# OCCURRENCE/ VARIANCE REPORT

**Incident Time:**

**Incident Date:**

**Incident Location/Dept.:**

**Person Involved:**
- [ ] Patient
- [ ] Staff
- [ ] Visitor/Watcher
- [ ] Others

**Name of Person Involved:**

**SENTINEL EVENT:**
- [ ] YES
- [ ] NO

**Classification of Occurrence/ Variance:**

(Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Clinical Practice/Procedure</th>
<th>Medication</th>
<th>Family/Visitor/Watcher</th>
<th>Staff/Employee</th>
<th>Equipment/Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing Files</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Medical records unavailable</td>
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<tr>
<td>Policy not available</td>
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<tr>
<td>Confidentiality</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Procedure/s not followed</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others (specify)</td>
<td>-</td>
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</table>

**Description of Occurrence/ Variance:**

(Kindly send this OVR to QMD and from there, it will be sent to the concerned Department)

**Concerned Department Action/ Recommendation**

**Problem/s Identified:**

**Cause/s:**

**How could this incident be prevented:**

**Head of the Dept. (Name):**

**Department:**

**Signature/ Date:**

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Thank you for reporting! The Quality Management Dept. appreciates your time in completing this report. Kindly send this back to us upon completion.
**Quality Management Department (QMD) Feedback**

<table>
<thead>
<tr>
<th>Received By:</th>
<th>Position:</th>
<th>Date Received:</th>
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<tbody>
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</table>

**Feedback:**

- NO BLAME POLICY IS IN EFFECT HERE IN KING KHALID AND KING ABDUL AZIZ UNIVERSITY HOSPITAL. Completing this form does not constitute an admission of liability on any kind, on any person.
- Immediately accomplish the OVR Form. Send the ORIGINAL COPY to your immediate supervisor/ manager, while the YELLOW COPY to Quality Management Department office. Record only known facts. If multiple individuals involve; complete a separate form for each individual.
- Any equipment involved in the incident should be retained in safe keeping for examination.
- A Quarterly report of all OVR will be sent to Quality Council.
- For Confidentiality reason. NO OTHER COPIES WILL BE PRODUCE EXCEPT THIS.

**Occurrence/ Variance Reporting Flowchart**

1. **Occurrence/ Variance Occurred**
   - Is it Sentinel Event?
     - Yes: Report to Unit Manager/ Immediate Supervisor then to Quality Management Director/ Risk Manager and/ or Patient Safety Officer immediately via telephone. (The Sentinel Event will be addressed separately.)
     - No: The Reporter will complete the Occurrence/ Variance Report (OVR) Within 24 hours.

2. **YELLOW copy will be send to Quality Management Office.**
   - The Quality Management Dept. (QMD) will analyze and send the OVR to concerned Dept.
   - The concerned Department Head will take action and recommendation according the OVR.
   - The OVR will be filled by concerned Dept. and will be sent back to QMD.
   - The QMD will review for proper action/ recommendation.

3. **The QMD will send feedback to reporter within 72 hours and will be logged for trending.**
   - Yes: The OVR will be sent back by concerned Dept.
   - No: The OVR will be sent back by concerned Dept.