



New York State Department of Health Office of Health Services Quality and Analytics Office-Based Surgery Program

Electronic Adverse Event Report (AER) User Guide

Version 5.1 April 2024

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Introduction

The New York State Department of Health's (NYSDOH) Office-Based Surgery (OBS) Program is dedicated to promoting and improving patient safety and quality health services for all patients undergoing procedures performed in an accredited OBS setting in New York State.

In accordance with New York State Public Health Law Section 230-d, all physicians, physician assistants (PA), specialist assistants (SA) and podiatrists must report specific adverse events occurring in relation to the performance of OBS to the Office of Health Services Quality and Analytics (OHSQA) of the NYSDOH. Such reportable adverse events shall be reported to OHSQA within three business days of the occurrence of the event; suspected transmission of bloodborne pathogens must be reported within three days of becoming aware of a suspected transmission.

OHSQA has developed an electronic adverse event reporting (AER) tool that is designed to assist OBS practices in reporting adverse events and submitting medical records more efficiently as required by Public Health Law § 230-d.

Failure to report adverse event information falls within the definition of professional misconduct identified in Section 6530(48) of NYS Education Law.

A. Adverse Events that must be reported according to Public Health Law (PHL) § 230-d

- 1. Patient death within thirty (30) days: a patient death within 30 days of undergoing OBS;
- 2. Unplanned transfer: to a hospital; or an emergency department visit within seventy-two (72) hours of office-based surgery for reasons related to the office-based surgery encounter;
- Unscheduled hospital admission or assignment to observation services: within seventy-two
 (72) hours of the office based surgery, for longer than twenty-four (24) hours,
- 4. Any other serious or life-threatening events: those events identified by DOH & defined as Serious Reportable Events by the National Quality Forum
 - Examples of serious or other life-threatening events:
 - o Incorrect surgery or invasive procedure performed on a patient.
 - o Surgery or invasive procedure performed on the incorrect site or incorrect person.

- o Unplanned return to the OR after discharge from an OBS office for a procedure related to the OBS procedure.
- 5. Any Suspected Health Care Transmission of a Bloodborne Pathogen (BBP): a suspected transmission of a bloodborne pathogen (BBP) from a healthcare practitioner to a patient or between patients originating in an OBS practice as a result of improper infection control practices. BBP include but are not limited to: Hepatitis B virus, Hepatitis C virus and Human Immunodeficiency Virus.
- B. Who Must Report Adverse Events:
 - ALL Licensed physicians, PA's, SA's and podiatrists directly or indirectly involved in the OBS procedure must file an adverse event report. Mandated reporters involved in the OBS procedure, which typically includes the proceduralist and the sedation/anesthesia providers, may file a single report or each licensee may file separate reports.
 - It is the personal responsibility of each mandated reporter to ensure that an adverse event report has been reported.
 - ANY physician, PA and/or SA, or podiatrist in a hospital or other setting who believes or becomes aware of a patient complaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure.

C. Adverse Event Reporting:

- OBS Physicians, PA's, SA's, or podiatrists should provide all information requested on the form.
- Non-OBS reporters should provide all available information to them when submitting a report.
- All licensed physicians, PA's and/or SA's, or podiatrist directly involved in the OBS procedure should be advised that an AER has been submitted.

D. Electronic Adverse Event Report Form Submission:

The Adverse Event Reporting system is a secure web-based application.

The secure URL to access the AER is: <u>https://obsaer.health.ny.gov/</u> An account is not required to access the AER A Password is not required to access the AER.

This web-based AER works with Internet Explorer 11+, Chrome, Safari, & Firefox. Please use the latest version for the best experience.

When opening the webpage, you will immediately be brought to the AER form.

There is no ability to save a partially completed AER form. You must complete the AER form in its entirety in order to submit the form to the NYSDOH.

You may contact us for assistance at:

(518) 408-1219 or at obs@health.ny.gov

NYS Department of Health Attn: Office Based Surgery Office of Health Services Quality and Analytics Empire State Plaza Corning Tower, Room 2019 Albany, NY 12237

I. Accessing the electronic AER form

- 1. To access the electronic AER form, navigate to <u>https://obsaer.health.ny.gov/</u>
- 2. You will be taken to the first page of the form.

VORK STATE	There will not be an option to save while completing the Adverse Event Report. Please do not close this browser window or tab until the AER is submitted.	
OBS Adverse Event Report	۱	0
Introduction/Mandated Reporter		
Practice Information	+ Next	
Event Detail	Welcome to the NYS DOH Office Based Surgery Adverse Event Report Database	
Procedure	Overview In accordance with New York State Public Health Law Section 230-d all physicians physician assistants (PA) and specialist assistants (SA) and podiatrists must report specific adverse	
Sedation Anesthesia	events (https://www.haaitin.ny.gov/professional/office-based_surgery)) occurring in relation to the performance of office-based surgery (OBS) to the Office of Quality and Patient Safety (OQPS) of the NYS Department of Health, Such reportable adverse events shall be reported to OQPs within three business days of the occurrence of the event; suspected transmission of Modifiance as three purche second within three drugs of the occurrence of the event.	
Participating Staff	encoders paragere many or sporter in the days or second agree of a sporter of a sportero of a sporter of a sporter of a sp	
Patient Demographics	Who Must Report Adverse Events: • ALL Lixensed physicians, PAs, SAs and podiatrists directly or indirectly involved in the OBS procedure must file an adverse event report. Mandated reporters involved in the OBS	
Patient History	procedure, usually this includes the proceduralist and the sedationanesthesia provide, may file a single report or each licensee may file separate reports. It is the personal responsibility of each mandated reporter to ensure that an advense event report has been fied	
Home Medication	 ANY physician, PA and/or SA or podiatrist in a hospital or other setting who believes or becomes aware of a patient compliant, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure 	
Quality Improvement	Event Reporting: • OBS MUS: PAs and/or SAs, or podiatrists should provide all information requested on the form. • Mon CR records should recorde all the information that they have when submitting a second	
Upload Additional Documentation	 All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission. 	
Attestation	Please do not close this browser window or tab until the AER is submitted. Please review the form before beginning, an offline version may be printed for use as a worksheet in collecting the necessary information.	
→ Submit OBS AER		
Offline Print Version		
Begin New AER	1.0 Mandated Reporter A mandated reporter is any physician, physician assistant or specialist assistant, or podiatrist directly or indirectly mohed in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence of the adverse event and/or within 72 hours of becoming aware of these events.	

II. Navigating through the form

A. Using the Navigation Pane

- 1. The AER form has 12 sections:
 - i. Introduction/Mandated Reporter
 - ii. Practice Information
 - iii. Event Detail
 - iv. Procedure
 - v. Sedation Anesthesia
 - vi. Participating Staff
 - vii. Patient Demographics
 - viii. Patient History
 - ix. Home Medication
 - x. Quality Improvement
 - xi. Upload Additional Documentation
 - xii. Attestation
- 2. To navigate to any section at any time while viewing the form, click on the navigation pane on the left. Clicking on the section links will take you to that section in the form.

OBS Adverse Event Rep	pport	
Introduction/Mandated Reporter		
Practice Information		← Back → Next
Event Detail	7.0 Patient Demographics	
Procedure	Complete the fields below regarding the patient involved in the adverse event.	
Sedation Anesthesia		
Participating Staff	7.1 Patient Name	
Patient Demographics	Last name:	
Patient History		
Home Medication	First name:	
Quality Improvement		
Upload Additional Documentation	Niddle name: (optional)	
Attestation		
→ Submit OBS AER	Select One *	
Offline Print Version	Alias Last name (cotional)	
Begin New AER		

3. The section you are currently viewing will always be highlighted via the navigation pane on the left.

B. Using the Next and Back buttons

1. On each page of the form, there will be a **Back** and **Next** button. These buttons are located at the upper right-hand and bottom right-hand corners.

5 Adverse Event Re	ort
Introduction/Mandated Reporter	
Practice Information	← Back → Next
	2.0 Practice Information
Participating Staff	2.1 Accreditation Information Private physician practices that perform office-based surgery as defined by PHL \$230 d require accreditation by an agency designated by the New York State Department of Health.
	Provide the accreditation information for the practice site where the procedure was performed.
Patient History	Was the OBS practice accredited at the time of the procedure? (optional)
	a success of the
	This practice is accredited by the following agency. (optional) Solvert One
	Addrew Allid
Attestation	What is the practice accreditation (D number (as it appears on the practice accreditation certificate), (optional)
→ Submit OBS AER	
Offline Print Version	
Begin New AER	2.2 Practice Information Provide the practice alle information where the procedure was performed

2. Clicking on either button will take you to the section preceding (**Back** button) or after (**Next** button) the section you are currently viewing. You can also see which section you are currently viewing by looking at the navigation pane on the left-hand side.

OBS Adverse Event Report		0
Introduction/Mandated Reporter		
Practice Information	Suite or floor number (optional)	
Event Detail		
Procedure	City (optional)	
Sedation Anesthesia	State (Do not change)	
Participating Staff	NY O	
Patient Demographics	Zip code (optional)	
Patient History		
Home Medication	Phone number (optional)	
Quality Improvement		
Upload Additional Documentation	Fax number (optional)	
Attestation		
→ Submit OBS AER	What is your practice speciality? (optional)	
Offline Print Version		
Begin New AER		1
	← Back → Next	

III. Filling out the AER form

A. Required sections and questions on the form

1. In each section, there are questions that are required and must be answered. Upon beginning each section, the navigation pane will display the number of required fields for the section in a red box.

OBS Adverse Event Report						
				← Back → Next		
				5.0 Sedation/Anesthesia		
ocedure	13			Please complete the fields below regarding the medications, sedation and/or anesthesia provided during the pre-procedural, intra-procedural, and post-procedural periods.		
ation Anesthesia	14					
			5	1 Pre-Procedure Information		
				ASA Classification Select One		
				May not be engay		
			Select One	s since last eating solid food		
			Number of here also			
			Select One	st amixing crear inquiss		
Attestation			Were medications administe	ered to the patient pre-procedure or prescribed prior to		
→ Submit OBS AER			the arrival in the office?	*		
Offline Print Version				May not be empty		
Begin New AER			Provide the name of pre-procedure med	fications administered		

2. Required questions are identified in bold font. As you click on and/or leave fields empty, validation and/or error messages display to the right of the question in orange or red font.

OBS Adverse Ever	nt Rej	nt
		← Back → Next
Event Detail	5	3.0 Event Detail
		Provide specified information pertaining to all reportable adverse event types that occurred.
		3.1 Date of Discovery
		What date was it first discovered an adverse event had occurred?
		May not be empty
		Additional France Rest Network Bull In
		3.2 Adverse Event i type and Details
		Q4t least one type of adverse event type must be checke
→ Submit OBS AER		 Unpartned transier from the UoS practice to the nospital
Offline Print Version		Unscheduled viat to the emergency department within 72 hours
Begin New AER		Unscheduled observation stay in the hospital within 72 hours

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3. Depending on the answers provided on the form, certain questions may become required or not required in real-time. The navigation pane will dynamically update with a red box, showing you the sections that have required questions that need to be answered and the number of those required fields. A green box with a check mark will display once all required questions in that section are answered.

OBS Adverse Event Report					
Introduction/Mandated Reporter				← Back → Next	
Event Detail Procedure D Sedaton Anesthesia	8.0 Patient's Health History Provide the patient's health history by completing the fields	is the below.			
Participating Staff 1 Patient Demographics 1 Patient Demographics 1 Patient History Calify Improvement Updatal Additional Documentation Attestation Stubmit QBS AER Offline Print Version Begin New AER	8.1 Patient Height and Weight Please fill out patient's height and weight Height: Ft Select One Height: Its Weight: Its 8.2 Medical History Select all pertnert medical conditions for the patient in the	• •	May not be empty May not be empty May not be empty		
OBS Adverse Event Report					
htholacticol Manchale Rippoter Pacifica Information Pacifica Information Pacifica Information Pacific		Welcome to Overview In accordance with New York State A- receiption was have York State A- to accordance with New York State A- to State to report the State A- state to report and state report A-like terror and the report A-like the report Adverses E- A-like the report Adverses E- A-like terror and the report A-state and the A- state A- and A-state A- and A- and A- and A- Rease A- to A- to A- and A-	the NYS DOH Office Based all Hath Law Sector 20-4, all physicians, physician execution for same Lawyory location of the same diversity of the same sector of the same diversity of the same sector of the same time to the same sector of the same sector in the definition of protessional misconducid defined exercise. Sector and the same sector of the same sector is approximation of the same sector of the same protection of the same sector of the same sector is approximation of the same sector of the same approximation of the same sector of the same sector is approximation of the same sector of the same sector is approximation of the same sector of the same sector occurred status port an OBS processor of SA or policities directly on viewed in the OBS processor of SA or policities directly on viewed in the OBS processor were window or tab until the AER is submit here in collecting the necessary information	Surgery Adverse Event Report assistants (PA) and specialist assistants (BA) and podatists the parbimation of office-assed support (DSI) in the Office anamatics of the series of the series of the series of the anamatics of the series and the series of the series of the mark of the series of the series of the series of the series assisted of the solverse event report submission before a solver of a patient compliant, complication, condi- tions, many of a patient compliant, complication, condi- ted on the solverse event report submission re should be adverse event report submission form.	And the second sec
© Offine Pirit Version © Bogan Now AER		1.0 Mandated Repo A mandated reporter is any physician, Mandated reporters are expected to co	DITEOT physician assistant or specialist assistant, or podiatrist mplete the OBS adverse event form within 72 hours of	irectly or indirectly involved in an OBS procedure associated the occurrence of the adverse event and/or within 72 hours of the occurrence of the occurre	J with a reportable adverse event. of becoming aware of these events.

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4. As you are filling out each section, depending on the answers provided, required questions and/or fields will dynamically update their answer field or instructions. Also, when meeting the field requirements by answering the question correctly a green check mark will display next to that field.

OBS Adverse Eve	nt Rej	ort	
Introduction/Mandated Reporter			
Practice Information		5.1 Pre-Procedure Information	
Event Detail		ASA Classification Not Scored	
Procedure		Number of hours since last eating solid food	-
Sedation Anesthesia	13	Select One *	May not be empty
Participating Staff		Number of hours since last drinking clear liquids	
Patient Demographics		Select One *	May not be empty
Patient History		Were medications administered to the patient pre-procedure or prescribed prior to	
Home Medication		the arrival in the office?	A May not be empty
Quality Improvement		Provide the name of are-procedure medications administered	
Upload Additional Documentation		Antianxiety (anxiolytic):	
Attestation			May not be empty

5. Also, upon meeting all field requirements for each section by answering the questions correctly a green box with a check mark will display in the navigation pane.

OBS Adverse Ever	nt Repo	ort	?
Introduction/Mandated Reporter	 Image: A second s		
Practice Information	 Image: A second s		← Back
Event Detail	 Image: A start of the start of	12.0 Contact	
Procedure	 Image: A second s	Please complete the fields below to identify the primary contact person for any necessary follow-up on this adverse event report.	
Sedation Anesthesia		Check here if the Mandated Reporter also the Contact	
Participating Staff		Last name	
Patient Demographics	 Image: A second s	a	
Patient History	 Image: A second s	First name	
Home Medication			
Quality Improvement	~	Credentials	
Upload Additional Documentation	 Image: A second s	MU	
Attestation	 Image: A start of the start of	Other credential specified (optional)	
→ Submit OBS AER		Phone number	
Offline Print Version		(134)1332434	
Begin New AER		Email (optional)	

B. Additional questions displaying

1. Depending on the answers provided on the form, additional questions that need to be answered may dynamically display.

OBS Adverse Ever	ıt Rep	wrt		
Introduction/Mandated Reporter				
Practice Information	6	3.2 Adverse Event Type and Details		
Event Detail		Check all adverse event types that apply. Complete the corresponding fields for each type selected		
		Upplaned transfer from the QBS practice to the hospital		
Procedure	13			
Sedation Anesthesia	13	Unscheduled visit to the emergency department within 72 hours		
Participating Staff	18			
Patient Demographics	12	Unscheduled observation stay in the hospital within 12 hours		
Patient History	4	Unscheduled admission to the hospital within 72 hours for longer than 24 hours		
Home Medication		Death within 30 days of the procedure		
Quality Improvement				
Upload Additional Documentation		Suspected transmission of a bloodborne pathogen		
Attestation		Serious or life-threatening event		
		- General en line sineatering er en		
OBS Adverse Eve	nt Rep	oort		
Introduction/Mandated Reporter	4			
Practice Information	6	3.2 Adverse Event Type and Details Check all advarse event types that apply. Complete the corresponding fields for each type selecte	d.	
Event Detail	12			
Procedure	13	Unplanned transfer from the OBS practice to the hospital		
Sedation Anesthesia	13	Was the patient transferred to the hospital from the office by EMS?		
Particination Staff		Select One	May not be empty	
	-	Transporting EMS service (optional)		
Patient Demographics	12		0	
Patient History	4	Territoria		
Home Medication		Transfer date	A May not be empty	
Quality Improvement				
Upload Additional Documentation		Select One v	A May not be empty	
Attestation			aay not be empty	
→ Submit OBS AFR		Unscheduled visit to the emergency department within 72 hours		
- organic obs ALM		Unscheduled observation stay in the hospital within 72 hours		
Offline Print Version				
Begin New AER		Unscheduled admission to the hospital within 72 hours for longer than 24 hours		

IV. Saving the AER form

A. AER forms that are in progress

- 1. *AER forms in progress cannot be saved*. As you are filling out the form, **do not** reload the webpage. Questions or fields that are answered will retain their answers as you page through the form's sections by using the **Next** or **Back** buttons or the navigation pane on the left.
- 2. If you reload the webpage, questions or fields you have previously answered will lose their values. The entire AER form will be put back into its default, blank state.

B. Saving and Submitting the form

1. Once <u>all</u> required questions have been answered, the user will be able to click the **Submit OBS AER** button on the navigation pane on the left.

NEW YORK STATE	There will not be an option to save while completing the Adverse Event Report. Please do not close this browser window or tab until the AER is submitted.
OBS Adverse Event Re	port O
Introduction/Mandated Reporter	
Practice Information	→ Next
Event Detail	Welcome to the NYS DOH Office Based Surgery Adverse Event Report Database
Procedure	Overview In accordance with New York State Bublic Licelith Law Section 230 d all physicians, physician assistants (PA) and possibilist assistants (PA) and possibilist assistants (PA) and possibilist assistants (PA) and possibilist assistants (PA) and possibility assistants (PA) assista
Sedation Anesthesia	in accordance with new fork scale Pould Restin Law Section 2500, all physican spisalants (PA) and specialist assistants (PA) and poularities must plot special adverse events (https://www.health.rug.gov/professionals/office-based surgery)) occurring in relation to the performance of office-based surgery (OB) to the Office of Ouality and Patient Safety (ODPS) of the NYS Department of Health. Such reportable adverse events shall be reported to OCPS within three business days of the occurrence of the event; supported transmission of blocher eachersean surgers and the constraint thremeniopiase adverse the thremeniopiase adverse the thremeniopiase to the office of Ducher Based starts and the constraint thremeniopiase adverse the thremeniopiase adverse three thremeniopiase adverse the thremeniopiase
Participating Staff	Suspected transmission of bloodborne pathogens must be reported within thee days of becoming aware of a suspected transmission.
Patient Demographics	Who Must Report Adverse Events:
Patient History	 ALL Licensed physicians, PAS, SAS and podiatrists directly or indirectly involved in the OSB procedure must lie an adverse event report. Mandated reporters involved in the OSB procedure, usually this includes the proceduralist and the sedationfanesthesia provider, may file a single report or each licensee may file separate reports. It is the personal responsibility of each mandated reporter to ensure that an adverse event report has been filed.
Home Medication	 ANY physician, PA and/or SA,or podiatrist in a hospital or other setting who believes or becomes aware of a patient compliaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure
Quality Improvement	Event Reporting: • OBS MDs, PAs and/or SAs, or podiatrists should provide all information requested on the form. • Non-OBS reporters should provide all the information that they have when submitting a report
Upload Additional Documentation	All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission.
Attestation	Please do not close this browser window or tab until the AER is submitted. Please review the form before beginning, an offline version may be printed for use as a worksheet in collecting the necessary information.
→ Submit OBS AER	
Offline Print Version	
Begin New AER	1.0 Mandated Reporter A mandated reporter is any physician, physician assistant or specialist assistant, or podiatrist directly or indirectly involved in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence of the adverse event and/or within 72 hours of becoming aware of these events.

2. Click on the **Submit OBS AER** button to submit the AER form. You can click on this button from any section once it is activated as indicated by the button changing to a darker orange color.

3. After clicking on the **Submit OBS AER** button, you will be redirected to a confirmation page with information about the form you just submitted.

OBS Adverse Event Report			
	Success! Your information has been successfully submitted.		
	NYS DOH Office Based Surgery Adverse Event Report Co You have successfully submitted an Adverse Event Report (AER). Please prin	nfirmation this page for your records.	
	Your AER Report ID Reference Number is d08fb44a-10d.	Date of AER submission Jul 01, 2019.	
	Name of Practice/Organization submitting AER Date of Procedure: Jun 28, 2019 Print Confirmation and Submitted Data	Name of Mandated Reporter: Eddy Murph Name of patient (Last, First) (John , Josef)	
	To return to the home page or submit a new AER, click the button below. Return to AER Home Page		
	If you have any questions, you may contact the NYS Department of Health Of	fice Based Surgery Program at (518) 408-1219 or obs@health.ny.gov.	

4. A copy of the AER submitted will also display under the header **the following information was just submitted** further down on the page.

OBS Adverse Event Report					
	Success! Your information has been successfully submitted.				
	NYS DOH Office Based Surgery Adverse Event Report Confirmation You have successfully submitted an Adverse Event Report (AER) Please print this page for your records.				
	Your AER Report ID Reference Number is d08fb44a-10d.	Date of AER submission Jul 01, 2019.			
	Name of Practice/Organization submitting AER Date of Procedure: Jun 28, 2019 Print Confirmation and Submitted Data	Name of Mandated Reporter. Eddy Murph Name of patient (Last, First); (John , Josef)			
	To return to the home page of submit a new AER, click the button below.				
	If you have any questions, you may contact the NYS Department of Health Office	Based Surgery Program at (518) 408-1219 or obs@health.ny.gov.			

5. To keep a copy of this page for your records, click on the **Print Confirmation and Submitted Data** button.

OBS Adverse Event Report					
	Success! Your information has been successfully submitted.				
	NYS DOH Office Based Surgery Adverse Event Report Confirmation You have successfully submitted an Adverse Event Report (AER). Please print this page for your records.				
	Your AER Report ID Reference Number is d08fb44a-10d.	Date of AER submission Jul 01, 2019.			
	Name of Practice/Organization submitting AER Date of Procedure: Jun 28, 2019 Print Confirmation and Submitted Data	Name of Mandated Reporter: Eddy Murph Name of patient (Last, First): (John , Josef)			
	To return to the home page or submit a new AER, click the button below. Return to AER Home Page				
	If you have any questions, you may contact the NYS Department of Health Office	e Based Surgery Program at (518) 408-1219 or obs@health.ny.gov.			

6. You can print to PDF and/or save a paper copy of both the confirmation and the AER form that was just submitted.



7. The **AER Report ID Reference Number** is needed when submitting a subsequent AER form to update a previously reported adverse event.

OBS Adverse Event Report						
	Success! Your information has been successfully submitted.					
	NYS DOH Office Based Surgery Adverse Event Report Confirmation You have successfully submitted an Adverse Event Report (AER). Please print this page for your records.					
	Your AER Report ID Reference Number is d08/b44a-10d Date of AER submission Jul 01, 2019.					
	Name of Practice/Organization submitting AER Date of Procedure Jun 28, 2019 Print Confirmation and Submitted Data	Name of Mandated Reporter. Eddy Marph Name of patient (Last, First), (John , Josef)				
	To return to the home page or submit a new AER, click the button below.					
	If you have any questions, you may contact the NYS Department of Health Office Based Sur	gery Program at (518) 408-1219 or obs@health.ny.gov.				

V. Uploading documents with the AER form

1. In the **Upload Additional Documentation** Section, multiple documents can be saved and submitted with the AER.

OBS Adverse Eve	nt Re	ort	•
		← Back → Next	
		11.0 Supporting/Additional Documents	
		Additional documentation regarding this adverse event may be included by uploading documents here (optional). Examples of documentation helpful in the review of reported adverse events are history & physical, pre-procedure assessments, intra- op and post procedure documentation, anesthesia/sedaton records, and discharge documentation.	
		The IVS DOH OBS Program frequently requests medical records as part of the review of Adverse Event Reports. The type of events for which medical records are most frequently requested are:	
		Death or Serious Physical Injury Cardiar Resentation Americ	
		Need for Rescur. Arrway Management. Unanticipated Cardiovascular and Hemodynamic Management, or Pharmaceutical Management Altered Level of Consciousness: Loss of Consciousness	
		Hemorrhage class II or higher Unplanned return to OR prior to discharge from the OBS practice	
		 Unplanned return to the QR after discharge from an QBS office for a procedure related to the QBS procedure Any adverse event defined by the +National Quality Forum's (NQF) Serious Reportable Event for Surgery or Invasive procedures International Actional Actional Quality Forum's (NQF) 	
		Imagenali i typervenina Bloodborne Pathogen Transmission	
Upload Additional Documentation		File type (optional)	
		(Select a document type)	
→ Submit OBS AER		Upload a file connected to this AER (You will have to reupload a file if an AER (optional) submission do not submit correctly)	
Offline Print Version		Choose Files No file chosen	
Begin New AER			

- 2. To upload a document, first choose the file type for the documents you are uploading. When uploading multiple files, the files must be of the same type. There are seven document types:
 - i. AER Documents
 - ii. Autopsy/ME
 - iii. Consult
 - iv. Dialysis Center MR
 - v. EMS MR
 - vi. Hospital MR
 - vii. Practice MR

Adverse Ever	ıt Rep	prt			
		← Back → Next			
		11.0 Supporting/Additional Documents			
		Additional documentation regarding this adverse event may be included by uploading documents here (optional). Examples of documentation helpful in the review of reported adverse events are: history & physical, pre-procedure assessments, intra- op and post procedure documentation, anesthesialsedation records, and discharge documentation.			
		The NYS DOH OBS Program frequently requests medical records as part of the review of Adverse Event Reports. The type of events for which medical records are most frequently requested are:			
		Death or Serious Physical Injury Control The Serious Physical Injury			
		Cardiacivespiratory virest Need for Rescue, Ariney Minagement, Unanticipated Cardiovascular and Hemodynamic Management, or Pharmaceutical Management Network Level of Connectiourness. Loss of Connectiourness			
		Hermonhage class II or higher Unplanned return to OR prior to discharge from the OBS practice			
		 Unplanned return to the CR after discharge from an CBS office for a procedure related to the CBS procedure Any adverse event defined by the +National Quality Forum's (NOF) Serious Reportable Event for Surgery or Invasive procedures Manipus de Instantianamis 			
		Bioobborne Pathogen Transmission			
pload Additional Documentation		File type (optional)			
		(Select a document type)			
→ Submit OBS AER		(Gelect a document type) AER Documents Auroport/ME			
Offline Print Version		Consult Dialysis Center MR			
Begin New AER		EMS MM Hospital MR Practice MR			

A. Uploading one file with the form

1. To upload only one file with the AER, click on the **Choose Files** button.

OBS Adverse Ever	t Rep	nt
		← Back → Next
		11.0 Supporting/Additional Documents
		Additional documentation regarding this adverse event may be included by uploading documents here (optional). Examples of documentation helpful in the review of reported adverse events are: history & physical, pre-procedure assessments, intra- op and post procedure documentation, anesthesia/sedation records, and discharge documentation.
		The NYS DOH OBS Program frequently requests medical records as part of the review of Adverse Event Reports. The type of events for which medical records are most frequently requested are:
		Death or Serious Physical Injury Confign Displayments
		Cardioximespiratory reveal Need for Rescue, Ansay Management, Unanticipated Cardiovascular and Hemodynamic Management, or Pharmaceutical Management Altered Level of Consciousness, Loss of Consciousness
		Hemorrhage class II or higher Unplanned return to CR prior to discharge from the OBS practice
		Urganned return to the CR after discharge from an CBS office for a procedure related to the CBS procedure Any adverse event defined by the +National Quality Forum's (NGF) Serious Reportable Event for Surgery or Invasive procedures
		Imagental (Typerstraining Bioodborne Pathogen Transmission
pload Additional Documentation		File type (optional)
		(Select a document type)
Submit OBS AER		Upload a file connected to this AER (You will have to reupload a file if an AER (optional)
Offline Print Version		ukensision did not ukent concello. Choose Files No file chosen
Begin New AER		

2. And, select the file you want to upload and click the **Open** button.

	C E	Open	Documents + Far + Inbox	↓ 4+1 Search Inbox	
¥		Organize New folder		• 0	
OBS Adverse Even	it Report	Favorites	Documents library	Arrange by: Folder -	0
Introduction/Mandated Reporter		Downloads Macent Places OneDrive	Name Date modified Type Size		
Practice Information		Libraries =			
Event Detail	7	Documents			
Procedure		E Pictures			
Sedation Anesthesia		Computer			
Participating Staff		•			
Patient Demographics		File na	ne: WelcomeFax	All Files	
Patient History	~		 Unshaned ratius to the DB star discharge from an OBS office for a procedure related to the OBS procedure 		
Home Medication			Any adverse event defined by the +National Quality Forum's (NQF) Serious Reportable Event for Surgery or Invasive proce Malignant Hyperthermia	edures 🖲	
Quality Improvement			Bloodborne Pathogen Transmission		
Upload Additional Documentation			File type (optional)		
Attestation			(Select a document type)		
→ Submit OBS AER			Upload a file connected to this AER (You will have to reupload a file if an AER (optional) submission did not submit correctly)		
Offline Print Version	- 1		Choose Files No file chosen		
Begin New AER					

Electronic Adverse Event Report (AER) User Guide

Office-Based Surgery

3. The file you uploaded will be shown on the Upload screen.

erse Even	t Re	rt
		← Back → Next
		11.0 Supporting/Additional Documents
		Additional documentation regarding this adverse event may be included by uploading documents here (optional). Examples of documentation heipful in the review of reported adverse events are: history & physical, pre-procedure assessments, intra- op and post procedure documentation, anesthesia/sedation records, and discharge documentation.
		The NYS DOH OBS Program frequently requests medical records as part of the review of Adverse Event Reports. The type of events for which medical records are most frequently requested are:
		Death or Serious Physical Injury Carrier/Reportation/Americal
		Need Chr Reseux, Arivay Management, Unanticipated Cardiovascular and Hemodynamic Management, or Pharmaceutical Management Altered Level of Consciousness Loss of Consciousness
		Hemonthage class II or higher Unplanned return to CR prior to discharge from the CRS practice Unplanned return to the CR of the discharge from the CRS practice Unplanned return to the CR of the discharge from an CRS office for a created us solitated to the CRS practice
		Impairment return to the vocal and concluding from all CoS once for a procedure retained to the USS procedure Any advense event defined by the +National Quality Forum's (NQF) Serious Reportable Event for Surgery or Invasive procedures Malgorant Hyperthermina
		Bloodborne Pathogen Transmission
Upload Additional Documentation		File type (optional)
Attestation	•	AER Documents
→ Submit OBS AER		Upload a file connected to this AER (You will have to reupload a file if an AER (optional)
Offline Print Version		Choose Files pmi code of ethics pdf
Begin New AER		
		e Doole - A Hard
attan Uana ina mbana ina maté		+ back + NOA

B. Uploading multiple files with the form

1. To upload multiple files to the AER, click on the **Choose Files** button.

OBS Adverse Ever	nt Rej	rt
		← Back → Next
		11.0 Supporting/Additional Documents
		Additional documentation regarding this adverse event may be included by uploading documents here (optional). Examples of documentation helpful in the review of reported adverse events are: history & physical, pre-procedure assessments, intra- op and post procedure documentation, anesthesia/sadation records, and discharge documentation.
Sedation Anesthesia		The NYS DOH OBS Program frequently requests medical records as part of the review of Adverse Event Reports. The type of events for which medical records are most frequently requested are:
Participating Staff		Death or Serious Physical Injury Continuit Departments American
Patient Demographics		A under Response Annual Management, Unanticipated Cardiovascular and Hemodynamic Management, or Pharmaceutical Management Attend Level of Consciousness Loss of Consciousness
Patient History		Hemonhage class II or higher Unplanned return to CR prior to discharge from the CBS practice
		 Unpainted return to the U.K. after discharge from an USS office for a procedure related to the USS procedure Any adverse event defined by the +National Quality Forum's (NQF) Serious Reportable Event for Surgery or Invasive procedures Maijoant Hurderbermia
Quality Improvement		Blootborne Pathogen Transmission
Upload Additional Documentation		File type (optional)
Attestation		(Select a document type)
→ Submit OBS AER		Upload a file connected to this AER (You will have to reupload a file if an AER (optional) submission did not submit correctly
Offline Print Version		Choose Files No file chose
Begin New AER		

2. Hold down the **CTRL** keyboard key while simultaneously selecting multiple files in the Explorer window. Once all files are selected, click on the **Open** button.

	© Open ← ↓ Librario	ies → Documents → Scanned Docume	nts 🕨			Search Scanne	ad Documents	
6	Organize - New fo	older						
OBS Adverse Event Re	Downloads Recent Places OneDrive	Documents library Scanned Documents				Arrange	aby: Folder ▼	
Introduction/Mandated Reporter	▲ Ibraries	Name		Date modified 9/1: /2018 1:12 PM	Type File folder	Size		
Practice Information 6	Documents Music Figure Pictures	Welcome Scan		9/1 /2018 1:12 PM	JPEG image	505 KB		
Event Detail 5	Videos	E						
Procedure 13	⊿ 🖳 Computer ▷ 🏭 OS (C:)							
Sedation Anesthesia	> 📬 Network							
Participating Staff 18		•						
Patient Demographics 12	File	e name: Welcome Scan				All Files Open	Cancel	
Patient History								н
Home Medication 1	Upload a file	connected to this AER (You will have	to (optional)					
Quality Improvement 3	Choose F	Files 2 files	it correctly)	0				
Upload Additional Documentation								
Attestation								
→ Submit OBS AER						← Back	→ Next	
Offline Print Version								

Electronic Adverse Event Report (AER) User Guide

3. The Upload screen will indicate how many files have been attached to the form. Both files will be classified as the one file type selected on the screen.

OBS Adverse Event Re
Introduction/Mandated Reporter
Practice Information
Sedation Anesthesia
Participating Staff
Patient Demographics
Home Medication
Quality Improvement
Upload Additional Documentation
Attestation
→ Submit OBS AER
Offline Print Version
Begin New AER

VI. Printing a blank AER form to paper

1. To print the AER form to paper, click on the **Offline Print Version** button on the left navigation pane. **Offline Print Version** will only display a blank AER form for printing to paper, regardless of whether the electronic AER is filled out in the browser window.

OBS Adverse Event Report		?
Introduction/Mandated Reporter	In accordance with New York State Public Health Law Section 230-d, all physicians, physician assistants (PA) and specialist assistants (SA) and podiatrists must report specific adverse events (https://www.health.ny.gov/professionals/office-based_surger/v/) occurring in relation to the performance of office based surger/v/DB to the Office of Querkit and Patient Softw (VORB) of the NYS Department of Health Site was the health health and the performance of the NYS of All and Site of Querkit and Patient Softw (VORB) of the NYS Department of Health Site was the health hea	
Practice Information	reported to QDPS within three business days of the occurrence of the event; suspected transmission of bloodborne pathogens must be reported within three days of beccurrence of the event; suspected transmission of bloodborne pathogens must be reported within three days of beccurrence of the event; suspected transmission.	
Event Detail	Failure to report this information falls within the definition of professional misconduct identified in Section 6530(48) of NYS Education Law.	
Procedure	Who Must Report Adverse Events: • ALL Licensed physicians, PA's, SA's and podiatrists directly or indirectly involved in the OBS procedure must file an adverse event report. Mandated reporters involved in the OBS procedure, usually this includes the proceduralist and the sectation/anesthesia provider may file a single.	
Sedation Anesthesia	report or each licensee may file separate reports.	
Participating Staff	 It is the personal responsionity of each manufacture reportence for ensure that an adverse event report has been med. ANY physician, PA and/or SA, or podiatrist in a hospital or other setting who believes or becomes ware of a patient complaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure 	
Patient Demographics	Event Reporting: OBS MDs, PAs and/or SAs, or podiatrists should provide all information requested on the form.	
Patient History	 Non-OBS reporters should provide all the information that they have when submitting a report. All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission. 	
Home Medication	Please do not close this browser window or tab until the AER is submitted. Please review the form before	
Quality Improvement	beginning, an offline version may be printed for use as a worksheet in collecting the necessary information.	
Upload Additional Documentation		
Attestation	1.0 Mandated Reporter	
→ Submit OBS AER	A mandated reporter is any physician, physician assistant or specialist assistant, or podiatrist directly or indirectly involved in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence	
Offline Print Version	of the adverse event and/or within 72 hours of becoming aware of these events.	
Begin New AER		

2. Clicking on this button will open a new browser window or tab displaying the AER form in a format suitable to be printed onto paper.

OBSAER-form.pdf	2/34	0 ± 0
	procedure identified in the adverse event report must each submit a report or sign the same report thus alsesing to the report accuracy. • ANY rightman. PM and/or S. And to believe or becomes aware of a patient complaint, complication, controllector, emergency department visit, hospital admission or death that occurred tatiata post an OBS procedure.	
	Event Reporting: • OBS MOR, PR4 and/or SAs should provide all information requested on the form. • Non-OSS reporters should provide all the information that they have when submitting a report.	
	1.0 Mandated Reporter Please complete the fields below to identify the mandated reporter for this adverse event. A mandated reporter is any physician assistant or specialist assistant, or podiatost dentify or indiging and adja models associated with a notative of the indiverse report of the adverse event and/or within 72 hours of becoming aware of these events.	
	Last Name: First Name:	
	Oredontalis: DMD DDPMDPD DPysician Assistant DSpecialist Assistant License Number:	
	Is the mandated reporter a member of the OBS practice or participated in the procedure(s)? UYes CNo	
	If not a member of the OBS practice, what is the association of the mandated reporter to the adverse event? DED Physician DOMer	•
	if other, specify:	-

3. **Print** from your browser to print the AER form to paper.



VII. Accessing a new AER form

A. Accessing a new AER form from anywhere on the form

1. To open a new and blank AER form from wherever you are on the site, click on the **Begin New AER** button on the left navigation pane. This may be useful in situations of entering incorrect information for which starting the AER again is desired.

	In accordance with New York State Public Health Law Section 230-d all physicians, physician assistants (PA) and exercisite essistants (SA) and
Introduction/Mandated Reporter	n decoration matter provide a diverse events (https://www.hadit.nrg.gov/professionals/office-based_super/) occurring in relation to the performance of
Practice Information	office-based surgery (OBS) to the Office of Quality and Patient Safety (OQPS) of the NYS Department of Health. Such reportable adverse events shall be reported to OQPS within three business days of the occurrence of the event; suspected transmission of bloodborne pathogens must be reported within three days of becoming aware of a suspected transmission.
Event Detail	Failure to report this information falls within the definition of professional misconduct identified in Section 6530(48) of NYS Education Law.
Procedure	Who Must Report Adverse Events: ALL Licensed physicians, PA's, SA's and podiatrists directly or indirectly involved in the OBS procedure must file an adverse event report.
Sedation Anesthesia	Mandated reporters involved in the UDS procedure, usually this includes the proceduralist and the sedation/anestnesia provider, may file a single report or each licensee may file separate reports. It is the nersonal responsibility of each mandated reporter to ensure that an adverse event report has been filed
Participating Staff	 ANY physician, PA and/or SA or podiatrist in a hospital or other setting who believes or becomes aware of a patient complaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure
Patient Demographics	Event Reporting: • OBS MDs, PAs and/or SAs, or podiatrists should provide all information requested on the form.
Patient History	 Non-OBS reporters should provide all the information that they have when submitting a report. All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission
Home Medication	Please do not close this browser window or tab until the AER is submitted. Please review the form before
Quality Improvement	beginning, an offline version may be printed for use as a worksheet in collecting the necessary information.
Upload Additional Documentation	
Attestation	1.0 Mandated Reporter
→ Submit OBS AER	A mandated reporter is any physician, physician assistant or specialist assistant, or podiatrist directly or indirectly involved in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence
Offline Print Version	of the adverse event and/or within 72 hours of becoming aware of these events.
Begin New AER	
Sedation Anesthesia Participating Staff Patient Demographics Patient History Home Medication Quality Improvement Upload Additional Documentation Attestation Submit OBS AER Offline Print Version Begin New AER 	 report or each licensee may file separate reports. It is the personal responsibility of each mandated reporter to ensure that an adverse event report has been filed. ANY physician, PA and/or SA, or podiatrist in a hospital or other setting who believes or becomes aware of a patient complaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure Event Reporting: OBS MDs, PAs and/or SAs, or podiatrists should provide all information requested on the form. Nor-OBS reporters should provide all the information that they have when submitting a report. All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission. Please do not close this browser window or tab until the AER is submitted. Please review the form before beginning, an offline version may be printed for use as a worksheet in collecting the necessary information. And Mandated Reporter Mandated reporter is any physician assistant or specialist assistant, or podiatrist directly or indirectly involved in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence of the adverse event and/or within 72 hours of becoming aware of these events.

2. After clicking the button, a warning will display as a reminder that any unsubmitted information will be cleared from the form.



3. Click the **Cancel** button to keep any unsubmitted data and to continue filling out the AER form as is.

III Apps II IPRO Bookmarks @) [PCP Roster - Open 🔶 Mana	preview-obsaer.ipro.org says Start a new AER? This will clear any unsaved information. OK Cancel			
OBS Adverse Even	t Report	0			
Introduction/Mandated Reporter	In accordance wi podiatrists must r	h New York State Public Health Law Section 230-d, all physicians, physician assistants (PA) and specialist assistants (SA) and sport specific adverse events (https://www.health.ny.gov/professionals/office-based_surgery) occurring in relation to the performance of (200) (200			
Practice Information	reported to OQPS three days of bec	any (USE) to the Unice or Quality and Patient Satery (UCPS) of the NYS Department of Health. Such reportable adverse events shall be within three business days of the occurrence of the event; suspected transmission of bloodborne pathogens must be reported within pring aware of a suspected transmission.			
Event Detail	Failure to report t	nis information falls within the definition of professional misconduct identified in Section 6530(48) of NYS Education Law.			
Procedure	Who Must Re • ALL Licen Mandated	port Adverse Events: ed physicians, PAs, SAs and podiatrists directly or indirectly involved in the OBS procedure must file an adverse event report. reporters involved in the OBS procedure, usually this includes the proceduralist and the sedation/anesthesia provider may file a single			
Sedation Anesthesia	report or e It is the pe	ch licensee may file separate reports. sonal responsibility of each mandated reporter to ensure that an adverse event report has been filed.			
Participating Staff	ANY physic condition,	 ANY physician, PA and/or SA or podiatrist in a hospital or other setting who believes or becomes aware of a patient complaint, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure 			
Patient Demographics	Event Report • OBS MDs	ing: PAs and/or SAs, or podiatrists should provide all information requested on the form.			
Patient History	Non-OBS All license submissio	eporters should provide all the information that they have when submitting a report. I physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report			
Home Medication	Please do no	t close this browser window or tab until the AER is submitted. Please review the form before			
Quality Improvement	beginning, a	offline version may be printed for use as a worksheet in collecting the necessary information.			
Upload Additional Documentation					

4. Click the **OK** button to access a new, blank AER form that can be started from scratch.



B. Accessing a new AER form from the Confirmation page

1. To access a new, blank AER form after submitting an AER and printing or saving a PDF of the confirmation page, click on the **Return to AER Home Page** button located on the Confirmation page.

OBS Adverse Event Report			
	Success! Your information has been successfully submitted.		
	NYS DOH Office Based Surgery Adverse Event Report Confir You have successfully submitted an Adverse Event Report (AER). Please print the	mation page for your records.	
	Your AER Report ID Reference Number is d08fb44a-10d.	Date of AER submission Jul 01, 2019.	
	Name of Practice/Organization submitting AER: Date of Procedure: Jun 28, 2019 Print Confirmation and Submitted Data	Name of Mandated Reporter: Eddy Murph Name of patient (Last, First); (John , Josef)	
	To return to the home page or submit a new AER, click the button below.		
	If you have any questions, you may contact the NYS Department of Health Office	Based Surgery Program at (518) 408-1219 or obs@health.ny.gov.	

2. You will be taken to the start of a new and blank AER form.

YORK	There will not be an option to save while completing the Adverse Event Report. Please do not close this browser window or tab until the AER is submitted.	
OBS Adverse Event Report		
Introduction/Mandated Reporter		
Practice Information	+ Next	
Event Detail	Welcome to the NYS DOH Office Based Surgery Adverse Event Report Database	
Procedure	Overview	
Sedation Anesthesia	in accorpance with new row state routor relatin Law section	
Participating Staff	bloodborne pathogens must be reported within three days of becoming aware of a suspected transmission.	
Patient Demographics	allerer to report the inclination aller within the definition of procession instantion of design code(w) of the block non-tain. Who Must Report Adverse Events:	
Patient History	 ALL Licensed physicians. PAs. SAs and podiatists directly or indirectly involved in the OBS procedure must file an adverse event report. Mandated reporters involved in the OBS procedure, usually this includes the proceduralist and the sedationanesthesia provider, may file a single report or each increase may file separate reports. It is the personal reponsibility of each mandated reporter ensure that an adverse event report has been field. 	
Home Medication	 ANY physician, PA and/or SA.or podiatrist in a hospital or other setting who believes or becomes aware of a patient compliant, complication, condition, emergency department visit, hospital admission or death that occurred status post an OBS procedure 	
Quality Improvement	Event Reporting: • OBS MDs, PAs and/or SAs, or podiatrists should provide all information requested on the form.	
Upload Additional Documentation	 Non-OBS reporters should provide all the information that they have when submitting a report. All licensed physicians, PA and/or SA, or podiatrist directly involved in the OBS procedure should be advised of the adverse event report submission. 	
Attestation	Please do not close this browser window or tab until the AER is submitted. Please review the form before beginning, an offline version may be printed for use as a worksheet in collecting the necessary information.	
→ Submit OBS AER		
Offline Print Version		
● Begin New AER	1.0 Mandated Reporter Amandated reporter is any physician, physician assistant or specialist assistant, or podiatrist directly or indirectly involved in an OBS procedure associated with a reportable adverse event. Mandated reporters are expected to complete the OBS adverse event form within 72 hours of the occurrence of the adverse event and/or within 72 hours of becoming avaire of these events.	