



**ORIGINAL**  
DEPARTMENT OF THE NAVY  
NAVAL HOSPITAL  
PINEKNY BOULEVARD  
BEAUFORT, SOUTH CAROLINA 29902-8148

IN REPLY REFER TO:

NAVHOSPBFTINST 6300.4F  
09B

13 FEB 1998

W/CH1 of 21 JUL 2000

NAVHOSP BEAUFORT INSTRUCTION 6300.4F

Subj: VARIANCE REPORTING

- Ref: (a) JCAHO CAMH  
(b) BUMEDINST 6010.21  
(c) BUMEDINST 6010.13  
(d) NAVHOSPBFTINST 6010.11  
(e) NAVHOSPBFTINST 6320.60K  
(f) NAVHOSPBFTINST 6320.17N

- Encl: (1) Criteria for Variance Reporting  
(2) Sentinel Event ~~Indicators~~ *Review Process*  
(3) Medication Errors  
(4) Medication Variance Report  
(5) Variance Report Review

1. Purpose. To publish standardized procedures for variance reporting, assessment and monitoring at the Naval Hospital, Beaufort (NHB) and the Branch Medical Clinics (BMC) in support of the Performance Improvement (PI) and Risk Management (RM) Plan programs in compliance with references (a) through (f) and enclosures (1) through (5) above.

2. Cancellation. NAVHOSPBFTINST 6300.4E

3. Background. A variance is defined as an individual episode of harm, a potential harm, a process (system) failure or a serious expression of dissatisfaction by patients, visitors, or staff. Variance Reports (VR) are an administrative mechanism designed to alert the Command through the RM Department when an event occurs that may negatively affect the Hospital's ability to provide quality care, liability exposure, or patient satisfaction. VR may result in the identification of areas for quality improvement through the close collaboration between the PI and RM programs. Although variances by their very nature may result in corrective action and supervisory counseling, VR will not be used to report behavior or performance which warrants disciplinary measures or to report interpersonal difficulties. Information on VR will be used in employee education and preventive measures.

4. Objectives

- a. Establish a standard VR system to centralize documented information.
- b. Ensure the safety of patients, visitors, and staff at this Command.

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c. Provide for an early detection system to identify problems through the analysis of data patterns leading to the reduction of potential liability claims.

d. Inform the Hospital's leadership of any personal injury or event not consistent with normal Command operations.

e. Contribute to the RM program through the identification and resolution of risk factors.

f. Reinforce channels of communication and accountability.

5. Procedures. All staff members will become familiar with and adhere to the guidelines of this instruction. A blank Variance Report Review (VRR) format may be reproduced as needed. The original VR will NOT BE PHOTOCOPIED once completed. Original copies will receive specific routing instructions and control disposition from the PI/RM Department.

a. List of reportable variances, not all inclusive, to be used when reporting variance in all patient care areas as well as Command staff injuries (Enclosure (1)). List of sentinel events (Enclosure (2)). Criteria for reporting medication errors (Enclosure (3)). Variance Report Review (VRR) Form (Enclosure (5)). The VRR will be initiated and forwarded to the PI/RM Department within **24 hours** of the event. Immediate telephone notification to the PI/RM Department is required in the event variance is of a serious nature. A separate VR will be used to report medication errors (Enclosure (4)). If the variance involves a patient, the patient does not initiate the VR. The VRR is NOT to be filed in a patient's health record nor a notation made that the VR was filled out. The variance should be fully documented in the patient's record. The VRR will NOT be attached to committee minutes.

b. Once the VRR is received by the PI/RM Department, it will be logged into the computer database. Once it is reviewed by the Risk Manager and the Physician Advisor for Performance Improvement (PAPI), it will be routed to the Department Head/Division Officer, and the Director for comments and action. Once completed, the VRR will undergo a final review in the PI/RM Department and all events tracked/trended via the computer database. If indicated, a copy will be forwarded by the Risk Manager to the appropriate areas for a Quality of Care Review (QCR).

c. The PI/RM Department will be responsible for analyzing the VR data for trends and patterns and will report these findings, on a quarterly basis, to the Performance Improvement Board (PIB), Executive Committee of the Professional Staff (ECOPS), and the Executive Steering Council (ESC).

d. If professional medical follow-up is indicated and the variance involves a staff member, this information will be forwarded to Occupational Medicine Department (OMD) for tracking and action.

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## 6. Responsibilities

a. Variance Report Review (VRR). A VRR will be completed by the individual(s) who observes, becomes aware of, or participates in any unusual or unexpected event which results or could result in injury to patients, visitors, or staff. Enclosure (1) lists those variances which are reportable. Prepare an original VRR giving (actual), specific, and complete chronological information and **hand carry** it to the PI/RM Department.

b. Department Heads, Division Officers and Directors. All VR will be discussed in the monthly department/service/team meeting and, if a significant event, in the Director's meeting, and will be documented in the meeting's minutes for performance improvement purposes. The PI/RM Department will forward a summary of each department's VR, on a quarterly basis, to the Directors. Analysis and trending of department, service, team specific variances must be conducted by the responsible department, service, team head and reported in writing to the PI/RM Department quarterly. In the event a significant trend is identified, a team should be formed to review the problem, identify the root cause, and recommend a solution.

c. Division Officer will be notified of completed VR by the PI/RM Department. Division Officer will be responsible for initiating feedback to individual involved, report of counseling, training, and corrective action will be forwarded to the PI/RM Department and filed with variance report.

d. A determination will be made to the VR category defined as follows:

(1) Exceptions. Events designated by the ECOPS as "nonvalid" (e.g., readmission for a preplanned multistage operative procedure). These events receive no further routing or review and are filed for statistical purposes only.

(2) Non-category (practice-related) event. Events that are causally related to factors intrinsic to the patient (e.g., underlying disease, biologic/anatomic variation, hypersensitivity reaction without allergic history), institutional support (e.g., delay in turnaround time for laboratory radiology studies, or to care provided outside the NHB).

(3) Category A. A predictable variation within the standards of care (minimal potential for significant adverse effect(s) on the patient). Events in this category are anticipated and/or infrequent, well-known, widely reported in the literature, and relatively frequent. "Within the standards of care" means that the care was provided in accordance with contemporary standards of the specialty and/or department staff.

(4) Category B. A marginal deviation from the standard of care. "Marginal" events in this category reflect care that is potential for significant adverse effect(s) on the patient.

(5) Category C. A significant deviation from the standard of care. These "sentinel" events represent significant adverse effect(s) on the patient. Note: "Significant adverse effects"

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are those that lead to unnecessarily and significantly prolonged treatment, serious medical complication, avoidable readmission, serious physiological or anatomical impairment, significant disability and/or avoidable death.

e. **Sentinel Event.** A **Sentinel event is any unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.** Serious injuries specifically include a loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. **NHB recognizes the following subsets as criteria for meeting the sentinel event definition:**

(1) **The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.**

*Note: "Major permanent loss of function" means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life-style change. When "major permanent loss of function" cannot be immediately determined, applicability of the policy is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.*

(2) **Suicide of a patient in a setting where the patient receives around-the-clock care (for example, hospital, residential treatment center, and crisis stabilization center).**

(3) **Infant abduction or discharge to the wrong family.**

(4) **Rape.** *Note: An allegation of rape is not reviewable under this policy.*

(5) **Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities.**

(6) **Surgery on the wrong patient or wrong body part.**

(a) Any staff member may identify a sentinel event. A VR should be initiated immediately upon identification of a sentinel event. The VR should then be promptly forwarded to the PI/RM Department. The PI/RM Administrator will be responsible for notifying the Executive Officer (XO) whenever a sentinel event is identified. The PI/RM Administrator will coordinate having a preliminary review conducted and completed within 48 hours if one has not previously been done. The VR will then be coordinated with the PAPI and the Senior Nurse Executive via the PI/RM Administrator for final determination of a sentinel event classification. The PAPI or Senior Nurse Executive will make final classification of a variance as a sentinel event. Each has equal authority in making this determination. Consensus among them is not required.

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(b) Once a variance has received final classification as a sentinel event the PI/RM Administrator will coordinate the Sentinel Event Intervention (SEI) Team. The SEI Team composites the PI/RM Administrator, the PAPI, the XO, and the effected Directorate. The SEI Team is responsible for identifying appropriate members to composite the Root Cause Analysis (RCA) Team. The SEI Team will also establish a charter for the RCA team. When a variance is classified a sentinel event the Bureau of Medicine and Surgery (BUMED) will be notified promptly. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will be notified within 5 days of NHB classification of a Sentinel Event.

(c) The RCA team will be responsible for conducting a root cause analysis. The RCA Team will also composite an action plan based on findings from the root cause analysis. The RCA teamleader or the PI/RM Administrator will make weekly reports of the team's progress to the Commanding Officer (CO), XO, and designated Directorate. A root cause analysis and action plan will be completed and ready to report to the JCAHO within 45 days. These reports will be submitted to the CO for approval. Upon approval by the CO these reports will initially be forwarded to BUMED for review then JCAHO. The root cause analysis will also be submitted to ECOPS for review and discussion.

(d) Enclosure (2) depicts a flowchart of the sentinel event review process. This sentinel event policy supports DOD 6025.13.

7. Many times, events do not fit neatly or exactly into any single category. Event categorization is the result of peer evaluation. Sorting of events into categories will be the combined result of initial review by a peer (department head) and subsequent discussion at department meetings. Results of such discussions are to be documented in department morbidity and mortality meetings. Each event is attributed to accountable individuals. It is important to stress that a single occurrence does not make a trend. A single occurrence may be attributed to several members of the same department or different departments.

8. The PI/RM Department will identify, on a routing sheet, the necessary reviewers to comment on the variance. The reviewers will provide written comments within **24 hours** upon receipt of the VR. Comments need not be limited to the space provided on the VRR form. Attach additional sheet(s) if necessary. Each reviewer will then **HAND DELIVER** the VRR to the next reviewer and also advise the PI/RM Department via CHCS of their completed input, i.e. completed VRR number and date, and forwarded to next reviewer as identified on the routing sheet. This process provides for an efficient tracking of the VRR and ensures a timely review of the event.

9. Upon completion of the VRR, the final reviewer will return it to the PI Department.

10. Trend Analysis

a. The PI/RM Coordinator will track events and trend on a monthly basis to help identify areas in need of corrective action and/or continuous improvement.

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b. The Risk Manager will conduct QCR and findings will be addressed at the ECOPS meeting to ensure "lessons learned" are disseminated back to the clinic/department. ECOPS reviews all Category B and Category C prior to final categorization.

c. Incidents determined by the Risk Manager to involve potential claims will be coordinated with the NHB Legal Advisor, and patient care review will be conducted.

d. Incidents involving needle stick injuries, body fluids (excretions, secretions, urine, etc.) will be coordinated through the OMD.

e. Incidents involving medication errors will be coordinated through the Pharmacy. (Use separate **Medication Variance Report** format (Enclosure (4))).

f. Incidents involving safety hazards will be reported to the Safety Department.

11. Safety Officer. Will conduct inspections or investigations in a timely manner and submit reports to the safety committee and PI/RM Department as directed.

12. Occupational Medicine Department (OMD). Will track all variance reports that involve staff members who require further medical care and follow-up.

13. Physician Advisor for Performance Improvement (PAPI). Will assist the PI/RM Administrator in review of the VR as required.

14. The Risk Manager. Works closely with the staff providing education and training on identification of potential practice variances inconsistent with standards of care guidelines. Tracks and trends all variances in order to identify problem areas resulting in potentially compensable events, and provides guidance for performance improvements based on data and research analysis. Also works with the Patient Contact Representative (PCR) in the review, analysis and trending of complaints in order to provide early identification of patient concerns involving issues on standard of care. The Risk Manager will:

a. log in all VR in the computer database, perform an initial review, and then forward the VR for completion to the appropriate personnel.

b. review the completed reports for risk management issues and track and trend events via the RM database.

c. investigate and monitor follow-up of minor and major variance and sentinel events and recommend action on opportunities to improve care. As needed, assist Department Heads in the investigation of quality of care issues.

d. communicate information to all levels of staff as required.

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15. Surveillance and Corrective Action. The PI Department will prepare a quarterly report and forward to the PIB and the ESC for review, analysis, tending, and to determine if proper resolutions were achieved, if actions were taken to preclude recurrence, and if opportunities to improve care were identified and acted upon.

16. Confidentiality of Information. The VRR is considered a PI document, and is protected by 10 U.S.C. 1102.

a. All VRR and documentation and must contain the following caveat on all pages.

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b. An employee or staff member should never make admission of liability or offer any advice to the patient or any other individual. Likewise, accusations or allegations are inappropriate.

17. Documentation. The VR will be retained for two years or until it has served its purpose, whichever is longer per reference (b).

18. Reappraisal. Reappraisal of this plan will coincide with the reappraisal requirements of the NHB PI Plan.

  
G. W. ZUCKERMAN

Distribution:

"A"

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CRITERIA FOR VARIANCE REPORTING

1. Death
2. Cardiac or Respiratory Arrest
3. Adverse Drug, Immunization or Transfusion Reaction
4. Injury to Patient During Treatment
5. Operative Complication(s)
6. Unplanned Return to Operating Room  
Exceptions: None
7. Other Sentinel Events (Loss of Limb or Function, Surgery on Wrong Patient, Infant Abduction, Discharged to Wrong Family, Rape, Etc.)
8. Against Medical Advice (Discharge, Refusal of Treatment, Refusal of Medication)
9. Elevation of Care and/or Transfer to Another Hospital
  - a. Management problem
  - b. Complication necessitating transfer
  - c. Utilization problemExceptions: None
10. Equipment Failure  
Exceptions: None
11. Hospital Incurred Variances (Property Damage, Canceled Procedures, Nursing or Support Variance)  
Exceptions: None
12. Medication Error (Use Separate Medication Variance Report)
13. Nosocomial and/or Wound Infection  
Infection after inpatient or outpatient care (elective or traumatic).  
Exceptions: Infection acquired outside this facility and not involving any member of this hospital/clinic staff.
14. Patient Complaint
15. Patient Restrained  
All inpatient and outpatient uses of restraint; one form per patient, per type of restraint.  
Exceptions: None
16. Post-procedural, Post-operative or Postpartum Complication(s)  
Exceptions: None
17. Readmission Within 30 Days
  - a. Preexisting complication with deterioration
  - b. New complication
18. Safety ( Needle Sticks, Falls)
19. Unexpected Admission Within 72 Hours of EMAC/Clinic Treatment)
  - a. Emergency department/Acute Care Clinic
  - b. Ambulatory surgery/procedure
  - c. Blue Teams I and II, and all clinics

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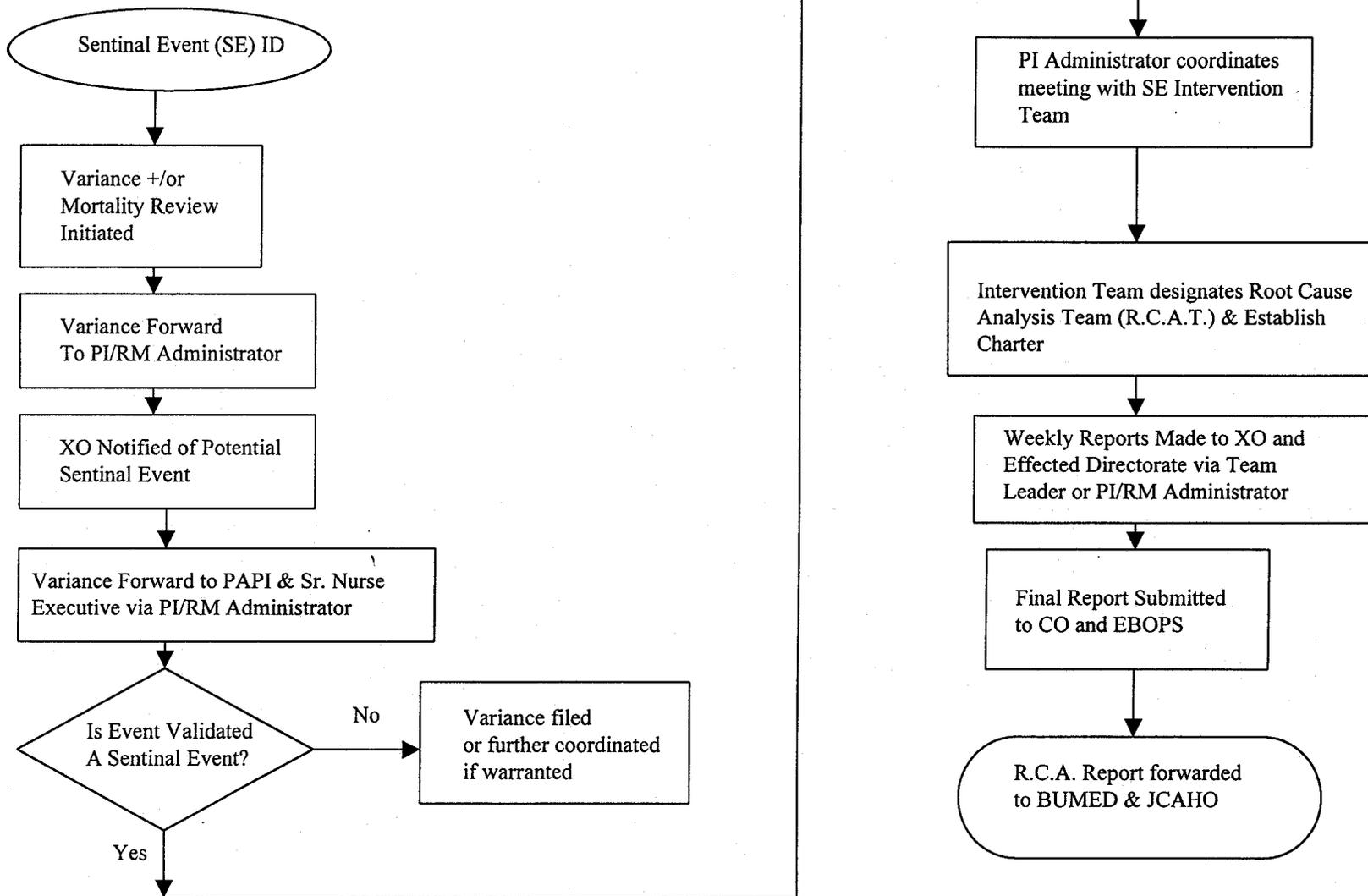
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Exceptions: Expected admissions for chronic conditions managed in the outpatient setting such as diabetes, chronic severe organ failure disease, multiple metastases of cancer not amenable to definitive treatment.

20. Other Variances

Enclosure (1)

## Sentinal Event Review Process



Enclosure (2)

MEDICATION ERRORS

**(USE ATTACHED MEDICATION VARIANCE REPORT FORM)**

Level A: An error was noted but patient did not receive any medication.

Level A: No patient harm. No increase in patient monitoring required.

Level A: Increase in patient monitoring required, but no change in vital signs.

Level B: Increase in patient monitoring with a change in vital signs but no patient harm.

Level B: Error resulted in additional medications, procedures, transfer to a more intensive level of care or added length of stay but no permanent harm.

Level C: Error resulted in permanent patient harm (disability).

Level C: Error resulted in patient death.

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# NAVAL HOSPITAL, BEAUFORT MEDICATION VARIANCE REPORT

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**SECTION I** Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Name of provider notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Patient location (unit or dept) at time of variance: \_\_\_\_\_
3. Is patient aware of variance? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
4. When did variance occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_
5. Variance discovered \_\_\_\_\_ Within same shift \_\_\_\_\_ Within 24 hrs \_\_\_\_\_ Greater than 24 hrs
6. Variance Category:
 

_____ Omission	_____ Wrong dose/rate	_____ Wrong route	_____ Order Delay
_____ Wrong blood/blood product	_____ Extra dose/discontinued drug	_____ Wrong time	_____ Other
_____ Wrong drug/solution	_____ Wrong patient	_____ Allergic to drug	

7. Name of Drug	9. Route (Circle one)	10. Dosage Schedule (Circle one)			11. # Doses Involved
	IVP IVPB IV-Continuous PCA PO IM/SC Other	Scheduled One-time	Stat	PRN	
	IVP IVPB IV-Continuous PCA PO IM/SC Other	Scheduled One-time	Stat	PRN	

12. Personnel Involved (Check all that apply)
 

_____ RN	_____ MD
_____ LPN	_____ Pharmacy
_____ Lab	_____ Other (Specify)
13. Comments: \_\_\_\_\_

**SECTION II** Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

14. ASSESS PATIENT OUTCOME
 

_____ Level A	_____ No apparent cost	_____ Increased length of stay
_____ Level B	_____ Pharmacy	
_____ Level C	_____ Lab or other testing	
15. ASSESS ADDITIONAL COST INCURRED (Check all that apply)

16. Reason for Variance (Check all that apply. If more than one reason, place two checks at primary)

A. Processing/verification	B. MAR	C. IV Pump	D. Pharmacy	E. Lab
<input type="checkbox"/> New order overlooked	<input type="checkbox"/> Med given, but not charted	<input type="checkbox"/> Tubing clamped	<input type="checkbox"/> Order entry error	<input type="checkbox"/> Reporting error
<input type="checkbox"/> Order transcribed incorrectly	<input type="checkbox"/> Med charted, but not given	<input type="checkbox"/> Incorrect rate setting	<input type="checkbox"/> Wrong strength sent	<input type="checkbox"/> resulted in inappropriate physician order
<input type="checkbox"/> Order misread/ misunderstood	<input type="checkbox"/> Incorrectly charted	<input type="checkbox"/> IV pump malfunction	<input type="checkbox"/> Wrong med sent	
<input type="checkbox"/> Forgot to give med	<input type="checkbox"/> Incorrect 11-7 MAR verification	<input type="checkbox"/> IV pump turned off	<input type="checkbox"/> Drug mislabeled	
<input type="checkbox"/> Incorrect dose/rate calculation	<input type="checkbox"/> Held med given	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Med not available	
<input type="checkbox"/> Left at bedside	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Label misread/misunderstood				
<input type="checkbox"/> Didn't follow 5 rights				
<input type="checkbox"/> Other (specify)				

17. Order as written in Provider orders (If way order was written contributed to variance) \_\_\_\_\_
18. Comments \_\_\_\_\_

**SECTION III** Action (Check all that apply)

A. Nursing	B. Pharmacy	C. Other Dept (Specify)	D. Risk Management
Education	Education	Education	Peer Review
Other (specify)	Other (specify)	Other (specify)	Quality Care Review
Supervisor _____ Date _____	Supervisor _____ Date _____	Supervisor _____ Date _____	Claims Notified Yes No

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**VARIANCE REPORT REVIEW**

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(COMPLETE INFORMATION)

PATIENT NAME \_\_\_\_\_

STATUS/SSAN \_\_\_\_\_

REGISTER #/UNIT \_\_\_\_\_

\_\_\_\_\_ INPATIENT      \_\_\_\_\_ AMBULATORY (CHECK ONE)      (ADDRESSOGRAPH)

**A. SENTINAL EVENT INDICATORS**

- \_\_\_\_\_ 1. Death
- \_\_\_\_\_ 2. Cardiac or Respiratory Arrest
- \_\_\_\_\_ 3. Adverse Drug, Immunization or Transfusion Reaction
- \_\_\_\_\_ 4. Injury to Patient During Treatment
- \_\_\_\_\_ 5. Operative Complication(s)
- \_\_\_\_\_ 6. Unplanned Return to Operating Room
- \_\_\_\_\_ 7. Other Sentinel Events (Loss of Limb or Function, Surgery on Wrong Patient, Infant Abduction, Discharged to Wrong Family, Rape, Etc.)

**B. AGGREGATE DATA**

- \_\_\_\_\_ 8. Against Medical Advice (Discharge, Refusal of Treatment, Refusal of Medication)
- \_\_\_\_\_ 9. Elevation of Care and/or Transfer to Another Hospital
- \_\_\_\_\_ 10. Equipment Failure
- \_\_\_\_\_ 11. Hospital Incurred Variances (Property Damage, Canceled Procedures, Nursing or Support Variance)
- \_\_\_\_\_ 12. Medication Error (Use Separate Medication Variance Report)
- \_\_\_\_\_ 13. Nosocomial and/or Wound Infection
- \_\_\_\_\_ 14. Patient Complaint
- \_\_\_\_\_ 15. Patient Restrained
- \_\_\_\_\_ 16. Post-procedural, Post-operative or Postpartum Complication(s)
- \_\_\_\_\_ 17. Readmission Within 30 Days
- \_\_\_\_\_ 18. Safety (Needle Sticks, Falls)
- \_\_\_\_\_ 19. Unexpected Admission Within 72 Hours of EMAC/Clinic Treatment)
- \_\_\_\_\_ 20. Other Variances

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**SECTION I - EVENT DESCRIPTION**  
(STAFF MEMBER NOTING EVENT)

EVENT DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION OF EVENT \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

INVOLVED STAFF MEMBER(S) \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

DESCRIBE EVENT (USE SEPARATE SHEET IF NECESSARY - IF MEDICATION ERROR USE SEPARATE MEDICATION VARIANCE REPORT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON PREPARING REPORT \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (WORK PHONE/BEEPER) (DATE)

**TO BE COMPLETED AND ROUTED TO PI/RM DEPARTMENT WITHIN 24 HOURS OF EVENT**

**SECTION II - INITIAL PI/RM - UM REVIEW**

**PRELIMINARY NOTIFICATION**

- \_\_\_\_\_ PAPI
- \_\_\_\_\_ INFECTION CONTROL
- \_\_\_\_\_ SAFETY
- \_\_\_\_\_ FILE
- \_\_\_\_\_ FORWARD FOR REVIEW AND COMMENTS

SIGNATURE AND DATE \_\_\_\_\_

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**SECTION III - INVOLVED STAFF MEMBER(S) AND DIVISION HEAD REVIEWS**  
(USE SEPARATE SHEET)

INVOLVED STAFF MEMBERS(S) \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

DIVISION HEAD \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

**SECTION IV - DEPARTMENT HEAD**

\_\_\_\_\_ AGREE  
\_\_\_\_\_ DISAGREE (USE SEPARATE SHEET FOR COMMENT)

DEPARTMENT HEAD \_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

**SECTION V - PAPI REVIEW AND COMMENTS**

\_\_\_\_\_ AGREE  
\_\_\_\_\_ DISAGREE (USE SEPARATE SHEET FOR COMMENT)

SIGNATURE AND DATE \_\_\_\_\_

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**SECTION VII - PI/RM REVIEW/CLOSURE**

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CATEGORY OF EVENT:      A              B              C

EVENT ASSIGNED TO \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**SECTION VIII - DEPARTMENT HEAD RECOMMENDATIONS**

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RECOMMENDATIONS:

SIGNATURE AND DATE \_\_\_\_\_

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**SECTION IV - ACTION FOR VARIANCE CLOSURE**

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ACTION:

SIGNATURE AND DATE \_\_\_\_\_

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Enclosure (5)

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**VARIANCE REPORT REVIEW**

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ROUTING OF VARIANCE

FROM: PERFORMANCE IMPROVEMENT/RISK MANAGEMENT DEPARTMENT

TO: \_\_\_\_\_

\_\_\_\_ INITIAL PI/RM-UM REVIEW

- \_\_\_\_ PAPI
- \_\_\_\_ INFECTION CONTROL
- \_\_\_\_ SAFETY

\_\_\_\_ INVOLVED STAFF MEMBER(S)

- \_\_\_\_ INVOLVED STAFF MEMBER \_\_\_\_\_

\_\_\_\_ DIVISION HEAD \_\_\_\_\_

\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_

\_\_\_\_ PAPI REVIEW

\_\_\_\_ PI/RM REVIEW/CLOSURE

\_\_\_\_ DEPARTMENT HEAD RECOMMENDATIONS \_\_\_\_\_

\_\_\_\_ ACTION FOR VARIANCE CLOSURE

\_\_\_\_ RETURN TO PI/RM DEPARTMENT

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NHBFT 6300/2  
(2/98)

NAVAL HOSPITAL, BEAUFORT  
**VARIANCE REPORT REVIEW - SEPARATE SHEET**

(CONFIDENTIAL - NOT PART OF MEDICAL RECORD)  
DO NOT COPY

FROM: PHYSICIAN ADVISOR FOR PROCESS IMPROVEMENT (PAPI)

TO: \_\_\_\_\_

SUBJECT: VARIANCE REPORT REVIEW - SECTION III

1. The attached Variance Report Review is forwarded to you for your review.
2. Please place your comment below and attach to original Variance Report Review and return within 24 hours of receipt.

NAME OF REVIEWER \_\_\_\_\_  
(PRINT NAME)

DATE OF REVIEW \_\_\_\_\_

PROVIDER TYPE (PHYSICIAN, NURSE, MSC) \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

REGISTER # \_\_\_\_\_

DATE OF VARIANCE \_\_\_\_\_

REMARKS \_\_\_\_\_

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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