State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
222 SOUTH WARREN STREET
PO 130x 700
TRENTON, NJ 08625-0700

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JENNIFER VELEZ
Commissioner

LYNNA. KOVICH
Assistant Commissioner

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: September 26, 1997 REVISED: June 7,2013

SUBJECT: Administrative Bulletin 3:18
Policies and Procedures for Reporting and Investigating Allegations of Patient (Service Recipient) Abuse and Professional Misconduct

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 order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

Lynn A. Kovich
~~Assistant Commissioner~~

LAK:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 3:18

EFFECTIVE DATE: September 26, 1997 REVISED DATE: June 7, 2013

SUBJECT: POLICIES AND PROCEDURES FOR REPORTING AND INVESTIGATING ALLEGATIONS OF PATIENT (SERVICE RECIPIENT) ABUSE AND PROFESSIONAL MISCONDUCT

I. PURPOSE

To establish policies and procedures for reporting, investigating, and handling of allegations of patient (service recipient) abuse and professional misconduct at New Jersey State Psychiatric Hospitals.

II. POLICY

Every service recipient has the right to be treated with respect and dignity and to be accorded all civil and human rights. Every service recipient has the right to receive treatment according to established standards of care.

Acts of Service Recipient Abuse are Absolutely Prohibited.

Any employee who engages in any act of abuse or who otherwise hinders, impedes or interferes with the completion and documentation of a service recipient abuse investigation may be subject to disciplinary action in accordance with Department of Human Services' Administrative Order 4:08 and/or criminal action. Any contractor or volunteer who engages in any act of abuse or who otherwise hinders, impedes or interferes with the completion and documentation of a service recipient abuse investigation may be subject to criminal action.

All employees shall immediately report any known, alleged or suspected act of abuse, from any source, in accordance with this Administrative Bulletin and hospital policy and procedures.

All employees shall be formally trained and familiar with the mandates of this Administrative Bulletin and all new employees will be oriented to this policy before commencement of assigned duties.

This policy shall be incorporated in each individual hospital's operational manual.

III. SCOPE

This policy shall be implemented and have full force and effect at any of the New Jersey State psychiatric hospitals, as specified in NJSA: 30:4 - 160, namely,

1. Ancora Psychiatric Hospital
2. Ann Klein Forensic Center
3. Greystone Park Psychiatric Hospital
4. Trenton Psychiatric Hospital

IV. AUTHORITY

NJSA 9:6 -.10 (re: reporting child abuse to DCP&P (formerly DYFS»
NJSA 52:27g-7.1(a) (re: reporting abuse to the Ombudsman for the Institutionalized Elderly)
NJSA 30:4-3.15 - 3.21 (re: reporting patient abuse)
NJAC 4:A:2-2.3 Part A (6) (Conduct Unbecoming a Public Employee)
AO 4:08, "Disciplinary Action Policies and Responsibilities"
AO 2:05, "Unusual Incident Reporting and Management System (UIRMS)"
AB 4:13, "Patient Services Compliance Unit"
Memorandum dated 1/31/00 from Alan Kaufman, former Division Director

V. DEFINITIONS

Abuse - Means any act, omission or non-action in which an employee engages with service recipients, that does not have as its legitimate goal the healthful, proper and humane care and treatment of the service recipient, which causes or may cause physical or emotional harm or injury to a service recipient, or deprives a service recipient of his/her rights, as defined by law or Departmental policy.

Employee - Refers to a full or part time employee, volunteer, or student intern of the Department of Human Services. This includes DMHAS staff, regional staff, program analysts, etc. For the purposes of this Bulletin, the term "Employee" refers to a person employed by the State to work at a State psychiatric hospital or a person employed by a private entity under contract with the State to provide contracted services at a State psychiatric hospital.

Exploitation - Any Willful, unjust, or improper use of a service recipient or his/her property/funds, for the benefit or advantage of another; condoning and/or encouraging the exploitation of a service recipient by another person. Examples of exploitation include, but are not limited to, appropriating, borrowing, or taking without authorization, personal property/funds belonging to a service recipient, or requiring him/her to perform functions/activities that are normally conducted by staff or are solely for the staff's convenience.

Incident Review Committee (IRC) - A committee appointed by the CEO, chaired by the Risk Manager, and charged with the review of completed investigation summary reports. The committee shall be composed of at least the following: CEO (or designee) and Administrators (or designees) of Nursing and Quality Improvement. Representatives

from Psychology, Psychiatry, Medicine and Social Services may also be requested to attend, as well as a representative from Employee Relations, a Client Services Representative, and an administrator from the victim's section/complex/unit.

Neglect - The failure of a caregiver (person responsible for the service recipient's welfare) to provide the needed services and supports to ensure the health, safety, and welfare of the service recipient. These supports and services mayor may not be defined in the service recipient's plan or otherwise required by law or regulation. This includes acts that are intentional, unintentional, or careless regardless of the incidence of harm. Examples include, but are not limited to, the failure to provide needed care such as shelter, food, clothing, supervision, personal hygiene, medical care, and protection from health and safety hazards.

Offenses Relating to Patient Abuse – Involves any action or omission by an employee (either directly or indirectly) which in any way hinders, impedes, or interferes with the completion of a service recipient abuse investigation and/or any subsequent administrative or criminal action contemplated or taken as result of the investigation. Examples include, but are not limited to: failure to report knowledge of service recipient abuse or suspected service recipient abuse or failure to take appropriate action when informed or after becoming aware of an allegation of service recipient abuse (either actual or suspected); making deliberate false and/or misleading statements to appropriate investigating officials regarding a matter of circumstances surrounding an incident of actual or suspected service recipient abuse; failure and/or refusal to truthfully answer appropriate or reasonable questions or provide signed written statements regarding an incident or circumstances surrounding an incident of actual or suspected service recipient abuse; destroying, refusing to turn over, falsifying or altering records, documents or other evidence related to or which may be related to an incident of actual or suspected service recipient abuse.

Patient Services Compliance Unit /PSCU) - Refers to a unit within the Central Office of the Division of Mental Health and Addiction Services that is responsible to review that services provided within the State psychiatric hospital system are in compliance with all applicable laws, regulations, administrative orders, administrative bulletins, and standards, and that patients' rights are protected. In addition, the Unit acts as the Commissioner's and the Assistant Commissioner's designee to receive reports of allegations of patient abuse and reports of professional misconduct by clinical treatment staff.

Physical Abuse - As defined in Administrative Order 4:08, Supplement 1, refers to a physical act directed at a service recipient by a DHS employee, volunteer, intern, or consultant/contractor of a type that could tend to cause pain, injury, anguish, and/or suffering. Such acts include, but are not limited to, the service recipient being kicked, pinched, bitten, punched, slapped, hit, pushed, dragged, and/or struck with a thrown or held object.

Reasonable Cause to Suspect - As used in P.L. 1997, Chapter 70, Sections 2a and 3, means the possession of information by a State hospital employee, such that an ordinary person would think that it is somewhat likely that a service recipient is being or has been abused or that it has occurred. Such information may be, but shall not be

limited to, eye witnessing activities, hearing conversations and reading records. Allegations of abuse made by service recipients always constitute reasonable cause to suspect abuse.

Rights Violation - Any act or omission that deprives a service recipient of human or civil rights, including those rights which are specifically mandated under applicable regulations. Court ordered restrictions, clinically justified restrictions that are appropriately documented, or licensing regulations subject to a waiver are not considered rights violations within the meaning of this policy. Examples include, but are not limited to, unauthorized removal of personal property, refusal of access to the telephone, privacy violations, breach of confidentiality, opening service recipients' mail without their presence, or any failure to inform, respect, or assist a service recipient in exercising his or her rights.

Service Recipient - Refers to a child (birth to 17 years) or an adult (18 years and older) who resides in a state operated facility/institution or attends a state operated special needs educational program (OOE). This term replaces the previously used terms of consumer, patient, or client.

Sexual Abuse - Acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation, or inappropriate touching of an individual by a DHS employee, volunteer, intern, or consultanUcontractor. Any form of sexual contact or activity between a DHS employee, volunteer, or intern and a service recipient is abuse, regardless of whether the service recipient gives consent or the employee, volunteer, or intern is on or off duty.

Sexual Contact - Refers to the intentional, nonconsensual touching of the victim's breast, genital, or anal area, over or under clothing, with the purpose of sexual arousal and/or gratification of the perpetrator. Any act perpetrated by staff upon/involving a service recipient is considered abuse and must be reported as such. (Also see Assault: Sexual.) Reference: N.J.S.A. Criminal Code 2C:14-1.

Trained Abuse Investigator - Any staff member who has completed the Division's patient abuse training curriculum and as a result, is authorized, in addition to his or her other duties and functions, to conduct abuse investigations in accordance with this policy.

Verbal/Psychological Abuse/Mistreatment • Any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern, or consultanUcontractor which inflicts emotional harm, mental distress, invocation of fear and/or humiliation, intimidation, degradation, or demeaning a service recipient. Examples include, but are not limited to: teasing, bullying, ignoring need, favoritism, verbal assault, or use of racial slurs, or intimidating gestures (i.e., shaking a fist at a service recipient).

Unusual Incident - An occurrence involving the care, supervision, or actions of a service recipient that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the service recipient or others. Unusual incidents also include situations occurring with DHS staff or contractors or affecting the operations of a facility/institution/school. Examples include, but are not limited to, allegations of

abuse and neglect, service recipient to service recipient assault, and medication errors. An unusual incident may also involve the conduct of employees (while on- or off-duty) or others who may come in contact with service recipients who reside in DHS operated facilities, regardless of the place of occurrence of the incident. Examples include, but are not limited to, a service recipient receiving medical care in a local hospital or an incident occurring while service recipient is on brief visit.

Unusual Incident Reporting Management System (UIRMS) - A computer database established and maintained by the Department of Human Services as outlined in Administrative Order 2:05 for the purpose of reporting and analyzing trends of unusual incidents.

Violation of Regulation, Policy/Procedure - Involves any willful act which violates regulations policy or procedure relating to either a service recipient's rights or care, where failure to observe the regulation, policy or procedure may cause or causes the service recipient emotional or physical pain, harm or injury.

VI. PROCEDURES

A. Initial Reporting of Service Recipient Allegations of Abuse

1. All service recipients shall be informed that they can and should immediately report any known or suspected acts of abuse to hospital staff and/or the Disability Rights of New Jersey (DRNJ), PSCU, Public Defender and/or hospital client services representative. Each hospital shall post the telephone numbers in highly visible service recipient areas.

2. Any employee of a State psychiatric hospital, who, as a result of information obtained in the course of his/her employment, has reasonable cause to suspect or believe that a service recipient is being or has been abused by any person is required to immediately report the incident 24 hours per day, seven days per week, to the charge person on the unit on which the service recipient resides, to his/her own supervisor and to the Patient Services Compliance Unit (see Section VI B1). Allegations of abuse made by service recipients are always reasonable cause to initiate an investigation, as per memorandum from former Division Director Alan Kaufman dated January 31, 2000.

3. The Patient Services Compliance Unit within the Division of Mental Health and Addiction Services can be contacted by calling the Unit's toll-free telephone number (1-888-490-8413), 24 hours per day, seven days per week. The individual employee is required to make the report to the Patient Services Compliance Unit as soon as possible, but no later than 24 hours after having reasonable cause to suspect that a patient is being abused.

4. In the event that individuals other than employees report an allegation of abuse to an employee, that employee shall report same in accordance with this Administrative Bulletin.

5. The charge person to whom the allegation is reported shall immediately communicate this information to the Supervisor of Nurses. Each hospital shall

develop and implement a procedure that requires immediate notification of each reported allegation to the appropriate administrator (i.e., Section Chief/Complex Administrator), to the CEO (or designee), and to the Human Services Police (as required by Attachment A of AO 2:05). The procedure shall specify the staff members who are responsible for such notification.

6. In cases of alleged sexual abuse, the Human Services Police Department (HSPD) must be notified immediately.

7. In the case of abuse or neglect of a minor service recipient (under age 18), hospital designated reporting staff must immediately notify the Department of Children and Families – Institutional Abuse Unit (1-800-792-8610), as per N.J.SA 9:6-8.10.

8. In the case of a service recipient 60 years of age or older, hospital designated reporting staff must immediately notify the Office of the Ombudsman for the Institutionalized Elderly (1-877-582-6995) as per N.J.S.A. 52:27g-7.1(a).

9. Following receipt of any complaint or allegation, a hospital incident reporting form must be completed and submitted as soon as possible, but no later than the end of the seven hour hospital shift during which the allegation of abuse was reported. The form shall include, at a minimum: the name and signature of all individuals completing the form and the name of the service recipient(s) allegedly abused or neglected and if known, the name(s) of the staff alleged to have abused or neglected the service recipient(s); the date, time and place of the incident; names of all witnesses including service recipients, staff and visitors; and a brief description of the allegation in the words of the reporter of the allegation. **If** any of this information is not known prior to the required timeframe for submission of the report, this shall be documented on the report and shall not hinder submission of the report within the mandated time frames outlined above.

10. The designated hospital administrator shall notify the hospital risk manager who shall ensure that an Unusual Incident Report (UIR) is entered in accordance with time frames specified for reporting Category A+, A and B type incidents as specified in the Department of Human Services Administrative Order 2:05, Unusual Incident Reporting and Management System (UIRMS).

11. Allegations of abuse of a service recipient involving a DMHAS employee which allegedly occurred outside of the hospital must be reported and investigated in the manner outlined in this Bulletin. **In** the case of incidents which allegedly occurred in another State psychiatric hospital, the Risk Manager of the hospital in which the allegation was made must notify the Risk Manager of the hospital in which the incident allegedly occurred, who will then cause an investigation to begin. The incident will be entered into UIRMS and followed through to closure by the facility where the incident allegedly occurred.

12. **In** cases of allegations of abuse which do not involve the hospital or hospital staff, the Risk Manager (or designee) must forward the information to the appropriate investigatory body at the location of the incident and enter the information into UIRMS.

B. Reporting to the Patient Services Compliance Unit

1. The toll-free telephone number of the Patient Services Compliance Unit shall be posted in highly visible, public areas throughout the hospital. This posting shall contain clear instructions that individuals who witness or have reasonable cause to suspect that a service recipient is being or has been abused by any employee of the hospital or by any other person shall report this information to the Patient Services Compliance Unit. These reporting requirements shall also be included in the Employee Orientation Program at each hospital.

2. State psychiatric hospital employees will receive training in recognizing probable incidents of or behavior that constitutes service recipient abuse (including physical, verbal, or sexual abuse, neglect and exploitation) and their legal responsibility to report this behavior. The training curriculum shall address minimally:
   a. What constitutes abuse (including physical, verbal, or sexual abuse, neglect and exploitation).
   b. The individual employee's responsibility to report this behavior.
   c. The name and phone number of the staff to which the suspected service recipient abuse shall be reported.
   d. The information that should be included in the report.
   e. The conditions under which the reporter's identify will be made known.
   f. The ramifications if an employee fails to report suspected service recipient abuse.
   g. Methods to prevent service recipient abuse.

3. The report to the Patient Services Compliance Unit shall contain the name of the staff member, the name of the psychiatric hospital and the unit to which the staff member is assigned, information regarding the nature of the suspected abuse, the name of the person making the report and any other information which might be helpful in an investigation of the case.

4. If the Risk Manager is aware of an allegation and submits an UIR but is aware that PSCU was not notified, a call to PSCU is still required.

5. A person who reports suspected service recipient abuse or who testifies in any administrative or judicial proceeding arising from the report or testimony shall have immunity from any civil liability on account of the report or testimony, unless the person has acted in bad faith or with malicious purpose.

6. Any person required to report suspected service recipient abuse who falls to make the report shall be subject to disciplinary action in accordance with Department of Human Services' Administrative Order 4:08 and/or shall be liable to a penalty of not more than $5,000, in accordance with P.L. 1997 Chapter 70.

C. Investigating Service Recipient Abuse Allegations

Once an allegation of abuse has been reported, the following investigative protocol shall be undertaken:

1. When allegations include descriptions of the physical environment or if investigation of the physical environment may provide useful information to an investigator, the charge person to whom the allegation is reported shall preserve the scene and collect relevant, pertinent documents (for example, precaution monitoring sheets, census forms, body outline charts, progress notes, team notes and mental status exams).
2. The CEO shall ensure that an administrative investigation is completed and that appropriate conclusions are developed and appropriate actions taken. In all cases of allegations of service recipient abuse, the investigation shall begin as soon as possible, but no later than 24 hours following notification of the allegation. The CEO shall also ensure complete and timely cooperation with any other investigative body authorized to conduct an investigation of the incident.
3. Irrespective of the category, type or designation of the incident, the CEO (or designee) will assign a trained abuse investigator from outside the unit to participate in any investigation of an allegation of abuse.
4. In all cases, the CEO or designee shall review the allegation and determine whether sending the employee off duty with payor whether a temporary reassignment is necessary to ensure that the accused employee has no contact with the involved service recipient and/or staff witnesses until completion of the investigation and resolution of the allegation. The CEO, in all cases, shall retain the authority to direct the reassignment or transfer of any employee, or otherwise direct immediate remedial or protective action, pending final disposition of the matter.
5. The investigation shall include written statements from all employees who were on duty at the time of the alleged incident and on the unit where the incident allegedly occurred. These statements are to be collected by supervisory personnel prior to the end of the seven hour hospital shift during which the allegation was made. (In cases where staff were on duty during the time of the incident, but who are not on duty when the allegation is first made, statements are due by the end of the first day that they are back on duty.) Statements are not required from staff who were not on duty on the date of the alleged incident.
6. In cases involving allegations of sexual abuse, regardless of where the incident allegedly occurred, the HSPD must be contacted immediately, and in turn will contact the NJ State Police for their investigation. In the event that the police decide not to transfer a service recipient for a physical exam, a physical exam should be completed by at the local Emergency Room If an exam is refused by the service recipient, this shall be documented in the service recipient's chart.
7. All allegations of physical abuse must be accompanied by a documented physical exam.
8. All allegations of abuse must be accompanied by a mental status exam which assesses all involved service recipients' competency/capacity to report details of the incident accurately regardless of where the incident allegedly occurred.
9. The Unit Department Head or designee shall also notify the accused employee that he/she is the subject of an abuse investigation and the accused employee's supervisor that an investigation is being conducted. If a service recipient has made an allegation of abuse, that service recipient shall

also be notified that an investigation is being conducted, unless clinically contraindicated. A member of the Treatment team may be designated to notify the service recipient of the investigation.

10. An employee accused or otherwise suspected of abuse will be accorded all the contractual rights in accordance with their negotiated agreements but be removed from contact with the alleged victim.
11. The hospital's Office of Human Resources shall be advised of the allegation. The Director of Human Resources or designee shall review the records of the accused employee(s) and advise the investigator of any prior allegations of abuse which have been lodged against the employee(s). The findings of these reviews shall be forwarded to the investigator for the inclusion, review and deliberation when reviewing the current allegation. This, plus the alleged perpetrator's training transcripts shall be included in the case file.

D. Investigations and Investigation Reports

Once an allegation of abuse has been reported, the investigative methodology and standards outlined in Attachment B, Sections I - IV shall be utilized.

1. The investigation shall include interviews conducted by a trained abuse investigator of the individual who initially reports the allegation, the victim, the alleged perpetrator, and all other potential witnesses, including service recipients, staff, visitors, etc. If not already procured by supervisory staff, the trained abuse investigators shall gather all relevant documents as well as physical and demonstrative evidence. All involved parties, including service recipients who have been discharged, family members named as potential witnesses, and staff who are no longer employed at the hospital shall be interviewed. Any person named as an involved party must either be interviewed or there must be documentation of failed efforts to interview.
2. In cases where service recipients recant, the investigation will continue until there is a preponderance of evidence to determine that the allegation is unsubstantiated.
3. At the conclusion of an investigation, a final investigative report shall be written on the attached "Investigative Report Summary" form (Attachment A) and submitted to the Risk Manager, who shall ensure review of the case by the Incident Review Committee (IRC).
4. Each investigatory case file will include copies of at least the following:
    - Hospital internal incident report
    - Progress note regarding the incident
    - Team note documenting review of the incident
    - Mental Status assessment of involved service recipients' capacity to relate details
    - Physical exam in cases of alleged physical and sexual abuse
    - Initial written statements of all staff on unit where incident occurred
    - Interview statements of all involved parties obtained by investigator

- Relevant supporting documentation such as DVR, assignment sheets, nursing logs, 24 hour report, etc. (see Attachment B)
- Investigation report
- Evidence of review and closure by IRC
- Evidence of actions taken of recommendations of IRC
- Evidence of feedback of the outcome of the investigation to the alleged victim
- Evidence of feedback of the outcome of the investigation to the alleged perpetrator(s)
- Evidence of feedback of the outcome of the investigation to the person making the allegation.
- The final UIR

E. External Monitoring/Investigations (suggested new section)

1. At the direction of the Assistant Commissioner, the Patient Services Compliance Unit may be designated to conduct an independent investigation of specific allegations. The Patient Services Compliance Unit may also be directed to monitor the hospital's internal investigation.

2. In a criminal case, the Prosecutor's Office may request that any other investigation be suspended until it has completed its own investigation. The hospital shall establish a policy to ensure complete cooperation with the Prosecutor's Office. In the event that the State Police or Prosecutor's Office is involved in an investigation, Risk Management investigators should continue to secure DVD evidence, written employee statements, supporting documents, etc. (with the exception of interviews of involved parties) unless requested by law enforcement to discontinue. Investigations by law enforcement do not preclude internal, administrative investigations. Risk Management will contact the Officer in charge of the investigation at least weekly to request clearance to continue the internal investigation and shall ensure that an internal hospital investigation is completed in a timely manner when given clearance. The reasons for any delays should be documented in the investigation summary report.

F. Administrative Review and Recommendations

1. Upon receipt of the aforementioned final investigative report, the IRC will review the investigation report and related evidence to determine whether the investigation into the case should be closed or if more information is needed prior to closure. Allegations of abuse should either be closed as Substantiated or Unsubstantiated. In rare cases, there may be no evidence that the incident could have occurred, and these cases may be closed as Unfounded *(eg,* the service recipient states that an employee pushed them

earlier that day, and the employee was not at work for the past week). The CEO (or designee) shall determine if disciplinary action must be taken, and/or if further training for the employee is warranted The CEO, the Assistant Division Director and the Assistant Commissioner, in all cases shall have the authority to direct immediate remedial or protective action, pending final review and recommendation in the matter.

2. Notice to the employee, employee's supervisor, the Director of Human Resources, the Employee Relations Coordinator, Risk Management, the Patient Services Compliance Unit and other investigatory participants of the final disposition shall be provided by the CEO or designee.
3. When the allegation has been reported by a service recipient, the treatment team will notify the service recipient of the findings and conclusions of the investigation. Said notice to the service recipient shall be provided in a manner deemed most appropriate by the treatment team. Whether or not to inform the service recipient of the outcome of the investigation is a clinical decision that must be made by the team. Treatment teams shall notify Risk Management when notification has been made or a determination has been made not to inform the service recipient. If the service recipient is dissatisfied with the investigation, findings, disposition or remedial recommendations, he or she shall have the right to contact the Client Services Representative, the Disability Rights of NJ (DRNJ)., or if the service recipient is 60 years or over, the Office of the Ombudsman for the Institutionalized Elderly regarding the matter. If the patient has since been discharged, the Risk Manager will send a letter to the patient's discharge address stating that their concern has been addressed and that they may contact the Risk Manager for additional information. A copy of the letter is to be kept in the case file, along with documentation of any subsequent contacts.
4. The CEO or his or her designee shall ensure that the Risk Manager is apprised of any and all corrective actions planned or implemented, as well as recommendations regarding investigations and/or incidents.
5. Risk Management shall report the status of corrective action implementation and compliance to the Division of Mental Health and Addiction Services in the form of follow-up reports until the incident is reviewed by the IRC and officially closed by the hospital, in accordance with the Department 's Administrative Order 2:05. Cases should be closed in UIRMS regardless of the status of disciplinary actions/appeals.

G. Reporting to State Licensing or Certifying Authorities, Professional Boards and the County Prosecutor's Office

1. In the event that an allegation of abuse is sUbstantiated, the Patient Services Compliance Unit (PSCU) of the Division of Mental Health and Addiction Services shall ensure that such findings are promptly reported to the county prosecutor of the county in which the hospital is located.
2. An allegation of abuse which is substantiated where the employee is licensed to practice in the State of NJ shall be considered Professional Misconduct. PSCU shall monitor cases of professional misconduct to ensure that the appropriate State licensing or certifying authority or professional board, if any, having jurisdiction over the person who has been reported, is promptly notified of the results of the investigation.

H. Administrative Review and Monitoring

All cases of alleged abuse, exploitation, and neglect will be reviewed by the Incident Review Committee prior to closure within the UIRM System.

In order for the investigation to be considered thorough and credible, it must meet the evaluation criteria listed in Attachment S, "Evaluating the Quality of Investigations". Each hospital is required to review at least two cases per month using the attached form.

I. Hospital Operational Procedure

Each hospital shall develop and implement appropriate local operational procedures within 90 days of the effective date of this policy to assure local compliance with the provisions of this policy. A copy of each hospital operational procedure shall be forwarded to the Assistant Commissioner and the Assistant Director of the Office of State Hospital Management of DMHAS. Hospital operational procedures shall be reviewed annually and copies of revised procedures forwarded annually thereafter.

6/7/13
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Lynn A. Kovich Assis ant Commissioner
Division of Me tal Health and Addiction Services

Attachment A, "Investigative Report Summary" form (revised 6/15/10)
Attachment S, "Evaluating the Quality of Investigations" (copyright 2011)