Section 4.8 Implement

Patient Care Coordination Variance Reporting

This tool provides an overview of patient care coordination (CC) variances, suggestions for documenting and reporting on variances, and policies and procedures for variance reporting.

Time needed: 15 hours to review tool; set up documentation form, tracking mechanism, and reporting structure; establish policy and procedures for use; and introduce CC variance

Suggested other tools: Patient Care Coordination Variance Reporting Log Template; Patient Care Coordination Variance Reports Template; Workflow and Process Analysis/ Redesign/ Optimization for CCC tool suite

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How to Use

1. **Distinguish** between a patient care coordination variance report, an (administrative) issues management program, and a risk management program.
2. **Review** the types of patient care coordination variances that may occur or be identified through a community-based care coordination (CCC) program.
3. **Review** the suggestions for documenting, tracking, analysis, and reporting on variances. Make modifications to suit the needs of the CCC program.
4. **Draft** policy and procedures for using the Patient Care Coordination Variance Reporting tool.
5. **Introduce** the policy and procedures for Patient Care Coordination Variance Reporting to the CCC steering committee, physician champion and others as applicable to obtain feedback and make adjustments. Distribute the tool and policy/procedures for use to those who may be documenting variances, aiding in addressing variances, and receiving variance reports.

Overview of Patient Care Coordination Variance Reporting

A **patient care coordination (CC) variance** is a deviation from a standard of practice or a specific care plan. Tracking patient care coordination variances can help a care coordinator (CC) identify patterns that may lead to improvements. A variance might be considered similar to a health care *incident*, or even a *sentinel event* depending on its severity. *Variance* is the more commonly used term when associated with care coordination, case management, utilization review or other processes that are proximate to but not direct patient care.

A patient CC variance may be related to an *action* or *outcome*. A variance in an *action* can include:

- Something **performed** that was not intended to be performed (e.g., patient was required to have a repeat diagnostic test because the results of the first were not provided to the intended recipient)
- Something **performed at the wrong time** (e.g., a patient transportation company came a day earlier than requested)
- Something that was **not performed** that should have been performed (e.g., Meals-on-Wheels did not supply food for an entire day)

A variance in an *outcome* is a result of an action that is different than expected. An outcome may or may not be directly related to a variance in action. An outcome can be positive or negative, although usually it is the negative, or adverse, outcome that rises to the level of a trackable outcome variance.

Administrative issues that might be logged, investigated, resolved, and reported upon for quality improvement are similar to patient care variances, but are associated with ***program administration*** and are not specific to a patient's care coordination needs or direct patient care. For example, a CC may consistently not have time to document care coordination activities, or may have lost a mobile computer device. Most health care organizations have an **issues management** program in which to make such reports and have them addressed. A variance reporting system for the CCC program may be patterned after an issues management system.

Risk management also has characteristics that are similar to variance reporting and issues management but are focused on reducing the likelihood of economic, reputational, or litigious harm, often as a result of patient care incidents and sentinel events. Variances in care coordination or administrative issues associated with the CCC program may occasionally rise to such a level that they should be reported to a risk manager. Any time a variance could result in material harm to an organization it is appropriate for the CC to consult with the risk manager. A risk manager may also work with the CC as the CCC program is initiated to ensure that appropriate controls are in place and variance reporting and issues logging take place as applicable.

Types of Patient Care Coordination Variances

Patient care coordination variances may include five general types[1] and within each general type there may be a variety of specific types. Review the checklist below; it provides a number of examples in each specific type. Add, modify, combine, or delete specific types of variances as applicable to the nature of the CCC program. Within each general type there are both action and outcome variances.

Although the specific types of variations are listed in the general sequence as they may be encountered from the start of recruiting a patient into a CCC program, many of the types that apply in the early stages of the program may apply throughout a patient's participation in the CCC program. For example, the fact that a patient is a poor historian may be recognized during the recruitment visit and this is repeatedly confirmed throughout provision of CCC services. Consideration might be given as to whether "poor historian" should be further qualified in an attempt to determine root cause, or whether it is documented the first time it is observed and not thereafter except in an unusual circumstance. There is value to maintaining consistency in documenting variances as frequency of occurrence can highlight the need for further investigation and quality improvement initiatives. Decisions about how variance logging should be performed should be described in policy and procedures so consistency can be maintained.

Once satisfied with the types of variances on the checklist, the checklist becomes a ***Variance Log***. Use it to log actual variances. Over time, refine the variation types where it may be appropriate to combine, split, delete, or add to the types. This checklist is set up to log variances on a quarterly basis by simply recording a hash mark for each variance. A database may also be established to log a patient identifier instead of a hash mark for ease of reference. (See *Patient Care Coordination Variance Reporting Log Template* for a fillable form.)

Variance Log / Checklist

VARIANCE LOG				
Variance # and Type of Patient Care Coordination Variances	**Q1**	**Q2**	**Q3**	**Q4**
A. Patient-related				
1. Declines data sharing				
2. Does not keep appointments				
3. Is a poor historian				
4. Is not comprehending the CCC program				
5. Language barrier				
6. Withholds pertinent information				
7. Forgetful (e.g., forgets glasses, keys, wallet)				
8. Refuses provider appointments				
9. Health literacy poor				
10. Computer literacy poor				
11. Unable to take medications as instructed				
12. Refuses to take medications as instructed				
13. Refuses community services (e.g., transportation, support groups, medication reminder aids, ADL help)				
14. Refuses to maintain a health diary or PHR				
15. Abusive, threatening or other behavioral issues				
16. Medical complication occurs (e.g., pressure ulcers, wound infection)				
17. Adverse reaction to medication				
18. Medical event occurs (e.g., condition worsens, new condition occurs)				
19. Other (specify):				
B. Family/caregiver-related				
1. Language barrier				
2. Health literacy poor				
3. Computer literacy poor				
4. Unable to provide care				
5. Refuses communications				
6. Desires second opinion				

VARIANCE LOG				
Variance # and Type of Patient Care Coordination Variances	**Q1**	**Q2**	**Q3**	**Q4**
7. Not accessible				
8. Cannot afford medication or necessary medical equipment				
9. Abusive, threatening or other behavioral issues				
10. Other (specify):				
C. Institution- or CCC program–related				
1. Capacity issues; lack of timely appointments; no open access				
2. Data sharing issues; lack of technology, HIPAA concerns				
3. Long wait times				
4. Lost records, requisitions for tests or reports				
5. Appointment cancellations; frequent re-bookings				
6. Experience of care unsatisfactory to patient				
7. Poor contact with care coordinator				
8. Lack of specialty provider in community				
9. Prolonged turnaround time for referrals/consults				
10. Prolonged turnaround time for diagnostic tests				
11. Shortage of supplies				
12. No hospice services available				
13. No home health services available				
14. No nursing home beds available				
15. Pharmacist not available 24x7				
16. Therapists not available on weekends				
17. Other (specify):				
E. Practitioner-related				
1. Delay in communicating care plan				
2. Miscommunication with care coordinator				
3. Miscommunication with interdisciplinary team				
8. Practitioner not communicating with patient				
9. Practitioner not communicating with family				
10. Medication error				
11. Non-compliance with formulary				
12. Refusal to use patient agenda, health diary, or PHR				
13. Patient teaching not done/incomplete				
14. Delay in scheduling diagnostic tests				
15. Wrong diagnostic tests ordered				
16. Lack of follow up with patient or family				
17. Delay in processing forms				
18. Delay in arranging for referrals				
19. Failure to inform patient or family/caregiver of critical health-related information				
20. Failure to inform patient or family/caregiver of financial obligations				
21. Other (specify):				
E. Community resources-related				
1. No <insert type > service available				
2. Frequent lack of capacity for <insert type > service				
3. Services are late				
4. Experience with service unsatisfactory to patient				

VARIANCE LOG				
Variance # and Type of Patient Care Coordination Variances	**Q1**	**Q2**	**Q3**	**Q4**
5. Services are not affordable/no financial assistance available				
6. Incorrect service is provided				
7. Abusive, threatening or other behavioral issues from staff				
8. Other (specify):				

Documentation, Tracking, Analysis, and Reporting on Variances

The following workflow (see diagram on next page) depicts the steps and decision-making involved in documenting, tracking, analyzing, and reporting on patient care coordination variances:

1. **Record the variance** on the Variance Log immediately when a variance occurs.

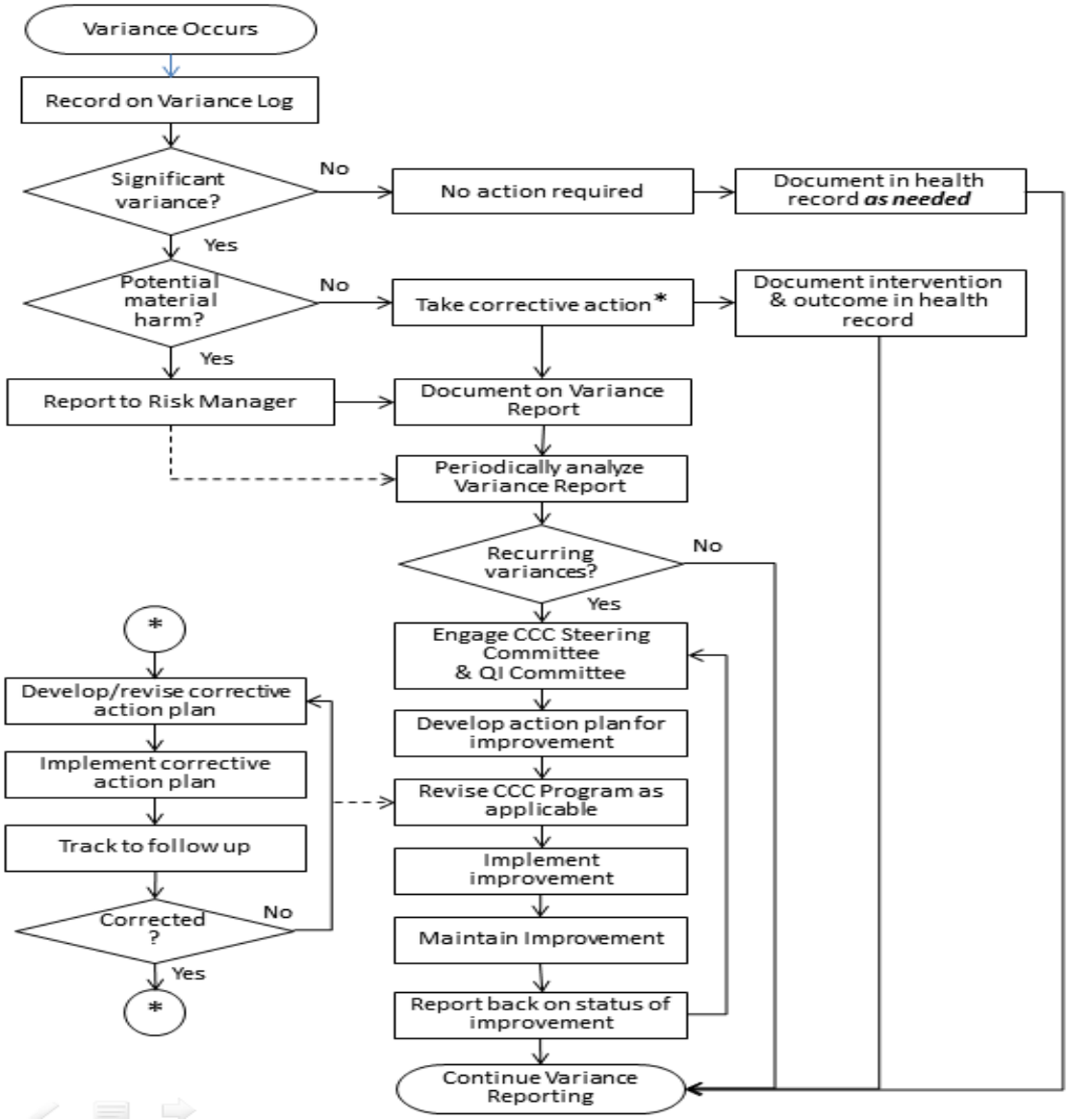
2. **Determine if variance is significant.**
    - It is ***not significant*** if there is an adequate workaround such as heightened monitoring and/or follow up, it is unlikely to recur, or its recurrence will not cause harm or materially impact the CCC program. If the variance is patient- or family/caregiver-related, use professional judgment whether or not to document the occurrence in the patient's health record.
    - It ***is significant*** if there have been repeated occurrences for this patient/family-caregiver, institution, practitioner, or community service for which workarounds are not acceptable.

3. **Determine if a significant variance also presents a potential material harm** (economic, reputational, or litigious) to the patient, institution, practitioner or CCC program.
    - ***If so***, or if uncertain, engage the risk manager.
    - ***If not***, proceed to take corrective action. A corrective action plan should be developed, implemented (and documented in the patient's health record), and tracked until the variance has been corrected (with the outcome documented in the patient's health record).
    - Variances that are significant (both those which do and do not pose material harm) should be documented on a Variance Report (see below) in addition to the patient's health record and Variance Log.

4. **Periodically analyze the Variance Log and Variance Report(s) –** monthly or quarterly depending on the number, types, and nature of variances.
    - If a significant variance occurs only one time and is able to be readily corrected, it may not need an action plan for improvement.
    - For significant variances that recur, or non-significant variances that recur to the point of potentially hindering the CCC program (e.g., takes too much time, draws too many resources, begins to impact patient experience of care), engage the CCC Steering Committee and/or Quality Improvement (QI) Committee in developing and implementing an action plan for improvement.

- Because the community is involved in the CCC program, steps for improvement are very likely to draw from several members of the community. The action plan for improvement can also benefit from an analysis of the corrective action plans developed for each significant variance addressed throughout the period. This analysis may reveal patterns that can help avoid or more quickly mitigate a situation.
- Revise the CCC program in accordance with the action plan for improvement, implement the improvement, maintain it, and report back to the CCC Steering Committee and/or QI Committee on the status of the improvement, celebrating success and taking corrective action as needed for further improvement.

Workflow for Documenting, Tracking, Analysis, and Reporting Variances



Variance Reports

There are several ways to create variance reports. Some CCC programs use a combination of reporting tools and others prefer to use just one. The following are some suggested approaches:

- **Aggregated report on all variances for *all* patients**.

  If there is a relatively small number of patients in the CCC program or few variances for each patient, this is essentially an expansion of the Variance Log. It helps track programmatic variances. Document the type of variance by recording the variance reference number from the Variance Log. Provide a brief description of the variance, the patient's identification, whether or not it is a significant variance, who reported it, when it was reported, the date of the actual event (this may be different than the actual occurrence – and if there is often a delay in reporting by a certain person or institution this could be a variance worth addressing for quality improvement), what intervention is planned (and updated with actual intervention if different than planned), date to follow up (and date actually followed up if different), whether escalation is necessary (add to whom and when escalation was performed), and the date resolved and outcome as applicable. An example is provided below. Note that where there may be multiple follow-ups necessary, additional rows can be used.

Var #	Description	Pt ID	Signif?	Report by	Report Date	Event Date	Intervention	Date to F/U	Escalate?	Date Resolved / Outcome
A12	Will not take X as claims drowsiness	12345	Yes	CC	2/4	2/4	Ask PCP for alternative medication	2/6	No	2/7 new Rx
							Call Pt to check on response	2/11	No	No more drowsiness

- **Aggregated report on all variances for *each* patient.**

  If a patient will be followed in the CCC program for a relatively lengthy period of time with the potential for many variances, the type of report described below helps track patient-specific needs.

Patient Name: _____ Pt ID: _____ Date Start CCC: _____ Date D/C:_____

Var #	Description	Signif?	Report by	Report Date	Event Date	Intervention	Date to F/U	Escalate ?	Date Resolved / Outcome

- **Individual report on each variance for *each* patient** (see example below).
  This is a comprehensive description of a variance that occurred with respect to a specific patient with detailed information about the nature of the variance, how it occurred, what actions were taken, and a description of the outcome. While the content includes the same information as on the report forms above, the individual form allows for much more description and can be processed by various individuals. (Note: It is important to protect the confidentiality of this form. If it resides on a computer, the file should be encrypted. If it resides in a paper file, the file cabinet should be locked and located in a secure area. Copies made for discussion purposes should be numbered, accounted for after use, and shredded.)

  If such a form were to be completed for every variance for every patient, it would likely to become a burdensome process. In addition, using an individual patient report is not conducive

to analysis across the CCC program. However, much like an incident report or sentinel event report, it is advisable to create such a report for any very significant variance, especially where multiple team members and resources must be involved in corrective action and/or where there is potential material harm (and escalated to a risk manager).

Individual Variance Report

Patient Name		Pt ID	Date Start CCC	Date Discharged
Primary Care Provider		Contact	Date Notified	
Variance Type #	**Description of Variance** • Date reported: • Reported by: • Date of event: • Comprehensive description of variance event:			
	Persons (and dates) notified of variance event • Patient: • Family/caregiver: • Primary care provider: • Risk manager: • Other:			
	Corrective action plan • Interventions planned and dates: • Interventions implemented and dates: • Follow up performed and dates:			
	Escalation performed • To whom: • Date: • Follow up performed and dates:			
	Resolution and outcome • How resolved: • Date deemed resolved: • Person(s) involved in resolution: • Person reporting resolution: • Other:			
	Follow up quality improvement planned • How: • When to be initiated: • Who to initiate: • Action plan: • Date of implementation:			

(See *Patient Care Coordination Variance Reports Template* for fillable forms.)

Policy and Procedures for Patient Care Coordination Variance Reporting

Policies are statements that establish goals for the organization with respect to various important organizational elements. They provide guidance in making decisions about actions and create mechanisms for detecting, resolving, and preventing policy violations. A policy may be simple:

> *All patient care coordination variances should be documented in a manner that supports individual follow up to resolution and analysis for quality improvement. Outcomes of analyses of variance reports should be reported to the Community-based Care Coordination (CCC) Steering Committee and Quality Improvement Committee as applicable.*

Procedures describe how to carry out policies. They provide the workflow descriptions, forms and formats for processing the operations associated with their respective policies. This Tool is essentially a procedure that can be modified based on the specific CCC program decisions. All policies and procedures should carry a date of creation, revision dates, title of person responsible for maintenance of the policy and procedures, and executive sign off as the policy is approved.

Introducing Patient Care Coordination Variance Reporting

The policy and procedures for patient care coordination variance reporting will likely go through a process of review and refinement, initially by the care coordinator, with the CCC physician champion, and then with the CCC Steering Committee and potentially the QI Committee. Once it is finalized, however, the organization supporting the CCC program should formally introduce it to all stakeholders. These would include all provider institutions, individual practitioners, and community resource organizations.

It is advisable to use the CCC Steering Committee to help in the introduction to their respective stakeholders. Copies should be available to all stakeholders and the CC should be available to respond to questions, take comments, and document recommendations for future revisions.

References

[1] The five general types of patient care coordination variances are similar to those adopted by case managers, as described in the *Case Manager's Survival Guide: Winning Strategies for Clinical Practice*, Second Edition (2003), written by T.G. Cesta and H. A. Tahan, and published by Mosby, Inc.

 Updated 12/19/2014

Produced under contract with The Office of the National Coordinator for Health Information Technology (ONC)

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