

CHAPTER 36
PATIENT SUPERVISION AT STATE
PSYCHIATRIC HOSPITALS

Authority

N.J.S.A. 30:1-12 and 30:4-27.21a.

Source and Effective Date

R.1998 d.62, effective December 22, 1997.
 See: 29 N.J.R. 3763(b), 30 N.J.R. 386(a).

Executive Order No. 66(1978) Expiration Date

Chapter 36, Patient Supervision at State Psychiatric Hospitals, expires on December 22, 2002.

Chapter Historical Note

The provisions of Chapter 36, Patient Supervision at State Psychiatric Hospitals, became effective August 18, 1986, by R.1986 d.331. See: 17 N.J.R. 2593(a), 18 N.J.R. 1704(a). Subchapter 3, Transfers of Involuntarily Committed Patients Between State Psychiatric Facilities, became effective September 4, 1990, by R.1990 d.430. See: 21 N.J.R. 2751(a), 22 N.J.R. 2710(b).

Pursuant to Executive Order No. 66(1978), Chapter 36 was readopted by R.1991 d.453. See: 23 N.J.R. 1652(a), 23 N.J.R. 2637(a). By Division decision, an expiration date of June 30, 1992, was assigned to the chapter.

Pursuant to Executive Order No. 66(1978), Chapter 36 was readopted by R.1992 d.302, effective June 29, 1992. See: R.1992 d.302, effective June 29, 1992. See: 24 N.J.R. 1728(a), 24 N.J.R. 2730(b). By Division decision, an expiration date of December 31, 1992, was assigned to the chapter.

Pursuant to Executive Order No. 66(1978), Chapter 36 was readopted by R.1992 d.58, effective December 29, 1992. See: 24 N.J.R. 4232(a), 25 N.J.R. 583(b).

Pursuant to Executive Order No. 66(1978), Chapter 36 was readopted by R.1998 d.62, effective December 22, 1997. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. LEVEL OF SUPERVISION SYSTEM

10:36-1.1 Introduction and purpose

(a) The Levels System is designed to provide a uniform process which affords each patient the structure and intensity of supervision appropriate to his or her condition during the course of hospitalization. Level determination is based primarily upon the clinical condition of the patient and related behaviors. The Levels System is not a treatment modality. It is a mechanism to be utilized in determining the degree of structure and supervision necessary for each patient to successfully participate in treatment and rehabilitation programs while maintaining a safe and secure therapeutic milieu for patients and staff alike through clinical determination of the degree of structure and supervision necessary for each patient. Appropriate structure and supervision will also facilitate each patient's successful participation in treatment and rehabilitation programs which are designed to improve functioning and promote positive social adjustment while hospitalized and after discharge in the community.

(b) The Levels System will be interpreted and implemented in a manner that facilitates the effective treatment of each patient while maintaining the least restrictive setting necessary to accomplish individual goals identified in the treatment plan. Under no circumstances will this policy be interpreted and implemented in any manner that abridges liberties specified in the "Patients Bill of Rights" (N.J.S.A. 30:4-24.1 et seq.).

(c) The Interdisciplinary Treatment Team will determine the appropriate level for each patient upon admission with periodic review of the assigned level during the course of hospitalization. Level determinations will be made in accordance with guidelines set forth herein. Treatment teams should utilize these guidelines to promote increased responsibility, accountability and independence on the part of the patient while decreasing structure and intensity of supervision provided by the staff. Incremental steps taken towards this goal should be viewed as part of a continuum that progresses through each level of the system.

(d) The purpose of the system is:

1. To establish clear guidelines which define parameters of structure and supervision necessary to maintain a safe and secure environment during patient movement to and from programming and related patient treatment services.

2. To ensure that all patients receive such considerations in an equitable, consistent and justifiable fashion based on individual clinical considerations.

3. To establish a system which maximizes continuity of care for patients whenever transfer from ward to ward, or hospital section to hospital section becomes appropriate and necessary.

4. To facilitate patient groupings which are optimal for positive social interaction and support progress towards discharge.

Amended by R.1993 d.58, effective February 1, 1993.
See: 24 N.J.R. 4232(a), 25 N.J.R. 583(b).

At (c): changed 'assign' to 'determine' regarding Interdisciplinary Treatment Team and appropriate level of patient.

10:36-1.2 General provisions

(a) A copy of the Levels System will be posted on all wards and will be communicated to patients.

(b) All "Not Guilty by Reason of Insanity and Incompetent to Stand Trial" status patients and others identified as appropriate for special treatment review procedures must have court approval prior to implementation of an increase in level recommended by the treatment team. Each hospital may determine whether the Interdisciplinary Treatment Teams need administrative approval in addition to court approval for their Level of Supervision determinations for these patients and, if so, in what manner the administrative approval shall be obtained.

(c) A patient may be discharged from any level, when documented as clinically appropriate.

(d) A patient does not have to go through each level in sequence. The treatment team may increase or decrease the assigned level as warranted in consideration of a significant change in the patient's clinical condition.

(e) A current list of all patients and their individual privilege level must be posted on each ward.

(f) Patients who disagree with the treatment team regarding their assigned level of supervision may appeal through hospital patient grievance procedures or to the Division of Mental Health Services Representative assigned to each institution. The Client Service Representative will involve hospital administration and/or clinical staff as indicated in the resolution of the disagreement.

(g) The Levels System applies to the four adult regional State Psychiatric Hospitals (Trenton, Ancora, Marlboro, Greystone Park).

(h) The Levels System will be monitored by the Quality Assurance Department at each hospital to insure that any staffing, programmatic, clinical or other problems are identified and addressed.

Amended by R.1993 d.58, effective February 1, 1993.
See: 24 N.J.R. 4232(a), 25 N.J.R. 583(b).

In (b): added text to clarify administrative approval needed for special status patients.

Amended by R.1998 d.62, effective January 20, 1998.
See: 29 N.J.R. 3763(b), 30 N.J.R. 386(a).

In (f), substituted references to the Division of Mental Health Services Representative for references to the Department of Human Services Client Advocate.

10:36-1.3 Procedures

(a) Upon admission patients will be placed on Level I of the Levels System until evaluation by the treatment team (within 72 hours) who will assign the level that is most appropriate to the clinical condition and treatment needs of the patient.

(b) Guidelines that reflect the nature of the individual hospital program and specific environment are to be used for determining a patient's level. Examples of criteria in concert with the definitions are defined in this policy. Additional guidelines may be considered by treatment teams in determining the clinically appropriate level.

(c) Each patient's level will be evaluated minimally in accordance with the treatment plan review schedule or sooner if clinically indicated or requested by the patient. The treatment plan review schedule shall minimally comply with the standards set by the applicable accrediting body for the hospital.

(d) Minimum time spent at each privilege level will be determined by the treatment team based upon the individual patient's clinical needs and treatment goals.

(e) In crisis or emergency situations constituting a significant change in the patient's behavior or clinical condition, temporary limitations on activities may be authorized by clinical staff in charge to maintain a safe and secure environment. The rationale for temporary limitations must be documented in the patient's clinical record and the treatment team must review the rationale by the next working day and document their findings in the clinical record.

(f) All patients ordered "Conditional Extension Pending Placement" by the court will be considered to be on LEVEL IV unless there is documentation in the clinical record to show that the responsible treatment team has identified clinical considerations which require and justify that the patient be placed at a level which provides the necessary structure and supervision. In such instances, a treatment team note shall be entered into the clinical record which documents the clinical considerations which justify the level determined necessary by the treatment team.

Amended by R.1993 d.58, effective February 1, 1993.