

### FOR IMMEDIATE RELEASE

# METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY

### **REPORT OF FINDINGS**

### HRA CASE # 13-070-9005

### ALTON MENTAL HEALTH CENTER

### **INTRODUCTION**

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of complaints at Alton Mental Health Center (Center), a state-operated mental health facility that has 125 inpatient beds in Alton. The specific allegation states that the Center violated a consumer's rights when it did not provide dental care pursuant to a treatment plan.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102), the Illinois Administrative Code (59 III. Admin.) Code 112.30 and Alton Mental Health Center policies.

Specifically, the Center may have violated a consumer's rights when it did not develop a plan to accommodate the replacement of a broken tooth implant.

#### METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed the Medical Director and the consumer. The HRA, with consent, reviewed the consumer's record.

#### **FINDINGS**

The consumer stated that on July 11, 2011 he broke his dental implant while eating at the Center's dining room. Initially, the Center proceeded as though it would provide appropriate treatment and replace the broken tooth. After an initial appointment with a regional school of dentistry, the Center decided that the consumer should consult with the dentist under contract to provide services for Center residents. According to the consumer, replacing his implant was beyond the scope of services that the contractual dentist was authorized to provide and therefore, that dentist recommended that he would pull an adjoining damaged tooth in order to make an adjustment that would allow for installation of a bridge. The consumer stated that he preferred not to have a tooth pulled unnecessarily and that he wanted the broken implant replaced. Since that time, the Center has been waffling regarding replacement and it has not proceeded to address the problem. On July 9, 2012 the consumer reported that the Center had not provided replacement of his tooth and that recently the Health Service Coordinator told him that he could have the work completed after discharge which is anticipated in the near future.

The HRA visited the consumer and noted that he has a significant wire protruding from his jaw and a broken tooth.

The Medical Director explained that initially after the consumer broke the implant, the Center assisted and made an appointment with a local dentistry school that offers services to Center consumers who require treatment which is beyond the scope of the Center's contractual dentist. The Medical Director also pointed out that there is a long list of consumers who want or need dentistry school services and that the school has input into the decision concerning which consumers are examined by students and instructors. The Medical Director stated that there was no assurance that any consumer might be chosen for treatment. The Medical Director concluded that treatment at the school of dentistry is costly and that the consumer may have to endure the price of replacement or chose a less expensive means of repair.

### DOCUMENTATION

The HRA reviewed the consumer's treatment plan including plan updates for four months following the broken implant incident. None of the plans included a notation regarding the consumer's broken tooth and the August 2011 update that listed the assessments and reports reviewed did not include a notation regarding dental problems. The problem list addressed "acne, obesity, poor sleep and rash to scalp.

The HRA reviewed progress notes during the time of the initial incident when the implant broke and the present notes, but there is no documentation regarding the plan was discussed between the staff and the consumer to address the consumer's dental problem.

A [school of dentistry] Treatment Plan dated Jan 18, 2012 states that the "patient accepted" listed prices and agreement terms for replacement of the broken implant. The cost was estimated at \$847.00." The attached consent for treatment form was signed by the school of dentistry representative and the consumer.

Form AMHCCR-127 "Medical Consultation Referral Order" dated 03/08/12 states:

Please provide relevant history and physical that supports the need for outside referral: Follow up with [school of dentistry] is scheduled for 3/16/12. [The form is signed by the consumer and a Center Physician]

Form AMHCCR-155 dated September 12, 2012 completed by the contractual dentist does not address the implant request or appointment with the regional school of dentistry.

Form AMHCCR-99 Dental Progress note dated September 12, 2012 states:

Still needs an implant and replacement, can do a partial but needs existing implant extracted if a partial is made.

### MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102):

(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 and the recipient's guardian.... 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.

### ILLINOIS ADMINISTRATIVE CODE

Pursuant to the Illinois Administrative Code (59 Ill. Admin. Code 112.30):

To provide the highest possible quality of humane and rehabilitative care and treatment for all recipients in the care of the Department and to promote public health and safety, all recipients in Department facilities shall receive comprehensive physical and dental examinations.

2) Persons with mental illness shall have a comprehensive diagnostic dental examination, including extra- and intra-oral examinations, within six months after admission. If the recipient's condition is such that a dental examination is necessary less than six months after admission, a referral to a dentist or dental hygienist

shall be made....

3) On completion of the comprehensive diagnostic examinations, a treatment plan for any medical and dental services shall be established as part of the recipient's individualized services plan.

A) Such a plan will include procedures to address the special dental care needs of recipients who receive medication known to promote tooth decay or gum disease.

B) Such a plan will include a procedure to address the prevention and treatment of Tardive dyskinesia.

d) Informed consent is defined as permission for a procedure freely granted by a person or persons authorized by law to give consent to services and treatment plans, i.e., the recipient, guardian (if the recipient is under guardianship) or parent (if the recipient is under age 18). Informed consent is based on the full disclosure to the authorized person of the information required to make the decision intelligently, including a description of the procedure, the possible benefits and the risks and the alternative(s) to the procedure....

....A) Dental - preventive procedures (such as prophylaxis, topical fluoride, periodontal scaling, and gingival curettage,) and restorative procedures (such as, fillings and local anesthesia).

B) Medical - non-psychotropic medication, endoscopy not involving anesthesia, exercise regimens and sutures....

# ALTON MENTAL HEALTH PATIENT HANDBOOK

The Alton Mental Health Patient Handbook states: Dental services are provided based on your needs.

# ALTON MENTAL HEALTH CENTER POLICY

It is the policy of Alton Mental Health Center (AMHC) that patients will have access to a comprehensive and regional dental assessment after their admission by a licensed dentist upon the assessment and recommendation of the admitting physician. If the dental assessment reveals problems, a care plan will be developed to guide the patient's treatment by the contractual dentist or by an outside service provider through dental referral. A record of dental care and services is maintained on each patient.

### PROCEDURE:

### I. ASSESSMENT AND CARE PLANNING

A. The medical record, which includes a medical history and physical examination for each patient, is completed and available to the dentist prior to examination or treatment. The medical history includes:

- 1. Previous and Current major illnesses;
- 2. Allergies;
- 3. Information regarding any bleeding disorders;
- 4. History of cardiovascular or pulmonary disease; and
- 5. Any communicable diseases.

B. The dentist will review the patient's current medical history, physical examination, current medications, and other parts of the medical record prior to performing an assessment.

C. Patients will receive, as appropriate, an oral and regional assessment as follows:

1. Within 6 months (180) days of admission for all patients unless referred by a physician for specific dental complaints....

....A. Patients will be scheduled on a routine basis after admission for oral and regional examination. If problems are found, the patient will be rescheduled for another appointment or referred to an outside service provider per the attending physician's treatment plan.

- a. restorations
- b. cavities
- c. missing teeth
- d. calculus
- e. plaque
- f. presence or absence of dentures and if present functional status
- g. condition of oral mucosa
- h. hygiene status and patient capability for self care in this area
- 1. Further assessment of associated structures may include:
  - a. checking occlusion and mal position
  - b. the major and minor salivary glands
  - c. the neck for masses and lymphadenopathy
  - d. the temporomadibular joints ...

D. The findings will be documented in the patient's medical record on the Dental Examination Adult (AMHCCR-155) and filed in the assessment section of the patient's medical record. If problems are identified, the dentist will make a diagnosis and write a treatment plan to address the patient's needs. The treatment plan will be reviewed with the patient and informed consent provided prior to initiation of treatment on the Consent for Services (IL462-0012).

E. Continuing treatment will be documented on the AMHCCR-99 Dental Progress Notes to be filed in the assessment section behind the AMHCR-155. These notes may only be documented on by the dentist or health services staff.

F. Future appointments are scheduled at intervals to complete treatment identified in the patient's treatment plan, or as issues arise requiring reassessment. Patients with complaints of dental/oral problems prior to the dentist oral and regional assessment, who are referred by the treatment team, will be seen at the next available appointment. If the dental problem is emergent either the contract dentist will be contacted for an emergency targeted visit, or the patient will be referred to SIUE School of Dental Medicine.

G. The team will address any dental condition or problem in the patient's treatment plan as a physical health issue.

II. APPOINTMENTS AND PROCESS

If during the patient's stay the patient reports any dental problems, the unit RN will contact the Medical Physician on Duty (MOD). The MOD will complete Consultation/Referral Report (AMHCCR-127A) and forward to Health Services. Health Services staff will present the consult to the Medical Director for approval. If approved the patient will be scheduled for the next available appointment time with the contract dentist or outside service provider (i.e. SIUE Dental School, oral surgeon, etc.) for evaluation and treatment.

### III. TREATMENT

A. The contract dentist is available twice per month. The services provided include, but are not limited to:

- 1. Oral and Regional assessments
- 2. Adult Prophylaxis
- 3. Amalgam restorations
- 4. Root Canals

- 5. Extractions
- 6. Denture Production, Repair, Relining

After any of the above treatment, the contract dentist will write necessary orders on the Physician's Order (IL462-0044A).

NOTE: Any orders written by the dentist must be reviewed and reordered by the attending physician, or MOD if after hours, prior to implementation.

### CONCLUSION

According to the Illinois Administrative Code, consumers shall have a comprehensive diagnostic dental examination. On completion of the comprehensive diagnostic examination; a treatment plan for any medical and dental services shall be established as part of the recipient's individualized services plan.

According to the Alton Mental Health Center policy, "...if during the patient's stay the patient reports any dental problems, the unit RN will contact the Medical Physician On Duty (MOD). The MOD will complete Consultation/Referral Report (AMHCCR-127A) and forward to Health Services. Health Services staff will present the consult to the Medical Director for approval. If approved, the patient will be scheduled for the next available appointment time with the contract dentist or outside service provider (i.e. [regional] Dental School, oral surgeon, etc.) for evaluation and treatment.... The team will address any dental condition or problem in the patient's treatment plan as a physical health issue."

Our record review verified that the Center did not acknowledge or document discussions or actions regarding dental services. The file did not contain form AMHCCR-127A. While the school of dentistry offered a plan, there was no evidence that the Center acknowledged, approved or denied that plan. The consumer's dental needs were not addressed in his treatment plan. The allegation that the Center violated a consumer's rights when it did not provide dental care pursuant to a treatment plan is substantiated.

### RECOMMENDATIONS

The HRA recommends that the Center:

1. Follow the Administrative Code and its policy and ensure dental procedures are identified as Active High or Low and included in individual treatment plans and that Active plans are addressed in detail.

2. Adhere to its Policy; ensure that staff complete the appropriate

forms and that the Medical Director follows through and documents the plan for evaluation and treatment.

3. Provide the services that the school of dentistry suggested.