

Patient Care Coordination Variance Reports

# Individual Variance Report

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

# Aggregated Report on *All* Variances for *Each* Patient

## 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? Y/N | Date Resolved / Outcome |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

# Aggregated Report on *All* Variances for *All* Patients

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Var # | Description | Pt ID | Signif? | Report by | Report Date | Event Date | Intervention | Date to F/U | Escalate? Y/N | Date Resolved / Outcome |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| *A12* | *Will not take Rx 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* |

# 

Copyright © 2014 Stratis Health and KHA REACH. Updated 01/05/2015

