



FOR IMMEDIATE RELEASE

METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE # 11- 070-9009

ALTON MENTAL HEALTH CENTER

INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Alton Mental Health Center (the Center), a state-operated mental health facility that has 135 inpatient beds in Alton. The allegation states that the Center may have violated a consumer's rights when it does not provide adequate and humane treatment when employing restraint.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5) and Alton Mental Health Center's Policy regarding restraint.

Specifically, the allegation states that a consumer was restrained with four point restraints, a weighted vest or a safety blanket every day between July 14 and July 17, 2010. Allegedly, during these episodes of restraint, when left in a one-to-one situation, some staff purposely tortured the consumer when other staff were not paying attention. The staff reportedly used unnecessary force and aggressive responses when the consumer demonstrated behaviors related to her disability. Also the staff allegedly did not offer medical treatment after she swallowed staples.

The allegations related to abuse and neglect have been referred to the Department of Human Services' Office of Inspector General (OIG). The HRA's report will focus on the aspect of the Center providing adequate and humane treatment pursuant to her treatment plan and assuring that staff have been appropriately trained to provide those services.

METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed the

consumer, the Director of Nursing (Director) and the Case Manager (Manager). With consent, the HRA reviewed the consumer's record and the Center provided applicable policies and procedures.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE

Under the following Sections of the Code:

(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible.... In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. (405 ILCS 5/2-102)....

Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to him or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff.

(a) Except as provided in this Section, restraint shall be employed only upon the written order of a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities. No restraint shall be ordered unless the physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities, after personally observing and examining the recipient, is clinically satisfied that the use of restraint is justified to prevent the recipient from causing physical harm to himself or others. In no event may restraint continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities or a physician confirms, in writing, following a personal examination of the recipient, that the restraint does not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition. The order shall state the events leading up to the need for restraint and the purposes for which restraint is employed. The order shall also state the length of time restraint is to be employed and the clinical justification for that length of time. No order for restraint shall be valid for more than 16 hours. If further restraint is required, a new order must be issued pursuant to the requirements provided in this Section.

(b) In the event there is an emergency requiring the immediate use of restraint, it may be ordered temporarily by a qualified person only where a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities is not immediately available. In that event, an order by a nurse, clinical psychologist, clinical social worker, or physician shall be obtained pursuant to the requirements of this Section as quickly as possible, and the recipient shall be examined by a physician or supervisory nurse within 2 hours after the initial employment of the emergency restraint. Whoever orders restraint in emergency situations shall document its necessity and place that documentation in the recipient's record.

(c) The person who orders restraint shall inform the facility director or his designee in writing of the use of restraint within 24 hours.

(d) The facility director shall review all restraint orders daily and shall inquire into the reasons for the orders for restraint by any person who routinely orders them.

(e) Restraint may be employed during all or part of one 24 hour period, the period commencing with the initial application of the restraint. However, once restraint has been employed during one 24 hour period, it shall not be used again on the same recipient during the next 48 hours without the prior written authorization of the facility director.

(f) Restraint shall be employed in a humane and therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The qualified person shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others.

(g) Every facility that employs restraint shall provide training in the safe and humane application of each type of restraint employed. The facility shall not authorize the use of any type of restraint by an employee who has not received training in the safe and humane application of that type of restraint. Each facility in which restraint is used shall maintain records detailing which

employees have been trained and are authorized to apply restraint, the date of the training and the type of restraint that the employee was trained to use.... (405 ILCS 5/2-108).

(d) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall advise the recipient as to the circumstances under which the law permits the use of emergency forced medication or electroconvulsive therapy under subsection (a) of Section 2-107, restraint under Section 2-108, or seclusion under Section 2-109. At the same time, the facility shall inquire of the recipient which form of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record..... (405 ILCS 5/2-200)

(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion....

The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefore in the recipient's record. (405 ILCS 5/2-201)

ALTON MENTAL HEALTH CENTER POLICIES

Organizational Philosophy

Use of a physical hold, mechanical restraint and seclusion at Alton Mental Health Center (AMHC) is governed by the following directives, laws, and regulations:

Program Directive 02.02.06.030 - Use of Restraint and Seclusion (Containment) in Mental Health Facilities

It is the goal of the Department of Human Services, Mental Health (DHS/MH) to provide a person centered, violence free, recovery oriented, and trauma informed treatment environment for staff and patients.

Restraint/Seclusion may be necessary to meet the safety needs of patients and staff due to the aggression of patients who exhibit dangerous behavior. Alton Mental Health Center (AMHC) will engage in activities that promote a safe physical, social and cultural environment identifying and providing alternatives to

restraint/seclusion....

All qualified direct care staff involved in the use of restraint/seclusion will receive ongoing and annual training and demonstrate an understanding of: Data on the use of restraint/seclusion, as well as information from patient debriefings, will be collected and analyzed for the purpose of assessing: the causes of restraint and seclusion and utilization rates; the relationship between containment activities and injury to staff and patients; the need for patient and staff education; the desirability and availability of alternative interventions; the need for special intervention with individual patients; and the effectiveness and impact of restraint/seclusion reduction activities within the facility.....

The hospital administrator/designee and the medical director shall review all use of restraints each day and investigate unusual or possibly unwarranted patterns of utilization.

II. STAFFING ISSUES:

AMHC utilizes an interdisciplinary team approach in the assessment, planning, implementation, and evaluation of patient care, including the use of restraint/seclusion.

The physician is the licensed independent practitioner responsible for the direction of patient care and orders for the application of restraint/seclusion.

The team is composed of the psychiatrist, medical physician, RN, direct care nursing staff, social worker, psychologist, rehabilitation representative, and other treatment providers/consultants as indicated by patient need.

Nursing staff, including RN's, Mental Health Technicians (MHT) or Security Therapy Aides (STA) are assigned 24 hours/day based upon staffing standards and acuity.

Each patient that is placed in restraint/seclusion receives immediate and ongoing care during the restraint/seclusion episode at a frequency dictated by the needs of the patient and policy/procedure.

While in restraint/seclusion, the patient is observed/assessed minimally: within the first 15 minutes of each order for restraint or seclusion, by the qualified RN; within the first hour of each order for

restraint/seclusion by the qualified psychiatrist/physician; Q 1 hour by the qualified RN; Q 2 hours by the qualified psychiatrist/physician; and constant 1:1 observation by the assigned qualified RN, MHT, or STA.

Personal Safety Plan (PSP) (AMHCCR-10)

Within 72 hours of admission, a Personal Safety Plan (Attachment N) will be initiated for all patients (Refer to P/P 2 A.02.021 Personal Safety Plan).

The initial physician's assessment will identify: pre-existing medical conditions, physical disabilities, and limitations that might place the patient at greater risk during restraint and/or seclusion and, therefore, may be contraindications to either or both interventions.

Alton mental health center policy/procedure 1 g.06.008

It is the policy of Alton Mental Health Center (AMHC) to provide a safe, person centered, and recovery focused environment for those persons served. The facility, utilizing evidenced based research including the National Crisis Prevention Institute's Crisis Prevention and Intervention program [CPI]....

A. TEAM LEADER and TEAM COMPOSITION: 1. Primary prevention interventions goal is to create a therapeutic environment that prevents and/or minimizes conflict. The Prevention and Early Response Team (PERT) Leader will respond to treatment teams identified high acuity, high risk, and behavioral management patients throughout the facility. The PERT Leader will communicate any concerns, or pertinent information to the unit team through the Clinical Nurse Manager (CNM), Registered Nurse (RN), PERT member, or in writing for use in the morning professional report sessions.....

C. EVALUATION and FUTURE PREVENTION:

1. The PERT Leader will review the crisis event with staff who responded to the event [Unit Staff, Team 1, Team 2, and Recovery Team] to determine:

- What interventions worked well
- What other interventions not used may have helped
- Any new ideas for future interventions for the patient or facility
- What additional resources may have been helpful

➤ What additional training may have been helpful....

1. At the first available opportunity, the PERT Leader or unit PERT member as assigned will meet with the involved patient(s) and review their PSP. The PERT Leader or unit PERT member may document on Page 2, Side B of the PSP the “Things that Work” and/or “Things that do not Work” (see P/P 2A.02.021). This information will be communicated to the assigned Social Worker for possible update to the PSP (Page 1, Side A), changes to the treatment plan, and review in morning professional report. The PERT leader will also inform the unit RN to ensure immediate communication of these changes is provided to direct care staff currently working with the patient. The PERT leader or assigned member will provide the patient with a new copy of the PSP Page 1, Side A for posting in their room.

2. The PERT Leader will keep a log of all Team responses to include:

- Date/Time/Shift
- Patient
- Level of PERT Response
- Final level of intervention (Verbal, PRN Medication, Emergency Medication, Physical Hold, Seclusion, Restraint, etc.)
- Brief Description of Crisis
- Brief Description of Patient Injuries (was individual seen by recovery team)
- Brief Description of Staff Injuries (was individual seen by recovery team)
- Recommendations for any changes to policy, training, or staff resources.

A copy of the log shall be forwarded to the DON/Hospital Administrator on a weekly basis.

Policy/procedure 2 A.02.021 states

It is the policy of Alton Mental Health Center that staff and patients will enter into a “partnership of safety” utilizing the Personal Safety Plan as a guide to assist staff in treatment planning. The PSP will assist patients to utilize their identified personal calming strategies in responding to their triggers. It will serve as a tool for advance crisis planning. The information is intended to be helpful in understanding how to best work with patients in maintaining safety. Its purpose is to identify effective intervention techniques prior to a crisis.

Procedure:

1. The purpose of the Personal Safety Plan (PSP) (AMHCCR-10) is to identify triggers, signals of distress (early warning signs) as well as calming strategies (early interventions) and trauma history in advance of a crisis.
 - > All triggers, signals of distress, and calming strategies (sections A, B, C, D on Page 1, Side A) that apply to the patient shall be checked.
 - > Staff will prioritize the top three checked actions as identified by the patient in each section by indicating 1, 2, and 3 in priority order.
2. Staff will utilize the PSP information as a means to:
 - Help formulate the treatment plan. When appropriate and consistent with confidentiality requirements, the family or significant others will assist in this process
 - encourage the patient on an ongoing basis to contribute to the safety planning process
 - prevent and strive to reduce the need for restraint/seclusion
 - institute a range of strategies for violence prevention
 - support the use of nonphysical interventions as preferred interventions
 - assess strategies to de-escalate conflict, thus eliminating the possibility for provocation or power struggles
3. Patients will utilize the PSP:
 - as an exercise to identify their triggers and understand the Connection to their behavior
 - as a means to recognize and remind them of their triggers so that they may avoid their triggers
 - as a means to remind them to practice their calming strategies
 - as a tool to share with staff in a proactive manner

Upon Admission

1. Page 1, Side A & B (through trauma history) of the PSP will be completed by the RN or designee for all patients upon admission (indicating "Admission" on PSP). Based on the history/physical and review of the patient's trauma history, the admitting physician will complete the section on Page 2, Side A for Medical/Physical/Psychological risk factors to using PH or R/S and list any necessary modification to the application of R/S.

During Inpatient Episode

1. When a patient displays early warning signs of a potential crisis (i.e., agitation, anger, frustration, unusual behavior) staff should encourage the patient to utilize the techniques identified in their PSP....

FINDINGS

The consumer stated that she heard a voice telling her to eat plastic and staples and that resulted in her being restrained everyday for about a week in July 2010 and, as punishment, the Center refused to provide medical treatment.

The consumer explained that she became upset because staff would not take her to the hospital emergency room for x-rays after she swallowed staples. According to the consumer she felt that staff became angry and aggressive toward her while placing her in restraints several times during the time period from July 14th through the 17th. She was also placed on one-to-one observation and the staff who were supposed to care for her purposely tortured her while others were not paying attention.

The Director stated that the Center employs the National Crisis Prevention Institute's Crisis Prevention and Intervention program (CPI), Trauma Informed Care, the National Technical Assistance Center (NTAC) Seven Core Strategies for Reduction of Restraint and Seclusion, and Public Health Model. Center staff are trained to respond quickly and utilize the consumer's identified personal calming strategies when she is upset. In the event of escalating safety concerns, crisis staff assist unit staff with therapeutic support to diffuse dangerous situations while seeking a positive outcome.

According to the Director, these special teams and unit staff are trained and educated regarding the consumer's personal safety plan and they receive daily reports and updates. The staff are informed of language and actions that may trigger explosive behavior and those that are likely to redirect her behavior. The HRA reviewed documentation for a random sample of staff that verified that training for CPI and the accompanying strategies during clinical events of restraint.

The Director stated that to ensure unit safety, when incidents occur that require extra staff, a "Code" is called and the CPI team is summoned to assist with the

emergency. Those staff are trained to provide de-escalation and stabilization. After the event is under control and the consumer has calmed herself or other measures have secured the unit, those "extra hands" leave the unit. The Director explained that each episode of restraint is documented with: Progress Notes, Restraint Flow Sheet, including Flow Sheet Comments; Restraint Application monitor and Post Episode Debriefing. The Director noted that the Debriefing forms include Post-Episode Debriefing for Injured Staff that allows and encourages staff to discuss the incident with the purpose ensuring a non-hostile response to the perpetrator in the future.

The Director said that the Center has employed less restrictive means of restraint, including the use of safety vests and blankets, and the implementation of two (staff) to one (consumer) (2:1) and one-one (1:1) supervision to decrease the consumer's explosive outbursts that require "Codes" and the need for four point restraints and emergency medication. The Director noted that the use of one or two staff per shift, to provide special observation causes a strain that is felt throughout the Center because staff must be called in to work, and that adds extra cost to an already strained budget.

The Director explained that the administrative reviews are conducted daily, including the Physician, Psychiatrist, Nurses and Case Managers to review shift reports and the consumer's progress and discuss options for treatment that best meet the consumer's needs while offering a safe environment for all consumers. The administrative team discussions have included a special team to provide input and that the PERT (Prevention and Early Intervention Response Team) has participated in outlining treatment approaches for the consumer.

The Manager stated that the consumer's behaviors, including physical aggression and self-injurious behaviors (SIB) create numerous volatile situations on the unit that often includes everyone who lives on the unit and, of course, are also experiencing mental illness. The Manager gave the example that during community meeting (a daily group meeting) a consumer stated that they did not feel safe because this consumer had attacked someone for no reason; that statement may agitate the consumer and escalate behavior that results in another attack. The Manager said the staff must facilitate the safety of every consumer on the unit and, doing so, can generate behavioral outbursts because of the consumer's fragile temperament. The consumer is chronically aggressive and that behavior is not a psychiatric issue which makes it difficult to treat.

The Manager explained that the consumer has been a resident of the Center for several years and when she displays violent behaviors it usually lasts for several days, sometimes weeks. During episodes of physical aggression the consumer's safety may be compromised as the staff react to the behaviors and place her in restraints. However, the Manager denied that she had observed or that any staff had documented that the consumer was "tortured" while in restraints. The Manager stated that at least two CPI trained staff provide supervision for the

consumer while she was in restraints and, while it is not impossible that some inappropriate discussions may place between the consumer and staff members; the staff are well trained to ensure no injurious retaliation either physical or emotional is directed at the consumer.

DOCUMENTATION

The consumer's personal safety plan established August 13, 2009 states:

Triggers: butterflies in stomach, feeling threatened, being restrained, being forced.

Signals: Blotches, pacing, crying, rocking, heart racing, anger, extra dark eye makeup.

Calming: Country music, talking to staff, medication, write in journal, talk to staff, speak softly, 1:1 activity with staff.

Page two of the form calls for "things that work, things that do not work." That page is blank.

Progress notes state:

07/14/10: [6:25 p.m.] ICR [Individual Clinical Review] was conducted this afternoon report per ICR record. Per ICR recommendation considering [the consumer]'s recent SIB [self-injurious behavior] where she swallowed staples and her frequent emotional dysregulation [sic] noted on the unit, [the consumer] is being put on 2:1 [two staff observation] with restrictions as per orders to ensure safety of [the consumer] and others. Will continue to monitor closely.

07/14/10: [1656] patient seen/examined in restraints for psychotic behavior. Appears to be in [no] distress currently.

07/14/10: [1610] [The consumer] has been lying on floor stating she was passed out. Eyes fluttering back. When nursed stated this antecedent to her behavior and asked for help to get [the consumer] off the floor she jumped up and stated 'I did pass out!'

07/14/10: [1625] [The consumer] said she was going to 'up the ante' and then grabbed something off the chair and up it in her mouth in attempt to swallow a piece of hard plastic, a code was called and [the consumer] ended up in restraints per her safety plan.

07/14/10: [1625] Geodone 10 & Ativan 2mg ordered for severe agitation.

07/14/10: [1725] Medication effective. Client beginning to calm in restraints, will continue to monitor.

07/15/10: - [1430 late entry for 1400] [Nurse Manager] came to the unit to check on another client and [the consumer] hit [the nurse] in the stomach and grabbed her neck. A ROR [restriction of rights] was issued and placed in physical hold from 1400 - 1413. She was given IM [intra muscular] injection of Geodon 10 mg, Lorazepam 2 mg Dyphenhydromine 100 mg IM to right et left deltoid. Was released from physical hold 1413. Remains with 2:1 staff. A ROR was issued also to restrict her from phone [for 72 hours] except for attorney, OIG, and Equipped for Equality for violation of phone policy. Decision for physical hold was made with Case Nurse Manager and RN present.

07/15/10: [1513] ...[The consumer] told [security] that she would just have to kill herself now by running her head into the wall....Code Red called...

07/16/10: [1635] [The consumer] attacked peer....hit her in face and pulled her hair. Code Red called....challenged staff, upon being redirected to her room, she jumped up from the table and slapped and spit on [staff]...Code Red called.....

The HRA reviewed Physician Orders beginning July 17, 2010:

07/14/10: [1905] 2 to 1 [2:1] for SIB, crisis blankets x's [times] 3 and crisis gown. [No] makeup, no sharps, no pencils, eat alone. No utensils for SIB/aggression x's 7 days. [This order was noted for 'read back' and the nurse reviewed the order at 1820.].

07/14/10: [1625] 2:1 for SIB, crisis gown and crisis blanket x's 3 no makeup, no sharps, no pencils, eat alone, no utensil, sack lunch. [Review at 1625 by an RN].

07/14/10: [1330] Observe for abdominal pain, nausea, vomiting. [Reviewed by an RN at 1335].

07/15/10: [10:15 a.m.] Ziprasidone 10 mg. Lorazepam 2 mg. Diphenhydramine 100 mg. for severe agitation. [Reviewed by an RN at 1025].

07/15/10: [2:15 p.m.] Ziprasidone 10 mg. Lorazepam 2 mg. intra

muscular now for agitation. [Reviewed by an RN at 1415].

07/15/10: [1400] Return to 2:1 observation for SIB/aggression, crisis blanket x 3, crisis gown, no make up, no sharps, eat alone, no pencils, no utensils, x's 7 days. [Reviewed by an RN at 2 p.m.].

07/15/10: [1640] Diphenhydramine 100 mg. now x's [one] severe aggression. 'Read Back.' [Reviewed by an RN at 1640].

07/15/10: [2040] Resume 2:1 observation for SIB/aggression. Crisis blanket x's 3, Crisis gown. [No] sharps, pencils. Staff up to 12 [foot] distance, hands and feet observable at all times. [No] utensils, sack lunch. [Reviewed by an RN at 2040].

07/15/10: [2359] Diphenhydramine 100 mg. IM x's 1 now. [Reviewed by a nurse at 2359].

07/16/10: [0100] 2:1 observation for SIB and aggression. Crisis blanket x's 3 Crisis Gown, staff up to 12 feet distance. No pencils, make-up sharps. Hands and face visible at all times. Eat alone, No utensils, sack lunch. [Reviewed by an RN at 0100].

07/17/10 [1315]: 2:1 observation for SIB and aggression. Crisis blankets x's 3. Stay up to 11 feet distance. No pencils, stamps, makeup, sack lunch only, eats alone, no utensils. Hands and face visible at all times. Up to medication room side of unit day room returned. [Nurse Review is documented @ 1330].

07/17/10 [1330]: 2:1 observation for SIB/aggression. Crisis blankets x's 3, one gown. Staff up to 12 feet distance. No pencils, straps, makeup. Sack lunch, hands face visible at all times up to med side of the area, no utensils, eats alone, hands face visible at all times. [Nurse reviewed at 1330].

07/17/10: [2025] Olanzapine 10 mg. and Ativan, 4 mg. IM [one] dose now. [Reviewed at 2025].

The HRA reviewed the Notice Regarding Restricted Rights of Individual Forms and found that new notices were issued every two hours and in conjunction with the above recorded Physician Orders. A portion of the Notices designated a person to be notified of the restriction, and some did not make a designation.

"Order for Restraint or Seclusion" forms were reviewed. The forms were completed every two hours during the periods reviewed in this case.

07/14/10 @ 1620: Specific Behaviors: [The consumer] was placed

in 5 point leather restraints. While being placed on 2:1 observation and attempted to swallow a piece of plastic as per safety treatment plan for her safety.

Calming strategies from personal safety plan attempted before restraint or seclusion: Talking to staff [male or female]; watching TV; talking with peers on unit; thinking/talking about something pleasant or positive.

Behavior response to interventions: Escalated and continued behavior....

Type Ordered: Physical Hold....where physical occurred; dayroom...

Mechanical restraint; 5 point leather...

Length of time: 2 hours

Justification: previously has taken patient this length of time to calm....

Rationale....Risk of not putting in restraints outweighs risk of putting in restraints....

Time and Date began: 7/14/10 @ 1620

Time and Date ended: 7/14/10 @ 1820

The form is signed by a Physician, two registered nurses; and a representative of the Center Director.

It is documented in the record that the Restraint/seclusion was followed with a flow sheet, Restraint Orders, Post-Episode Debriefings, and Restriction Notices were completed for each restraint episode.

Treatment Plan Review for the period of 06/21/10 through 07/21/10 states:

On 07/13/10 patient told staff that patient swallowed two 5/8 inch staples taken from the center of a magazine. Later patient tried to grab peer; patient was redirected but this was not successful and [patient] was placed in physical hold for protection of self and others. Patient also received intramuscular Geodon, Ativan and Benadryl to help her calm. Patient also was placed in leather locking restraints following this incident for protection of self and others. On 07/14/10 patient had kidney/Urethra/Bladder x-ray and

a staple was seen in the mid-abdomen; patient was placed on high fiber diet.

An Individual Clinical Review was completed each day of the restraint episodes including three licensed social workers, a Physician, two psychologists, an RN and a security therapist Aid. The recommendations for treatment states:

2:1 eats snack lunch in day area crisis gown staff 12 feet away, no make up, no utensils, eats alone.

Team three is called if patient exhibits any: agitated pacing and can't be redirected; gearing with specific target; rocking and can't be comforted, verbal aggression, name calling, if [the consumer] is getting ready to attack, in any staff's opinion. If [the consumer] refuses something she values greatly at the moment [such as phone uses]. If staff feels threatened [any staff]. If [the consumer] believes promises made wont be kept. Crisis blankets will remain. Unit survey before patient comes of 2:1 and at every shift change. Encourage opts to lock rooms and bring all their possessions into their bedrooms and lock them up. No staples on unit at this time.

CONCLUSION

Alton Mental Health Center policy states that restraint procedure will be conducted in a safe and humane manner, limited to emergencies in which there is imminent risk of an individual harming him/her, other patients, or staff. The Executive Committee will pro-actively involve the patient through completion of a personal safety plan.

Documentation in the consumer's clinical chart verifies that the restraint episodes beginning July 14 were conducted and documented as required by the Code.

Based on information obtained, the allegation that the Center may have violated the consumer's rights when it does not provide adequate and humane treatment when employing restraint is not substantiated.

The HRA notes that the second page of the consumer's personal safety plan established August 13, 2009 was incomplete and does not list "things that work things that do not work." [To reduce and avoid restraint] was left blank.

SUGGESTIONS

The HRA suggests that the Center ensure both parts of Personal Safety plans are completed.

During the investigation, the HRA found numerous IM medication orders that may have been administered as emergency medications; however, the

administrations did not appear to meet the related Mental Health Code requirements that emergency medication can be administered only ".. to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available." (405 ILCS 5/2-107) Medications administered on 07-14-10 at 16:25 pm, on 07-15-10 at 10:15 am, and on 07-15-10 at 2:15 pm, list the reason as "severe agitation." Medication administered on 07-15-10 at 23:59 pm offers no reason. The HRA suggests that the facility ensure that the Code is followed with regard to emergency medication administration.