

University of Michigan Hospitals and Health Centers  
**ADVERSE / SENTINEL EVENT ACTION PLAN**

Date:

Event#:

| Issue | Proximate or Common Cause (P or C) | Plan/<br>Risk Reduction Strategies | Lead | Timeline | Measurement | Status |
|-------|------------------------------------|------------------------------------|------|----------|-------------|--------|
|       |                                    |                                    |      |          |             |        |
|       |                                    |                                    |      |          |             |        |
|       |                                    |                                    |      |          |             |        |
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