CHAPTER 36

PATIENT SUPERVISION AT STATE PSYCHIATRIC HOSPITALS

Authority

N.J.S.A. 30:1-12, 30:4-24.2, and 30:9A-10.

Source and Effective Date

R.2008 d.323, effective October 1, 2008.
See: 40 N.J.R. 2183(a), 40 N.J.R. 6458(a).

Chapter Expiration Date

Chapter 36, Patient Supervision at State Psychiatric Hospitals, expires on October 1, 2013.

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, Patient Supervision at State Psychiatric Hospitals, 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, Patient Supervision at State Psychiatric Hospitals, 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, Patient Supervision at State Psychiatric Hospitals, 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, Patient Supervision at State Psychiatric Hospitals, was readopted by R.1998 d.62, effective December 22, 1997. See: 29 N.J.R. 3763(b), 30 N.J.R. 386(a).

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.2003 d.236, effective May 21, 2003. See: 34 N.J.R. 4290(a), 35 N.J.R. 2903(a).

Chapter 36, Patient Supervision at State Psychiatric Hospitals, was readopted as R.2008 d.323, effective October 1, 2008. See: Source and Effective Date.

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SUBCHAPTER 1. LEVEL OF SUPERVISION SYSTEM

10:36-1.1 Introduction and purpose

(a) The Levels of Supervision System is designed to provide a timely, uniform process which affords each patient the structure and intensity of supervision appropriate to his or her condition during the course of hospitalization. The structure provided through the levels system takes the form of an individualized set of clinical interventions, schedule of activities, and conditions under which patients exercise their personal autonomy and liberty. Level determination is based primarily upon the clinical condition of the patient and related behaviors. The Levels of Supervision System is not a treatment modality or a system of earned privileges. It is a mechanism to be utilized in making a clinical determination as to 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. 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. The Level of Supervision System is separate from and in addition to the clinical interventions of special precautions (for example, choking, suicide, arson and escape precautions) and special levels of observations (two-to-one supervision, one-to-one supervision, constant visual observation, periodic visual observation, face checks, and head counts).

(b) The Levels of Supervision System shall 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 shall this policy be interpreted and implemented in any manner that abridges liberties specified in the "Patients' Bill of Rights" (N.J.S.A. 30:4-24.2 et seq.).

(c) The Treatment Team shall determine the appropriate level for each patient upon admission with review of the assigned level at any time during the course of hospitaliza-

tion, but, minimally, at the patient's scheduled treatment planning review. Level determinations shall be made in accordance with the parameters set forth herein. Treatment teams shall utilize these parameters 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 shall be viewed as part of a continuum that progresses through the system toward the goal of discharge with appropriate community supports. The medical record shall contain the documentation that justifies the level determined necessary by the treatment team.

(d) The purpose of the system is:

1. To establish clear guidelines that define parameters of structure and supervision necessary to maintain the safety of patients, hospital staff and the community at large during patient physical movement to and from program sites, related patient treatment services, and leisure time activities.

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 that 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 that 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.
Amended by R.2003 d.236, effective July 7, 2003.
See: 34 N.J.R. 4290(a), 35 N.J.R. 2903(a).
Rewrote the section.

10:36-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Division" means the Division of Mental Health Services, within the Department of Human Services.

"Department" means the Department of Human Services.

"Special status patient" means a patient who:

1. Is charged with, awaiting to be charged with or convicted of one of the following offenses:

i. Murder;

ii. Manslaughter;

iii. Sexual assault;

iv. Criminal sexual contact;

v. First degree robbery;

vi. Aggravated assault;

vii. Aggravated arson;

viii. Weapons offense; or

ix. Kidnapping.

2. Has been hospitalized because he or she has been adjudicated "Not Guilty by Reason of Insanity" (NGRI) or "Incompetent to Stand Trial" (IST) for one of the enumerated crimes in 1 above under N.J.S.A. 2C:4-1 et seq.

i. If a patient's criminal charges have been dismissed or NGRI or IST status removed, his or her special status designation shall be removed unless he or she meets the standard in 3 below; or

3. Has been determined by the treatment team to be clinically appropriate for consideration by the Special Status Patient review process because of his or her history or other factors indicating a predisposition for serious violent or other high risk behavior.

"Treatment plan" means the plan of care that defines and delineates the comprehensive course of therapeutic and rehabilitative activities proposed for an individual patient, based upon the patient's diagnosis and inventory of strengths and weaknesses. The treatment plan shall establish short-term and long-range goals, the specific treatment modalities to be utilized, and the responsibilities of each member of the treatment team.

"Treatment team" means the organized group of clinical staff who are responsible for the treatment of a specific patient who has been admitted to an adult psychiatric hospital. Members of the team meet to share their expertise with one another; to develop and implement treatment plans; to monitor patient progress; to reassess and make adjustments in treatment plans, as needed; and to plan discharge/aftercare. A patient is expected and shall be permitted to participate in the development of the treatment plan to the extent that his or her clinical condition permits. Family members and significant others are encouraged and shall be permitted to be part of the treatment planning process. Treatment team members shall include, at a minimum, a psychiatrist, a registered nurse, and a social worker. The treatment team shall request the participation of whatever other unit or community liaison staff is necessary for the treatment and responsible discharge of the patient.

"Ward" means that area where a hospitalized patient sleeps, receives services that are medically and therapeutically necessary, and is accounted for in the hospital census.

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