



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

MICHELE K. GUHL
Commissioner
ALAN G. KAUFMAN
Director

**DIVISION OF MENTAL HEALTH SERVICES
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

July 21, 2000

**Subject: Administrative Bulletin 4:13
Patient Services Compliance Unit**

The above mentioned Administrative Bulletin is being forwarded for your review, action if necessary, distribution to staff as appropriate. Please be advised that recipients of this Order are responsible for being familiar with their content and ensuring that all affected personnel adhere to it.

A handwritten signature in black ink, appearing to read "Alan G. Kaufman".

Alan G. Kaufman
Director

AGK:kp
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 4:13

Effective Date: November 27, 1997
Revised: July 21, 2000

SUBJECT: PATIENT SERVICES COMPLIANCE UNIT

I. PURPOSE

A Patient Services Compliance Unit (PSCU) has been established within the Office of Quality Improvement and Specialty Services to provide support to Division management and the individual psychiatric hospital's administration in reaching the goal of providing high quality supervision, care and treatment to the patients admitted to Division of Mental Health Services facilities.

The PSCU staff conducts announced and unannounced site visits at the State psychiatric hospitals on various shifts and, as directed, conducts special reviews and investigations. The site visits will review clinical and nursing direct care staffing patterns; the systems for reporting and investigating allegations of patient abuse and professional misconduct; the therapeutic, recreational, and leisure time activities and programs; administrative and clinical policies and operational aspects of hospital management.

The PSCU serves as the Commissioner and Division Director's designee to receive reports of allegations of professional misconduct by clinical treatment staff and allegations of patient abuse and neglect. (See Administrative Bulletin 3:18 - Patient Abuse Policies and Procedures.)

II. POLICY

It is the policy of the Division of Mental Health Services to assure that each patient admitted to the State psychiatric hospital system receives needed treatment and care in a safe and therapeutic environment with an appropriate level of supervision and clinical oversight.

The PSCU is responsible to monitor that the services provided are in compliance with the laws, regulations, administrative orders and bulletins, and standards promulgated for this purpose. Further, the PSCU will assure that the patients' rights are protected in this process.

III. AUTHORITY

P.L. 1997, Chapter 68
P.L. 1997, Chapter 70

IV. SCOPE

This policy applies to facilities operated by the Division of Mental Health Services as specified in N.J.S.A. 30:4-160:

Greystone Park Psychiatric Hospital
Trenton Psychiatric Hospital
Ancora Psychiatric Hospital
The Ann Klein Forensic Center
The Senator Garrett W. Hagedorn Gero-Psychiatric Hospital
Arthur Brisbane Child Treatment Center

V. AREAS OF REVIEW

The PSCU will conduct both announced and unannounced site reviews on the following areas as well as on any other operational areas deemed necessary:

Administration:

- ... Staffing - Review the actual deployment of clinical treatment staff and nursing direct care staff on various shifts to determine whether the actual deployment meets the documented staffing plan.
- ... Policy - Review implementation of selected Court Agreements, Administrative Orders and Bulletins, Patient Bill of Rights, and other hospital operational procedures including, but not limited to, abuse reporting and investigations, and incident reporting.
- ... Posting - Review the hospital's posting of required documents in patient areas.
- ... Medical Officer of the Day - Review timely availability of the MOD and hours of duty.

Risk Management:

- ... Patient Abuse - Review investigative reports of patient abuse allegations as well as each hospital's training and reporting systems as they apply to patient abuse.
- ... Professional Misconduct - Review hospital policy and procedures for addressing allegations and findings of professional misconduct.
- ... Incident Reporting System - Evaluate the hospital's incident reporting system to identify whether incidents are reported in a timely manner and in accordance with Departmental and Divisional policies.

Patient Services:

- ... Medication Program - Review the hospital's medication systems including, but not limited to, implementation of the Rennie vs. Klein consent order and the ordering, administration, and documentation of PRN Orders to assure adherence to Departmental/Divisional regulations and policy, and court decisions and agreements.
- ... Clinical Treatment and Rehabilitation Programming - Review scheduled treatment programs to assure that they occur as scheduled and that patients are encouraged to attend and participate in accordance with treatment team recommendations. Review other high risk/high volume clinical practices including, but not limited to, seclusion/restraints usage and documentation.
- ... Recreational Activities - Review recreation activities to assure that they occur as scheduled and that patient participation is in accordance with their treatment plan. Review how the hospital staff interact with the patients during these activities, including the provision of materials, equipment, supplies and program space.
- ... Activities of Daily Living - Review patients' personal appearance in terms of grooming and hygiene, and patient dress for general appropriateness as it relates to seasonal conditions and activity. Observe staff interaction with patients and the support and assistance provided to the patients in their performance of activities of daily living.
- ... Patients' Personal Property - Review current practices which facilitate access to and/or utilization of patients' personal property and the hospitals' practices to safeguard the patients' personal property.

Environment:

- ... Patient Areas - Conduct reviews of patient occupied areas including, but not limited to, wards, common areas, program areas, dining facilities, and recreational areas to assess appropriateness of space, temperatures, air quality and circulation, noise level, lighting, and assess adequacy of furnishings/resources, etc.

VI. PROCEDURES:

A. Site Review at State Psychiatric Hospitals:

Designated PSCU staff shall conduct both announced and unannounced site visits at the State psychiatric facilities on various shifts. The review(s) will focus on the daily operation of the facility, including: the actual deployment of clinical treatment staff and direct care nursing staff at least three times during a calendar year to determine compliance with the stated staffing pattern; the system for reporting alleged patient abuse and professional misconduct; the

operation of therapeutic programs or activities; policy and regulations implementation; and, other operational aspects deemed appropriate.

1. Announced PSCU site visits:

- a) The Chief Executive Officer will be notified at least five (5) working days in advance of an announced on-site review by the PSCU. The notice will include the name(s) and title(s) of the site review team member(s), the contact person, the scope of the review, and the date(s) and time(s) of the review.
- b) The Chief Executive Officer shall assure that review team members have unrestricted access to hospital areas and materials necessary for completion of the review in a timely manner.
- c) The site review team will establish a meeting place with the contact person prior to the day of the review.
- d) The PSCU will schedule an exit conference for presentation of their findings. As necessary, a remediation plan may be completed on site or may be prepared and submitted to the PSCU within five (5) working days of the site visit.
- e) A copy of the site visit report and the remediation plan will be forwarded to the Assistant Division Director to whom the hospital Chief Executive Officer reports.

2. Unannounced PSCU site visits:

- a) Upon arriving at the hospital, the site review team will make its presence known to the administrator in charge, present appropriate credentials and advise the administrator of the areas to be toured and the documentation required to complete the review.
- b) The administrator shall fully cooperate with the review team and provide requested access and materials in a timely manner.
- c) A copy of the site visit findings will be left for the CEO and the hospital's contact person at the completion of the site visit.
- d) A remediation plan may be completed on site or may be prepared and submitted to the PSCU within five (5) working days of the site visit.
- e) A copy of the site visit report and the remediation plan will be forwarded to the Assistant Division Director to whom the hospital Chief Executive Officer reports.

B. System-Wide Policy Review:

The Division of Mental Health Services may periodically select a policy for focused review that has system-wide applicability to assure that it is being appropriately implemented. When such a review is undertaken, the following procedures will be followed.

1. A written notice will be sent to the Chief Executive Officer of each facility identifying the focus of this policy review and the lead reviewer's name, title and telephone number. The appropriate Assistant Division Directors will also be notified.
2. The notice will request that the hospital's policies and procedures, relevant to the policy under review, and specific supportive documentation be

submitted to the lead reviewer, within five (5) working days of receipt of the written notice. The facility's staff will provide full cooperation and assistance to the reviewer(s) in the review process.

3. The lead reviewer will complete an analysis of the submitted documents, make on-site visits as necessary, collect additional documentation as needed and generate a facility specific report that clearly indicates the status of the policy's current implementation. The findings will be provided through the Office of Quality Improvement and Specialty Services to the Division Director with copies to the Assistant Division Directors and Chief Executive Officers.
4. These individual reports will be aggregated and reviewed to determine system-wide status of the policy under review. Recommendations may be developed as appropriate. System-wide findings and recommendations will be provided through the Office of Quality Improvement and Specialty Services to the Division Director with copies to the Assistant Division Directors and Chief Executive Officers.

C. Allegations of Abuse and Professional Misconduct:

The PSCU will receive and process all allegations of patient abuse and professional misconduct in accordance with Administrative Bulletin 3:18 Patient Abuse Policies and Procedures.

1. The PSCU will maintain a toll free telephone number during administrative hours (8:00 AM to 5:00 PM). The telephone system shall have the capability to record calls reporting allegations of patient abuse and professional misconduct during non-administrative hours. The telephone number shall be posted and shall be readily available to hospital staff and patients.
2. PSCU staff receiving allegations of abuse and professional misconduct shall record the name of the caller, the name of the alleged perpetrator, the name(s) of the victim/subject, the name of the psychiatric hospital, the unit on which the patient resides or the subject staff is assigned, information regarding the nature of the alleged abuse or professional misconduct, the name of the person making the report (if different from the caller), and any other information which might be helpful in investigating the allegation.
3. The PSCU will periodically provide the appropriate Assistant Division Directors and hospital Chief Executive Officers with a report of all allegations of patient abuse and professional misconduct received that relate to hospitals under their supervision.
4. While hospitals will continue to have the immediate responsibility to conduct thorough investigations of all allegations of patient abuse and professional misconduct, and to report such allegations to the Human Services Police Department, the PSCU will track the hospitals' investigations of all such allegations. After consulting with the Division Director and/or the appropriate Assistant Director, the PSCU shall also conduct monitoring of selected on-going investigations using a criteria based method for selection. Using the Incident Reporting and Investigation Monitoring protocol, the PSCU team shall also review documentation in a random sample of closed investigation files. At the direction of the Division Director

or Assistant Directors, the PSCU shall directly assume independent investigations or co-lead investigations with hospital investigators.

5. Through monitoring of investigations of cases of alleged professional misconduct, the PSCU shall verify that appropriate State licensing and certifying authorities or professional boards if any, having jurisdiction over the person who has been reported, have been notified by the hospital of the report by the hospital employee and the results of the investigation of the report, if professional misconduct is suspected upon completion of the investigation.
6. Through tracking or monitoring of investigations of allegations of patient abuse, the PSCU shall verify that the County Prosecutor of the county in which the hospital is located, was notified of the report if abuse is suspected upon completion of the investigation.

VII. Hospital Operational Procedure:

Each hospital shall develop and implement appropriate local operational procedures within thirty days of the effective date of this policy to assure compliance with the provisions of this policy. A copy of the hospital operational procedure shall be forwarded to the Assistant Division Director to whom the hospital CEO reports and the Assistant Director for Quality Improvement and Specialty Services. Hospital operational procedures shall be reviewed annually and all revised procedures similarly forwarded.

7/21/00
Date

Alan G. Kaufman
Alan G. Kaufman, Director