

MCCMH Clinical Risk Management Committee
Review of Action Plan Based on Root Cause Analysis / Mortality Review Report / Risk Event Investigation

Program Name:	Consumer:	Case #:
<u>Risk Reduction Strategies</u>	<u>Measures of Effectiveness</u>	<u>Reporting Period</u> <input type="checkbox"/> 1 st Qtr <input type="checkbox"/> 2 nd Qtr <input type="checkbox"/> 3 rd Qtr <input type="checkbox"/> 4 th Qtr
Action Item #1:	Measure:	Actions Taken:
Action Item #2:	Measure:	Actions Taken:
Action Item #3:	Measure:	Actions Taken:
Action Item #4:	Measure:	Actions Taken:
Action Item #5:	Measure:	Actions Taken:
Action Item #6:	Measure:	Actions Taken:
Action Item #7:	Measure:	Actions Taken:

Signature: _____ *Date:* _____