

# University of Medicine & Dentistry of New Jersey

## 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   |
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| Healthcare facilities licensed pursuant to N.J.S.A. § 26:2H-1. UMDNJ facilities: University Hospital (UH), University Behavioral HealthCare (UBHC), Eric B. Chandler Health Center and UMDNJ 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, nurses 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"><li>1. Has full or partial privileges summarily or temporarily revoked or suspended, or permanently reduced, suspended or revoked;</li><li>2. Has been discharged from staff;</li><li>3. Has been terminated or had a contract rescinded;</li><li>4. Has been removed from a list of eligible employees of a health service firm or staffing registry;</li><li>5. Has conditions or limitations imposed on clinical privileges;</li><li>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;</li><li>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.</li><li>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.</li><li>9. Has malpractice lawsuits resolved by settlement, judgment or arbitration in which both the professional and healthcare entity are parties.</li></ol> |

| DISTRIBUTION  |
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| 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                                  |

