

HEALTH CARE PROFESSIONAL RESPONSIBILITY AND REPORTING ENHANCEMENT ACT REPORTING FORM

HEALTH CARE ENTITY INFORMATION

Initial Report

Follow-up to a previously filed report

Health Care Entity Type:

Health Care Facility

State or county psychiatric hospital

Home care services agency

Comprehensive personal care home

Nonprofit homemaker home health aide agency

Insurance company offering managed care plans

State developmental center

Assisted living residence or program

Licensed alternate family care sponsor agency

HMO

Staffing registry

Name of person submitting report: _____

Title or position of person submitting report: _____

Telephone number (include area code): _____ Fax number (include area code): _____

E-mail address: _____ DHSS facility ID# (if applicable): _____

Health care entity name: _____ Health care entity license number: _____

Health care entity street address: _____ City/ZIP code: _____ County: _____

Name and telephone number of those who have first-hand knowledge of the reportable event: _____

HEALTH CARE PROFESSIONAL INFORMATION

Last name: _____ First: _____ Middle: _____

Type of professional license or certificate held: _____ License or certificate number: _____

Relationship of the health care professional to the health care entity (select one):

employed by

has privileges granted by

under contract to provide professional services

provides services via a health care service firm or via a staffing registry

ADDITIONAL INFORMATION (Please complete A & B)

A. The reportable action or event taken by the health care entity was related to the health care professional's:

impairment

incompetency which relates adversely to patient care or safety

professional misconduct which relates adversely to patient care or safety

B. The reportable action or event taken by the health care entity was:

Full or partial privileges summarily or temporarily revoked or suspended, or permanently reduced, suspended or revoked.

If checked, please provide details of health care entity's action:

Removed from the list of eligible employees of a health services firm or staffing registry

Discharged from the staff

Contract to render professional services terminated or rescinded

Conditions or limitations placed on the exercise of clinical privileges or practice within the health care entity (including, but not limited to second opinion requirements, non-routine concurrent or retrospective review of admissions or care, non-routine supervision by one or more members of the staff, completion of remedial education or training)

or _____

- Voluntary resignation of health care professional from staff if:
 - The health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct relates adversely to patient safety.
 - The health care entity, through any member of the medical or administrative staff, has expressed an intention to do such a review.

- or*
- Voluntary relinquishment by health care professional of any partial privileges or authorization to perform a specific procedure if:
 - The health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct relates adversely to patient safety.
 - The health care entity, through any member of the medical or administrative staff has expressed an intention to do such a review.

- or*
- Leave of Absence granted to the health care professional, while under, or subsequent to a review of the health care professional's patient care or professional conduct, for reasons relating to a physical, mental or emotional condition or drug or alcohol use which impairs the health care professional's ability to practice with reasonable skill and safety **except** for pregnancy and related leaves or documented participation in an approved professional assistance or intervention program.

- or*
- Medical malpractice liability suit resulting in a settlement, judgment or arbitration award, in which both the health care professional and health care entity are parties

- or*
- Professional Assistance Program or Intervention Program
 - Health care professional has failed to comply with a request to seek assistance from a professional assistance or intervention program
 - Health care professional has failed to follow the treatment or monitoring program required by a professional assistance or intervention program

- or*
- Follow-up to a previously filed report
Health care professional, who has been the subject of a previous report, has had conditions or limitations on the exercise of clinical privileges or practice within the health care entity altered, or privileges restored, or has resumed exercising clinical privileges that had been voluntarily relinquished

2. Date of the reportable action or event taken by the health care facility: _____

3. Date of the health care professional's conduct: _____

4. Details of the health care professional's conduct:

Signature of person submitting report: _____ Date of report: _____

Has a copy of this report has been provided to the health care professional who is the subject of this report? Yes No

Has a copy of this report has been provided to the health care service firm or staffing agency with which the health care professional is employed? Not Applicable Yes No

Reports are to be submitted within seven (7) days of reportable action or event to

**Francine Widrich, Clearinghouse Coordinator
New Jersey Division of Consumer Affairs**

via fax at 973-792-4270 or

via email at widrichf@dca.njoag.gov

For information, please call 973-504-6310 or 973-896-8058.

For Office Use Only

Case number: DCA _____
(To be assigned by the Division of Consumer Affairs)