

University Hospital

Health Care Professional Responsibility & Reporting Enhancement Act (HCPRREA)

EVENT REPORTING - INSTRUCTIONS

Use the attached form to: (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. facilities: University Hospital (UH), and Health Care Professionals, either paid or volunteer.
APPLICABLE PROFESSIONS
Individuals licensed or authorized to practice a healthcare profession regulated by the Division of Consumer Affairs (DCA) and other professional and occupational licensing boards: physicians, podiatrists, nurses, pharmacists, physical, occupational and respiratory therapists, nurse aides and personal assistants, psychologists, psychoanalysts, social workers, speech and language pathologists, optometrists, opticians, dentists, orthotics and prosthetics providers, marriage and family therapists, veterinarians and chiropractors, and acupuncturists.
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: <ol style="list-style-type: none">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 Has been terminated or had a contract rescinded;4.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 retained by University Hospital and/or Reporting Professional

Health Care Professional Responsibility & Reporting
Enhancement Act (HCPREEA)

EVENT REPORTING FORM

(CONFIDENTIAL DOCUMENT)

For use by University Hospital/Healthcare Professionals	
Employee Name:	Employee ID#:
Licensed Profession:	License # (if available)
Area Assigned:	
Action to Report (see Instruction Sheet):	
Date of Occurrence:	
Other Related Information:	

Reference for Employees (Labor Relations/HR use)	
Suspended Pending Investigation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was suspension:	With pay <input type="checkbox"/> Without pay <input type="checkbox"/>
Separation was:	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

Information provided by: (Print Name and Title/Date)	
Signature:	
If more information is required, contact:	
Location:	Telephone: