

# Follow these steps to **access the CPSO's Member Portal** as an OHP Medical Director, report an **Adverse Event**.



| Welcome, Mr. OHP Medical Director1<br>CPSO#:151094 |   |  |                       |  |  |
|--|---|--|-----------------------|--|--|
|  | Online Services                                       |  |                       |  |  |
|  | Anna Anna<br>Anna Anna<br>Anna Anna Anna Anna<br>Anna | interaction.   |                       |  |  |
|  | 12003   |  | Tonge                 |  |  |
|  |   | Out-of-Hoopital Primitises<br>Inspection Program (OrHP)<br>An one preterministic and a statistical<br>time, charge northicitary, spatial scheme<br>event had any additional information related to<br>the Que of Hoppital Primitise Impedian<br>Program. | And the second second |  |  |

#### Out-of-Hospital Premises Inspection Program (OHP)

An online platform to submit staff affiliation forms, change notifications, updates adverse events and any additional information related to the Out-of-Hospital Premises Inspection Program.

#### Once in the Member Portal, click on the Out-of-Hospital Premises Inspection Program (OHP) tile.

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Once logged into the Member Portal you will be able to submit an **Adverse Event.** To report an Adverse Event, you will need to open the OHP Details page.

| 2                     | Derso  |   |   | 🐥 Messages | ♠ Contact Us | OHP Medical Director1 - |
|-----------------------|--|---|---|------------|--------------|-------------------------|
|                       |  | <b>Mr. OHP Me</b><br><sup>CPSO#: 151094</sup> | dical Director1                               |            |              |                         |
| Click<br>prem<br>Even | on the OHP Numb<br>ises if you would li<br>t related to this pre | er associated<br>ke to report a<br>mises.     | d with the<br>an Adverse <sub>id renew.</sub> |            | NEW PRE      | MISES APPLICATION       |
|                       |  | OHP Number                                    | OHP Name 🕇                                    |            | OHP Status   |                         |
|                       | _  | OR136759                                      | ABCD  |            | Approved     | ~                       |
| -                     | (  | OR136706                                      | Aesthiticare                                  |            | Approved     | <b>*</b>                |

Once in the OHP Details page you will be presented with the option for reporting an Adverse Event.

|                        | Mr. OHP Medical Director1<br>CPSO#: 151094 |               |  |
|------------------------|--|---------------|--|
|                        |  |               |  |
| OHP DETAILS            |  |               |  |
| FINANCIAL TRANSACTIONS | Aesthiticare                               | OR136706      |  |
| MESSAGES 🐥             | Medical Director                           |               |  |
| OHP                    | OHP Medical Director1                      |               |  |
| REQUESTS/NOTIFICATIONS | OHP Renewal Due Date                       |               |  |
| OHP INSPECTIONS        | October/27/2021                            | BEGIN RENEWAL |  |
| ADVERSE EVENTS         | Approved Addresses                         |               |  |

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#### Reporting an Adverse Event

IMPORTANT: By proceeding, the system will create an adverse event which cannot be deleted from this premises profile. Report only if an adverse event has occurred.

|   | CPSO#: 190505           |                          |                    |                       |                   |               |
|---|-------------------------|--------------------------|--------------------|-----------------------|-------------------|---------------|
|   |                         |                          |                    |                       |                   |               |
| OHP DETAILS                               |                         |                          |                    |                       | DEPOT             | NATIONE FUENT |
| FINANCIAL TRANSACTIONS                    | ADVERSE EVENTS REPORTED |                          |                    |                       | REPORTA           | DVENSE EVENI  |
|   | Adverse Event Report #  | Portal Submission Status | Event Type         | Reported By           | Date Reporte      |               |
| MESSAUES 🕂                                | CAS-392638-B8G6X3       | Juormateu                | Cardiac concerns   | SolisR3 Middle Test31 | September/og/2024 | •             |
| OHP REQUESTS/NOTIFICATIONS                | CAS-392398-03V2Z6       | Submitted                | Cardiac concerns   | SolisR3 Middle Test31 | July/10/2024      | •             |
| OHP INSPECTIONS/OHP SERVICE REQUEST CASES | CAS-391777-NLJoSo       | Submitted                | Cardiac concerns   | SolisR3 Middle Test31 | January/31/2024   | •             |
| ADVERSE EVENTS                            | CAS-391776-R7Z2M4       | Submitted                | Allergic Reactions | SolisR3 Middle Test31 | January/30/2024   | *             |

Once on the Adverse Events page, click the **REPORT ADVERSE EVENT** button. After submitting the adverse event, please check "**Portal Submission Status**" column to make sure your report has been submitted.

#### Review information for reporting Adverse Events

| Derso | 🛦 Messages 🄶 Contact Us SolisRg Testgt 🗸   |  |  |  |  |  |
|-------|--|--|--|--|--|--|
|       | Important Information for Reporting Adverse Events   |  |  |  |  |  |
|       | To report an adverse event, please review the information before you proceed.  |  |  |  |  |  |
|       | Resources and Information Required:<br>1. Quick Reference Guides (QRG): Guide which outlines how to use this reporting tool including instructions on how to attach the required documents.  |  |  |  |  |  |
|       | <ol> <li>Documents Required Please attach the complete patient record related to the Adverse Event (pre, intra and post procedure documentation, anesthesia<br/>record. hospital transfer notes, referral letters or hospital records if applicable and any other documentation that tells the full patient story).</li> </ol> |  |  |  |  |  |
|       | Uploading Documents:   |  |  |  |  |  |
|       | When uploading your documents (so MB or less), click on the 'Add Files' button If your submission exceeds this limit, use the 'New Message' button which will<br>allow a file limit of 30 MB. You will be able to see your submitted files within 24 hours under Intake Information.   |  |  |  |  |  |
|       | I acknowledge having read the Ouick Reference Guide and wish to proceed with reporting an adverse event. By proceeding, the system will create an adverse event which cannot be deleted from this premises profile. Report only if an adverse event has occurred.  |  |  |  |  |  |
|       |  |  |  |  |  |  |
|       | CANCEL   |  |  |  |  |  |
|       |  |  |  |  |  |  |

Check the "I acknowledge" statement and click the PROCEED button





#### Proceed to fill out the Report Adverse Event form

|                      | Report Adverse Event  |                                |
|----------------------|---|--------------------------------|
| Details              | DETAILS   |                                |
| Staff Present        | Event Type '  | Click <b>NEXT</b> to continue. |
| Patient              | Select  |                                |
| Supporting Documents | Is Medical Director aware of this overt report? "                 |                                |
|                      | Select  |                                |
|                      | Any other reports completed for same Adverse Event?               |                                |
|                      | Select  |                                |
|                      | Fyes for what purpose, when and by whom?                          |                                |
|                      |   | ×                              |
|                      |   |                                |
|                      | Date of last procedure performed or last visit to the Premises? " | 1                              |
|                      | MANA/DD/YYYY 🗮  |                                |
|                      | Was/tis a consister involved?                                     |                                |
|                      | Select 👻  |                                |
|                      |   | NEXT                           |

Provide the name(s) of proceduralist and anesthetist (if applicable), and any other staff present during the adverse event.

|                                | Report Adverse E                                | vent          |  |           |
|--------------------------------|---|---------------|--|-----------|
| etails 🛩<br>Staff Present      | STAFF PRESENT WHEN ADVERSE EVEN                 | NT OCCURRED   | ý Create                                       | 7         |
| atient<br>Supporting Documents | Provide the name(s) of proceduralist and anesth | CPSO Member * | Stakeholder Category * Select   Physician Name | ADD STAFF |
|                                | CPSO Number 🕈                                   | First Name    | Last Name                                      | Role      |
|                                |   | Role          | ]  |           |
|                                |   |               |  | PREVIOUS  |

Click the **ADD STAFF** button Fill out the information in the pop-up window, then click **SUBMIT** Click **NEXT** button to continue



#### Proceed to fill out the Patient Information

|   | Report Adverse                   | Event   |               |
|---|----------------------------------|---|---------------|
| Details 🖌                                   | PATIENT INFORMATION              | 🗹 Create 🗙 🗙                                    |               |
| Staff Present  Patient Supporting Documents |                                  | First Name * Last Name *                        | ADD PATIENT   |
| Supporting Documents.                       | First Name 🕇                     | Date of Birth * Gender * MM/M/DD/YYYY  Gender * |               |
|   | There are no records to display. | ASA Classification *<br>Select v                |               |
|   |                                  |   |               |
|   |                                  | SUBMT   | PREVIOUS NEXT |

Click the **ADD PATIENT** button Fill out the information in the pop-up window, then click **SUBMIT** Click **NEXT** button to continue

Gather complete patient records and supporting documents

Submit the complete patient record pertaining to the adverse event, in one .pdf file already combined on your end to ensure the correct order:

- 1. Patient history
- 2. Anesthesia record
- 3. Referral notes (if applicable)
- 4. Pre, intra and post-op notes
- 5. Notes from follow-ups with the patient
- Hospital Records (if readily available) If not, please confirm that you do not already have it
- 7. Any other documentation which tells the full patient story from the date of the adverse event going forward



#### Submit complete patient records and supporting documents.



**NOTE:** If your submission exceeds10 MB limit, use the **NEW MESSAGE** button which will allow a file limit of 30 MB. You will be able to see your submitted files within 24 hours under Intake Information.

Scroll down and click on the **NEW MESSAGE** button to send a message to OHP program staff if needed.

Messages Regarding My Requirements

Click the **SUBMIT** button to continue.



Complete Adverse Events submission

Once you have submitted your patient records and supporting documents, the Patient Records link will now appear under Requirements: Under Review.

To complete the Adverse Events submission process, scroll down and click on the **SUBMIT** button. If not, the adverse event will remain as a Draft and will NOT be considered as a reported event.

|           | Report Adverse  | Event  |  |  |
|-----------|---|--|--|--|
|           | <ul> <li>Following the initial receipt of your submission.</li> </ul> | we will continue to update the status online as further documents are received | I and revewed. You may be asked to provide add | sitional documents or expand on your initial submission. |
| lis 🗸     | PLEASE SUBMIT COMPLETE PATIENT RECOR                                  | DS AND SUPPORTING DOCUMENTS IN THE "PATIENT RECORD"                            | SECTION PR. OR TO CLICKING "SUBMIT"            |  |
| Present 🖌 | Once completed the Intake Information wil                             | I appear under the "Requirements: Under Review" subgrid                        |  |  |
| nt ✔      |   |  |  |  |
|           | Requirements: Not Received or Rejected                                |  |  |  |
|           | Name  | Description  | Due Date 🕇                                     | Requirement Status                                       |
|           |   |  |  |  |
|           | There are no records to display.                                      |  |  |  |
|           | Requirements: Under Review<br>Name                                    | Description  | Due Date 🔶                                     | Regulement Status  |
|           | Patient Record  |  | August/25/2024                                 | Received Under Review                                    |
|           |   | ß  |  |  |
|           | Requirements: Accepted  |  |  |  |
|           | Name  | Description  | Due Date 🕹                                     | Requirement Status                                       |
|           |   |  |  |  |
|           | There are no records to display.                                      |  |  |  |
|           |   |  |  |  |
|           |   |  |  | PREVIOUS   |