

Health Care Professional Responsibility & Reporting Enhancement Act (HCPRREA) Event Reporting Instructions

Use the attached form: (1) to report HCPRREA events to the Division of Consumer Affairs (DCA); and (2) to respond to HCPRREA requests from outside entities.

Applicability

Healthcare facilities licensed pursuant to N.J.S.A. § 26:2H-1. UMDNJ facilities: University Behavioral HealthCare (UBHC), Eric B. Chandler Health Center and Rutgers Health Care Professionals, either paid or volunteer.

Applicable Professions

Individuals, whether paid or unpaid, licensed or authorized pursuant to Title 45 or Title 52 of the Revised Statutes to practice a healthcare profession regulated by the Division of Consumer Affairs and other professional and occupational licensing boards including physicians, podiatrists, nurses, pharmacists, physical, occupational and respiratory therapists, nurses' aides and personal assistants, psychologists, psychoanalysts, social workers, professional counselors, drug and alcohol counselors, speech and language pathologists, optometrists, opticians, dentists, orthotics and prosthetic providers, marriage and family therapists, veterinarians, chiropractors, ophthalmic dispensers and ophthalmic technicians, audiologists, and acupuncturists. "Healthcare Professional" also includes nurse aides and personal care assistants certified by the Department of Health and homemaker home-health aides certified by the Board of Nursing.

Reportable Events Under HCPRREA

For reasons relating to a health care professional's impairment, incompetency or professional misconduct which relates adversely to patient care or safety, you are responsible for notifying DCA if a health care professional:

1. Has full or partial privileges summarily or temporarily revoked or suspended, or permanently reduced, suspended or revoked;
2. Has been discharged from staff;
3. Has been terminated or had a contract rescinded;
4. Has been removed from a list of eligible employees of a health service firm or staffing registry;
5. Has conditions or limitations imposed on clinical privileges;
6. Voluntarily relinquishes any partial privilege/authorization to perform a specific procedure if under review by the healthcare entity or if the entity has expressed an intention to do so;
7. Voluntarily resigns because the healthcare entity is reviewing his/her patient care because it believes that the conduct is unprofessional or demonstrates impairment or incompetence or if the entity has indicated an intention to conduct such a review.
8. Has been granted a leave of absence due to a physical, mental or emotional condition or drug or alcohol use that impaired his/her ability to practice, unless the professional sought assistance from a professional assistance or intervention program and is following the required treatment program.
9. Has malpractice lawsuits resolved by settlement, judgment or arbitration in which both the professional and healthcare entity are parties.

Distribution

- Original to DCA or requesting entity
- Copy to Licensed Professional
- Copy to Human Resources (for staff employees only; do not send reports on Volunteers to HR)
- Copy to Faculty Affairs (for faculty, paid or unpaid)
- Copy retained by School/Unit and/or Reporting Professional

**Health Care Professional Responsibility & Reporting Enhancement Act (HCPRREA)
 Event Reporting Form**

For use by Schools/Departments/Healthcare Entities/Healthcare Professionals
Employee Name:
Employee ID:
Licensed Profession:
License Number (if available):
School/Department/Healthcare Entity Assigned:
Action to Report:
Date of Occurrence:
Other Related Information:

Reference For Employees (Labor Relations/HR/Academic Affairs)
Suspended Pending Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Suspension was: <input type="checkbox"/> With pay <input type="checkbox"/> Without pay
Separation was: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

Information Provided By
Name:
Title:
Date:
Signature:
If more information is required, contact person above:
Telephone Number: