

**CONFIDENTIAL**

Quality & Pt. Safety DEP.  
OCCURRENCE VARIANCE  
REPORT (OVR)  
(Not part of Medical Record)

**1. Event Time & Location /Details (filed out by reporter):**  
Date of the Even: / / Time of Incident: (AM, PM)  
Event Location:  
Reporting Department /Section:  
Responding Department /Section:  
Other Involved Departments:

**2. Patient Information (Complete only if Incident):**  
Patient's Name.....  
Medical Record:  
Date of Birth: / /  
Gender:  M /  F  
 Inpatient  Outpatient  Employee  Visitor  Other

**3. What is being reported?**  
 Incident.  Reportable Event.  
 Sentinel Event.  Near Miss.  
 Unsafe Condition:  
Any circumstance that increases the probability of a patient safety event.

**4. Factual Description of the Event (filed out by reporter):**  
  
Please tick the box if additional information attached.

**5. Report Date:**  
Date: / /  Anonymous Reporter  
Reporter's Name: .....  
Mobile Number: .....  
E-mail Address .....  
Reporter's Position Title: .....

**6. Treatment given (filed out by reporter):**

**7. Injury occurred (Yes/ No), if yes please fill information (filed by the reporter direct manager/ person in charge):**  
**Type of Injury:**  Physical  Psychological  
**Level of Harm:**  
 Insignificant  Minor  Moderate  Major  Catastrophic  
**Likelihood Category:**  
 Rare  Unlikely  Unlikely  Likely  Almost Certain  
**For Medication Error only:**  A  B  C  D  E  F  G  H  I  O

**8. To Be Completed by Person in Charge at Time of Incident:**  
▪ Other Departments/External Bodies Informed?  
 yes  no  NA  
▪ Next of Kin/Relatives Informed? \* yes \* no \* NA  
▪ Patient Informed? \* yes \* no \* NA  
▪ Has risk assessment been undertaken/reviewed following this incident (Risk Assessment Tool): \* yes \* no \* NA  
Name: ..... Professional Title  
..... Badge Number: ..... Signature: ..... Date: / /

**9. Contributing Factors (to be filled out by the reporter direct manager/ person in charge) refer to Appendix F (Chose top 3 only):**  
 Patient Factors.  
 Task and Technology Factors  
 Individual (staff) Factors  
 Team Factors  
 Work Environmental Factors  
 Organizational & Management Factors  
 Institutional Context Factors

- 10. Event Category (filed out by OVR Manager/Person responsible to manage the OVR):**
- 1. Infection Control Related Issues
  - 2. Occupational Health
  - 3. Housekeeping
  - 4. Intravenous
  - 5. Pressure Ulcer(Injury)
  - 6. Skin Lesion Integrity
  - 7. Medication
  - 8. Communication Issues
  - 9. Falls
  - 10. Radiation treatment (Ionizing radiation Non-Ionizing (US, UV, MRI, Laser, other).
  - 11. Labor and Delivery related issues
  - 12. Supply Chain issues (logistics)
  - 13. Laundry services
  - 14. Sentinel Events
  - 15. Security Related Issues
  - 16. Behavior
  - 17. Staff related Issues
  - 18. Patient Care Management
  - 19. Laboratory Related Issues
  - 20. Procedural
  - 21. Medical Equipment Issues
  - 22. Facility Maintenance
  - 23. Environment / Safety
  - 24. Accommodation related Issues
  - 25. Information Technology Related Issues
  - 26. Medical Imaging and Diagnostic Procedures
  - 27. Food Service
  - 28. Clinical Nutrition
  - 29. ID/Document/Consent

- 11. Risk Management Unit (to be filled out by OVR Manager):**
- Event Received in the Risk Unit within 24 hrs. of Discovery  Yes  No
  - Feedback Received with in Appropriate time (10 day) for Green and Yellow Risk Level  Yes  No
  - Feedback Sent to Reporting Department with two working days of receiving responding department feedback  Yes  No
  - Incident Added to the Risk Register  Yes  No
  - OVR Closed  Yes  No

**12. Incident Risk Classification & Rating (filled by the reporter direct manager/ person in charge): for review & approval by the OVR manager) Appendix D & E:**

Impact/Likelihood	Likelihood					
	1	2	3	4	5	
Impact Scores	Rare	Unlikely	Possible	Likely	Almost certain	
5	Catastrophic	5	10	15	20	25
4	Maior	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

**13. Outline Any Action Taken to Prevent Recurrence (Immediate and planned follow up to be filled by responding department)**  
.....  
.....  
Name: ..... Professional Title: .....  
Badge Number: .....  
Signature: ..... Date: / /

**14. Feedback Review by the Reporter:**  
Feedback Shared with me: (Yes/ No)  
Feedback Satisfactory (Yes/ No) if no please write your comments below:  
Reporters Name:..... Professional Title .....  
Badge Number: .....  
Signature: ..... Date: / /

**15. Feedback Review by the Reporter Direct Manager:**  
Feedback Shared with reporter: ( Yes/  No)  
Feedback Satisfactory ( Yes/  No)  
• if no please write your comments below:  
Manager Name: ..... Professional Title .....  
Badge Number: .....  
Signature: ..... Date: / /

Risk Rating Score	Risk Level	Incident Risk Level
1-3	Low risk	<input type="radio"/>
4-6	Moderate risk	<input type="radio"/>
8-12	High risk	<input type="radio"/>
15-25	Extreme risk	<input type="radio"/>

**Comments:**  
  
Name: ..... Professional Title .....  
Badge Number: ..... Signature: ..... Date: / /

**Comments:**  
  
Name: ..... Professional Title .....  
Badge Number: ..... Signature: ..... Date: / /