



ACCREDITATION ASSOCIATION
1979-2009 *for* AMBULATORY HEALTH CARE, INC.

To New York State Office-Based Surgery Organizations Accredited by AAAHC

According to the New York State Department of Health, each designated accrediting agency is required to collect adverse event data from office-based surgery practices it accredits. If your organization is accredited by AAAHC, the following procedure applies to you.

At the time a reportable adverse event, as defined by New York State Public Health Law, is reported to the New York State Department of Health, you must **also** report certain information to AAAHC. **Do not submit** to AAAHC a duplicate copy of completed form NY DOH-4431. Please complete the attached form and return to AAAHC.

How to submit this form:

- To submit your completed form electronically, send it as an email attachment to NewYorkReporting@aaahc.org, OR
- Mail the completed paper copy of the form to the **AAAHC, Attention New York Reporting, 5250 Old Orchard Road, Suite 200, Skokie, IL 60077**. We strongly recommend using a trackable shipping method, OR
- Fax a copy of your form to the AAAHC at 847-853-9028. We strongly recommend using a trackable document receipt.

If you have questions about the New York Adverse Event Reporting, please contact the New York Department of Health **or** review the Office-Based Surgery Frequently Asked Questions http://www.health.state.ny.us/professionals/office-based_surgery/obs_faq.htm. The following link is to the New York Guidelines for Reporting Adverse Event http://www.nyhealth.gov/forms/instructions/doh-4431_instrucons.pdf.



Provide the following information only:

Reportable adverse incident

- a. Patient death within (30) days of surgery or procedure
- b. Transfer to a hospital as a result of surgery or a procedure
- c. Hospital admission within three days of surgery or a procedure
- d. Loss of a limb or organ function as a result of complications with the surgery or a procedure

Reportable Adverse Incident was associated with:

- Colonoscopy
- Upper endoscopy
- Dialysis access
- Urological surgery
- Plastic surgery
- Orthopedic surgery
- Treatment of chronic pain
- Other surgery or procedure not listed above

Age of Patient:

- Under twenty
- Twenty to sixty
- Sixty-one to eighty
- Over age eighty

Reportable adverse incident occurred at office-based surgery practice shown here:

Legal name of practice _____

Street address where procedure was performed _____

_____ City/zip _____

By my signature below, I am hereby attesting to the accuracy of the information reported above.

Signature _____ Date ____ / ____ / ____

Print name _____

E-mail _____ Phone _____