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**DIVISION OF MENTAL HEALTH SERVICES**

**ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

**DATE ISSUED:** April 1, 1996

**EFFECTIVE DATE** May 19, 2011

**SUBJECT: Administrative Bulletin 3:16  
Intra-Division Transfers between State Psychiatric Hospitals  
(Formerly called "Clinical Protocols Regarding Hospital Transfers")**

The attached revised Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this Bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.

Valerie L. Larosiliere  
Acting Assistant Commissioner

VLL:pjt  
Attachment

**DIVISION OF MENTAL HEALTH SERVICES  
ADMINISTRATIVE BULLETIN 3:16**

**DATE ISSUED:** April 1, 1996

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**SUBJECT: Intra-Division Transfers between State Psychiatric Hospitals**

**I. Purpose**

This Bulletin describes procedures for transfers between state psychiatric hospitals, following the request of consumers' families and/or for clinical or administrative reasons. Transfer shall be made with the best interests of the consumers and their families, with assurances that consumers are cared for in the least restrictive setting available, in all instances. The procedures shall also ensure that such transfers are completed in a timely manner and are done in accordance with regulations and with clear communication between the facilities of each consumer's individual clinical needs.

**II. Legal Authority**

- N.J.S.A. 30:1-7 et seq.
- N.J.S.A. 30:4-27.21
- N.J.A.C. 10:36- 3.1 et seq.
- Administrative Order. 1:90

**III. Scope**

This policy applies to all state psychiatric hospitals in New Jersey as defined in N.J.S.A. 30:1-7 et seq..

**IV. Policy**

Consumers in state psychiatric hospitals shall receive care that maintains continuity of treatment in the least restrictive setting possible. However, there are times when the consumer's and his/her family's best interests and/or other clinical and administrative considerations dictate that a consumer be transferred to another state hospital. This includes transfers following changes in a consumer's behavior that requires a more or less restrictive level of care. In order that such transfers are done timely and with adequate communication of clinical information, hospital staff shall adhere to established procedures for these transfers. If a receiving state psychiatric hospital presents a clinical rationale for delay of a transfer, or if other conflicts occur in regard to transfers, the Division shall institute a dispute resolution process involving the DMHS Medical Director and the Assistant Director, Office of State Hospital Management (OSHM). The Division's Medical Director shall make the final determination of transfers.

## V. Procedures

In accordance with regulations, the following general procedures in all transfers between state psychiatric hospitals:

### A. Factors in support of transfer

1. To place the consumer closer to family members
2. To place the consumer in a hospital near his/her residence
3. To provide a new clinical experience when treatment impasses occur
4. To provide greater or less clinical structure or security in accordance with the assessed need of the consumer
5. To allow participation in a clinical service offered in another hospital or in the community that is more accessible to the other hospital
6. In response to overcrowding, fire/safety or other dangers, as well as for closure or consolidation of hospitals or services.

### B. Transfers of Consumers on CEPP Status

In general, consumers on CEPP status should not be transferred, because of concerns that this will disrupt or delay discharge. However, if the consumer is in agreement with the transfer and there is evidence that transfer will, in fact, lead to a more expeditious discharge into the community, an exception for this may be granted. The request for the exception must be made to the Division's Medical Director, after consumer/guardian consent and notification of the consumer's attorney. The exception should be processed through the Hospital Transfer Coordinator, Section C of this Administrative Bulletin.

### C. Designation of a Transfer Coordinator

The Division shall appoint individuals to coordinate transfer between the facilities, as follows:

1. Each CEO shall designate a staff member to serve as 'Transfer Coordinator' who will report directly to the CEO on matters related to Intra-Division hospital transfers. More than one Transfer Coordinator may be designated for referrals, depending on the referral source or other factors, such as legal status.
2. The Office of the Division Medical Director shall also appoint a Forensic Coordinator, whose role, in part, shall be to oversee transfers between Ann Klein Forensic Center (AKFC) and the other state psychiatric hospitals.

#### D. Clinical Considerations in Consumer Transfers

1. Consumers and their families must be prepared for transfer and sufficient time must be allowed for the information to be discussed with them. Hospital staff are required to identify and discuss any issues that produce stress or anxiety in consumers, and they should also be available to assist involved family members.
2. If requested and deemed appropriate, pre-transfer visits to a receiving facility shall be arranged for consumers and their family members
3. Relocation stress has been identified as a factor in consumers in certain high risk groups; these include older and medically compromised individuals, those with prior suicide risk, and those who, in general, have difficulty adapting to change. In cases in which such risk has been identified, then there must be direct communication between treatment teams about the best way to resolve or address these concerns.
4. Consumers' psychiatrists and primary care specialists shall review medication regimens and medical care needs of consumers, with special consideration given to the possible clinical effects of a transfer. Documentation shall clearly describe the rationale for the all medication and medical interventions, and direct communication between them and their counterparts at the receiving hospital shall occur when clinically indicated. All communication shall be made orally and followed up with written communication.
5. In cases in which several consumers are being transferred, such as in a closure or realignment of hospital or units, then consideration should be given to transferring consumers in small groups and with staff with whom they are familiar.

#### E. Preparation of a Clinical Information Package

Prior to any transfers, a Clinical Information Package is to be prepared by the Transfer Coordinator of the sending hospital with assistance from the consumer's treatment team in order to assure that all necessary and relevant clinical information is conveyed to the Transfer Coordinator of the receiving hospital.

1. Clinical Information Packet must include, but is not limited to the following:
  - a. Written request for transfer with a current summary that includes demographic information, reason for transfer, current course of treatment with attention to pertinent information that would benefit the transfer process, brief history and precipitating factors leading to present hospitalization.
  - b. Copies of correspondence from family members supporting the transfer
  - c. Copies of most recent assessments (Psychiatric, Psychological, Social Services, Nursing)
  - d. Interfacility Transfer form
  - e. Medical information (i.e. current history and physical exam, current laboratory data, recent consult reports, blood levels if medications require monitoring)

- f. Current treatment plan
  - g. Progress notes for previous 60 days
  - h. Legal status information (copies of original commitment papers, results of most recent hearing including applicable court order(s), if consumer is on CEPP status and explanation of placement barriers)
  - i. Risk management information (e.g. hospital incidents)
2. For transfers of Special Status Patients (refer to A.B. 3:29), the Transfer Coordinator of the sending hospital shall consult with the hospital's Office of Court Coordination to ensure that proper procedure concerning the Special Status Patient review process is followed. Once it is complete, the Transfer Coordinator will include this information in the packet to be sent to the receiving hospital.
- F. Transfers between Regional State Psychiatric Hospitals (Ancora Psychiatric Hospital, Hagedorn Psychiatric Hospital, Greystone Park Psychiatric Hospital, Trenton Psychiatric Hospital)
1. The Transfer Coordinator of the sending hospital will submit the Clinical Information Packet to the Transfer Coordinator of the receiving hospital.
  2. Upon receipt of the Clinical Information Packet, the Transfer Coordinator will review the packet and consult with appropriate parties within the hospital (i.e. CEO, Medical Director) in a timely manner. If additional information is required upon receipt, this request should be made without delay.
  3. If the Transfer Coordinators agree to the transfer, they shall arrange for a specific date and time for the transfer to occur, with the hospital initiating the transfer making appropriate arrangements for consumer transport.
  4. If a transfer is clinically indicated but a consumer or their guardian objects to the proposed transfer, he/she and/or his/her representative(s) shall be given the opportunity to discuss this with a hospital representative and to state this in writing for review by the hospital's Medical Director or designee, who shall confer with the Division's Medical Director and Assistant Director of OSHM for review and approval.
  5. Consumers who have prior criminal convictions and are subject to the limitations of A.O. 1:90 shall be referred to the Division's Office of the Medical Director for determination of the receiving regional hospital. If clinically appropriate, the office will request that an exemption pursuant to A.O. 1:90 Section V (D) be granted by the Assistant Commissioner to allow for a transfer to GPPH or to HPH despite past convictions; these consumers must be clinically stable and not pose a risk of violence, and a clear rationale for transfer (i.e. family involvement, treatment needs, and census issues) must exist.
  6. Treatment teams shall notify consumers' families, their attorneys, and the County Adjuster before a mutually agreed upon transfer date.

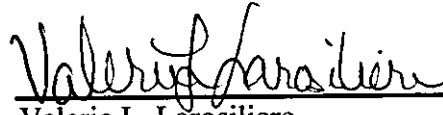
7. If the Transfer Coordinators do not agree on the transfer, the matter shall be referred to the CEO's of each hospital for resolution. If the CEO's do not agree, the case should be referred for dispute resolution pursuant to Section H of this Administrative Bulletin.
8. For the purpose of transfers between regional state psychiatric hospitals, there shall be a general presumption of medical clearance, as the facilities have the same medical resources. Transfers to AKFC will be the only exception to this principle, as this facility has more limited medical services and less access to consultants than the regional hospitals.

#### G. Transfers between Regional State Psychiatric Hospitals and AKFC

1. In emergent situations that require a consumer to be transferred to AKFC in order to stabilize the consumer and protect others, the Transfer Coordinator of the sending hospital will contact the AKFC Transfer Coordinator to initiate an expedited transfer based on the procedure in F above.
2. The AKFC Transfer Coordinator shall contact the regional hospital's Transfer Coordinator by the end of the next work day to report the status of the emergent referral. If the consumer referral is denied, there shall be communication between managing psychiatrists of the involved hospitals to discuss the referral.
3. If the consumer is not accepted at AKFC, or is accepted but can not be immediately transferred because no AKFC bed is available, the case shall be referred to the Forensic Coordinator in the Office of the Division's Medical Director for assistance or resolution.
4. Once, in the opinion of the treatment team, an AKFC consumer is stable and is no longer a risk to himself/herself or others, the AKFC Transfer Coordinator will initiate a transfer back to the sending hospital based on F above. AKFC consumers who are referred to regional hospitals, whether they represent a new admission or the return of a two way transfer, the consumer shall be transferred within five (5) working days from the date of the referral, unless a hold is requested during this time period.
5. If the Medical/Clinical Director of the receiving regional facility requests a delay or hold of an AKFC transfer, the clinical rationale for this must be communicated to AKFC and the DMHS Medical Director, or his/her designee, within the 5 working day period. The hospital managing psychiatrists or other clinical managers should have already had a direct discussion of the issues and attempted to resolve this before this is requested.
6. For the purpose of transfers between AKFC and regional state psychiatric hospitals, there shall be a presumption of medical clearance; medical needs are clearly communicated to AKFC when emergent transfers are being requested and these issues should not delay transfers when behavioral needs are urgent. .

## H. Dispute Resolution

1. The Division's Medical Director shall resolve disputes concerning transfers between the state psychiatric hospitals, including those occurring when a Medical/Clinical Director has submitted a timely request to hold or delay an AKFC transfer and this can not be resolved within the 5 day period following referral.
2. If necessary, the Division's Medical Director, or his/her designee, shall confer with the Assistant Director OSHM and/or Assistant Director overseeing AKFC in order to resolve the matter.
3. In cases of continued disagreement following the above conference between Division administrators, ultimate resolution will rest with the Assistant Commissioner or his/her designee.



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Valerie L. Larosiliere

Acting Assistant Commissioner, DMHS

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