# O V R

| CONFIDENTIAL | Reference No.: (For QMD use only) | |
|---|---|---|
| Patient ID | File No.: | |
| | Sex/ Age | |
| Our staff | Name : | |

## OCCURRENCE/ VARIANCE REPORT

| **Incident Time:** | **Incident Date:** | **Incident Location/Dept.:** |
|---|---|---|
| **Person Involved:** ❑**Patient** ❑**Visitor/ Watcher** ❑**Staff** ❑**Others** | | |
| **Name of Person Involved:** | | |

**Classification of Occurrence/ Variance:** (*Please tick the appropriate box*)

| **Clinical Practice/ Procedure** | **Medication** | **Family/ Visitor/ Watcher** | **Staff/ Employee** | **Equipment/ Supplies** |
|---|---|---|---|---|
| ❑ Documentation<br>❑ Missing Files<br>❑ Medical records unavailable<br>❑ Policy not available<br>❑ Confidentiality<br>❑ Procedure/s not followed<br>❑ Others *(specify)*<br>------------------------------ | **Wrong:**<br>❑ Drug ❑ Time ❑ Route<br>❑ Dose ❑ Patient<br>❑ I.V. not given<br>❑ I.V. infiltration<br>❑ Allergic Reaction<br>❑ Others *(specify)*<br>------------------------------ | ❑ Dissatisfaction<br>❑ Hematoma<br>❑ Needlestick/ prick<br>❑ Food Hygiene<br>❑ Fall<br>❑ Hosp. Acquired Infection<br>❑ Others *(specify)*<br>------------------------------ | ❑ Infection Control Issues<br>❑ Infectious Subs. e.g. blood<br>❑ Needlestick/ prick<br>❑ Vehicular Accidents<br>❑ Fall<br>❑ Policies/ Procedures<br>❑ Others *(specify)*<br>------------------------------ | ❑ Improper Handling<br>❑ Not available<br>❑ Missing/damaged<br>❑ Failure/malfunction<br>❑ Wrong Equipment<br>❑ Improper Storage<br>❑ Others *(specify)*<br>------------------------------ |
| | **Fire/ Security** | **Behavioral** | **Patient Care** | |
| | ❑ Fire/ Smoke Incident<br>❑ Property Missing<br>❑ Unauthorized Entry<br>❑ False Alarm<br>❑ Others *(specify)*<br>------------------------------ | ❑ Assault<br>❑ Verbal Aggression<br>❑ Violent Behavior<br>❑ Sexual harassment<br>❑ Others *(specify)*<br>------------------------------ | ❑ Assessment<br>❑ Care Plan<br>❑ Procedure<br>❑ Investigation<br>❑ Others *(specify)*<br>------------------------------ | |

***Description of Occurrence/ Variance:***

| **Reported By:** | **Department/Position:** | **Email/ Contact No.:** | **Signature/Date:** |
|---|---|---|---|

***Witness Account:***

| **Witness Name:** | **Department/Position:** | **Email/ Contact No.:** | **Signature/Date:** |
|---|---|---|---|

***Immediate Supervisor/ Manager's Action:***

| **Supervisor's Name:** | **Department/Position:** | **Email/ Contact No.:** | **Signature/Date:** |
|---|---|---|---|

*(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: |

## Quality Management Department (QMD) Feedback

| Received By: | Position: | Date Received: |
|---|---|---|
| Feedback: | | |
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| | | |
| | | Signature/ Date: |

## Admiration directions

| Received By: | Position: | Date Received: |
|---|---|---|
| Feedback: | | |
| | | |
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| | | |
| | | Signature: |
| TQD Review | | Signature |