VARIANCE REPORT

CONFIDENTIAL: ATTORNEY-CLIENT AND RISK MANAGEMENT PRIVILEGED
-SEND TO RISK MANAGEMENT WITHIN 3 DAYS (DO NOT PHOTOCOPY)-

	VARIANCE REPORT FORM INSTRUCTIONS	VI WIIIIIV <u>3 DAT3</u> (<u>DO</u>	NOT PHOTOCOPT)	
	 Stamp with addressograph plate or write name and age. Department Director/Designee is responsible for reviewing report and conducting initial evaluation. 	(Name and	Title of Individual Completing Report)	_
	After report is reviewed and variance analysis/follow-up form is completed, forward to Risk Management Department.		of Individual Completing Report)	-
	DO NOT PHOTOCOPY. 4. This formmust be filled out completely.	(Date	and Time Report Completed)	_
	PATIENT / OTHER INDIVIDUALS INVOLVED (Select ALL involved in this variance)			
	Agency Personnel Nutritional Servs. Engineering O.R. Technician Environmental Servs. Inpatient Laboratory Servs. Pharmacy Servs. Nurse Physician	Radiology Servs. Rehab Servs. Respiratory Therapy Security / Drivers Student	Transportation Servs. Patient Care Technician Unit Secretary Visitor / Volunteer Outpatient	Addressograph Here
	Date of Variance Time (Military (MM/DD/YY) time only) Co	Var. Location est Center (Last 4 Digits)	Medical Record Number of Patient / Visitor	Gender Age
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 3	0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1	Male Female 0 0 0 0 1 1 1 1 2 2 3 3 3 4 4 4 5 5 5 6 6 7 7 7 8 8 8 9 9
	VARIANCE LOCATION (Select ONLY ONE)			
	Bathroom - Patient Rm. Chapel Bathroom - Public Comm. Outreach Site Bathroom - Unit Conference Center Cafeteria Elevator Cancer Center Emergency Dept. Cardiac Cath Lab Exterior Grounds	Hall / Corridor Heart Lab Labor & Delivery Laboratory Lobby Mercy Manor North	Nursing Station Patitic Office Physical Processing Room Processing Room	ent Home Smoking Area ent Room Vehicle sician Office Waiting Area edure Room PT / OT Heart & Vascular Ctr. Wellness Ctr.
	PATIENT ACTIVITY STATUS (Select ONLY ONE) PATIENT SENSORIUM (Select ONLY ONE)			
	Ambulatory Bedrest with Bathroom Ambulatory with Assist Wheelchair Bedrest Activity Not Specified		and Oriented Confused / Disor eative Sedated / Uncor	
_	PHYSICIAN NOTIFICATION Physician noti	fied? No Yes P	'hysician's Name:	
=	Medical treatment / Diagnostic tests order		Please list w/results):	
i i	Altercation / Verbal Abuse AMA Apgar < 6 at 5 Minutes Aseptic Technique - Break Assault Dev	ayed / Non Response by Dr. viation from Standard Protocol charge Issue regarded Instructions - Associa sumentation Issue posure - Disease ubation - Inadvertent	Medical Device Related Injury Medical Device User Error MI / CVA w/i 48 Hrs of Surgery Missed Diet Neonatal Birth Trauma Order Error	Specimen - Wrong Specimen - Wrong Medium Specimen - Mislabeled Specimen - Unlabeled Threat of Legal Action Transcription Error
	Bleeding / Complication - Post Procedure Fal Complaint - Quality of Care - Non Physician Complaint - Quality of Care - Physician Consent Issue Contamination - Equip / Supplies Count Incorrect - Instrument Count Incorrect - Needle Count Incorrect - Sponge Death in O.R. Ma Death within 7 Days of Discharge Fal Fal Fal Fal Fal Fal Fal Fa	Judation - Inadvertent J / Slip - Unwitnessed J / Slip - Witnessed zardous Material Exposure / Inj ntification - Wrong Patient / Sit- ntification Band Incorrect section - Unexpected iry to Adjacent Organ truc. Not Followed by Patient t Without Being Seen ternal Labor / Delivery Injury d. Rec Unable to Locate dical Device Malfunction	Photo / Video Unauthorized Positioning / Transfer Issue preparation Inadequate	Transf. To Crit. Care - Unplanned Treat. / Test / Procedure - Delayed Treat. / Test / Procedure - Missed Treat. / Test / Procedure - Wrong Unattended Delivery Unplanned Adm. After O.P. Visit Unscheduled Procedure Vehicle Accident / Damage Vent - Incorrect Setting Pressure Ulcer Cancellation O.R.
	VARIANCE OUTCOME (Select ONLY ONE)			PRIMARY CAUSE OF VARIANCE
	Skin Rash / Mottling Abrasion / Contusion Additional Surgical Procedure Laceration Requiring Suturing Sprain / Strain Surgical - Med. unnecessary / Unrelated to dx Surgical - Wrong patient / Site / Procedure Death - Unexpected No Injury Pressure Ulcer No Injury, But C/O Pain Delay in Discharge / LOS Permanent Disfigurement Dental - Teeth / Gums Pneumothorax Fracture / Dislocation Removal of Unplanned Foreign Object from Prior Surgery Skin Rash / Mottling Skin Rash / Mottling		(Select ONLY ONE if applicable) Patient Non Compliance Communication Issue Human Factor H.R. Issue Info. Mgmt. Issue Environ. Mgmt. Issue Process Deficiency Risk of Procedure	
INITIAL INVESTIGATION (Director/Manager/Supervisor to Complete)				
	Communication Process Enhanced Computer Software Modified / Obtained Device / Equipment Isolated / Repaired Name of Med. Device: Model #: Serial #: Lot #:	Individual(s) Counseled New Policy Developed / Initiat None Noted in Medical Record Other Drugs Given Policy / Procedure Changed Staffing Practice Modified Fall Assisted	ed P.I. / R.M. Use Only	Date (MM/DD/YY) 0 0 0 0 0 0 0 1 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 5 6 6 6 6 7 7 7 7 7

Educ. Provided / Training Enhanced
Environment Modified

Forward to:

FORM #121331-R4 Revised 03/2005