Freedom of Information Act (FOIA) or to subpoena.