



---

**FOR IMMEDIATE RELEASE**

---

Metro East Human Rights Authority  
Report of Findings  
Alton Mental Health Center  
HRA #14-070-9036

## **Introduction**

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission completed an investigation after receiving a complaint of possible rights violations in the care provided to a patient at Alton Mental Health Center (AMHC) in Alton. Allegations are that a recipient was denied access to medication recommended by an external physician consult; the recipient is requesting that the consult's recommendation be followed as part of his treatment planning.

The HRA reviewed, with written authority, a portion of the clinical record of the consumer whose rights were alleged to be violated. An onsite visit was conducted on September 22, 2014, at which time the allegations were discussed with the consumer's facility director, and the director of nursing.

Alton Mental Health Center is a medium security state-operated mental health center that serves approximately 110 individuals from across the state in its forensics program and approximately 10 individuals in its civil program. Individuals receiving civil services are primarily from Randolph, Greene, Bond, Madison, and St. Clair Counties.

## **Findings**

### *Interviews*

By telephone, HRA staff interviewed a consumer of services who reported that he had pain and his condition was deteriorating. He stated that he had been sent to an external consult who made a recommendation for a specific medication; however, he stated that the physician would not order the medication and the treatment team would not consider it either. The consumer stated that this medication had been beneficial in the past and he would like for it to continue.

A site visit was completed on September 22, 2014 by a team from the Metro East HRA. The HRA team met with facility administrators, including the Facility Director, and the Director of Nursing. The Director of Nursing reported that the recipient is currently holding onto the belief that he has Addison Disease [Adrenal Insufficiency] which was ruled out by Southern Illinois University (SIU) School of Medicine Endocrinology on July 24, 2014. It was stated during the interviews that the recipient was sent twice to an external physician specialist at a

community hospital. The consult recommended Prednisone which the recipient had previously taken for a period of about 13 years. The recipient's doctor at Alton Mental Health Center overrode the consult by suggesting that the recipient take hydrocortisone via injection. The recipient's physical health problems have been attributed to continue/sustained use of the Prednisone for the past 13 years. The recipient wants to take the Prednisone, and claims that the hydrocortisone makes him ill.

According to the facility, a recipient would be declared eligible to see an external specialist when it is deemed clinically necessary by the medical staff at AMHC. When a recipient goes to an external specialist the information/recommendations given to the recipient are then reviewed by the physician and treatment team; the orders are then written by the facility Medical Director (MD). Results are then discussed with the recipient and the treatment team.

### **Record Review**

Upon reviewing the record the HRA team found that the patient's treatment plan states that the recipient has been diagnosed with Schizoaffective Disorder, as well as Type 2 Diabetes. The recipient has been at Alton Mental Health Center since February 27, 2013. The record states that the recipient had been using a high dose of Prednisone (preferred medication) since around 1999 (thirteen years). Pertaining to the Consultation/Referral report the plan that was found in the record is to stop the Prednisone altogether. The plan's next step is start Hydrocortisone 10 mg at 9 AM and 10 mg at 4 PM for 3 weeks. The third step for the following two months is to give a 10 mg dose of Hydrocortisone at 9 AM and then 5 mg at 4 PM. Then the final step would be to give a 7.5 dose of Hydrocortisone at 9 AM and 5 mg at 4 PM.

According to Medical consult forms, the doctors from SIU HealthCare Division of Endocrinology removed Prednisone from the recipient's medication list on June 3<sup>rd</sup>, 2014.

Due to the current diagnosis of schizoaffective disorder a recipient can expect to experience some delusions or hallucinations, and significant mood disturbances as well. The progress notes indicate that the recipient is currently experiencing some of these symptoms. The notes state that the recipient is easily agitated, claims the medicine and food he is receiving is poisoning him, and the poison is causing his legs to fail and his hands to swell. There are several different accounts of the delusions listed in the progress notes.

### **Policy Review**

The Alton Mental Health Center's policy on consults, states: "It is the policy of Alton Mental Health Center (AMHC) to facilitate referrals and consultations by outside treatment providers, for necessary medical services not available at this facility. All facility based testing and services should be exhausted prior including internal consultation with another facility based

physician prior to initiation of external consultation referral. The hospital maintains Performance Expectations that focus on monitoring/improvement the quality, efficiency and cost-effectiveness external service providers.”

AMHC’s procedure titled Consultations and Referrals, processing states:

## II. Monitoring and Evaluation:

1. As a performance expectation: The Health Services RN will provide the Medical Director’s secretary with data from all “Necessary” and “Beneficial” consults for entry into the performance expectation database.
2. Data will be aggregated by the Medical Director/Designee and reported in the MSD Quarterly Reports.
3. Medical Services Department (MSD) staff will monitor timeliness of processing of referrals within 14 days, and of patient being seen within 30 days from the original MD order (exceptions: follow up appointments, beneficial, patient refusals etc.).
4. Receipt of reports/results from the consultant will also be monitored to ensure that physician follow-up review has been completed on all outside facility services.
5. All consultations will be reviewed at the Clinical Care Excellence Team (CCET) meeting. The Health Services RN is responsible for preparation of all completed consultant packets and the presentation to CCET for review and analysis and for assessment of performance expectations.
6. A summary of CCET meetings and problems or extreme delays in obtaining feedback information on referrals will be brought back to attention of Medical Services quarterly report.

## III. Criteria for Consultation and Referral:

The primary criteria for consultation and referrals at AMHC is that referrals be medically necessary and/or the patient is suffering from significant objectively confirmed functional limitations as determined by the patient’s attend Psychiatrist, Medical Physician, and/or the Medical Director/Designee. The need for a consultation is determined by physical assessments which include diagnostic testing and the functional nature of the problem.

## Conclusion

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.... 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.

Under Section 5/2-107:

An adult recipient of services or the recipient's guardian...must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available.

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.

a) Physical examination

1) Each person admitted to the Department in accordance with the Code [405 ILCS 5] shall have a thorough physical examination on admission and annually thereafter (see Section 1-119(2) of the Code).

A) The examination shall include an evaluation of the recipient's condition, including height, weight, blood

pressure and vital signs, diagnoses, plan of medical treatment, recommendations for care, including personal care needs, treatment orders, permission for participation in activity programs, as appropriate, and any other examinations that are required by the accrediting agencies cited in subsection (a)(1) of this Section,

d) Informed consent

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.

1) For the purposes of this Section, the person(s) authorized to give consent shall be informed of the treatment plan for medical and dental services, and shall be provided with the information necessary to give informed consent. The documented agreement to the individualized services plan will obviate the need for specific agreement to the treatment plan for medical and dental services.

2) The person(s) authorized to give consent shall be informed of the method whereby he or she can exercise the right to refuse medical and dental services.

3) For services listed below, the person(s) authorized to give consent shall be informed that if an objection is not received prior to performance of services, consent shall be implied for the treatment plan:

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.

4) A written consent, signed by the person authorized to give consent, shall be required for all other procedures, including general anesthesia, surgery (both medical and dental) and radiation therapy. The written consent shall be specific to the procedure or

course of therapy to be used and shall only apply to a particular procedure performed at a particular time or to a course of therapy of which the procedure is a part. An additional consent shall be obtained for each subsequent procedure. A consent authorizing a specific Department staff person to perform a procedure is specific to that staff person.

5) If consent is denied by the person authorized to consent, medical or dental procedures shall not be provided except pursuant to subsection (d)(6) of this Section. Such refusal shall be documented in the recipient's clinical record.

6) In accordance with Section 2-111 of the Code, *when a medical or dental emergency exists, if the physician or licensed dentist who examines the recipient determines that the recipient is not capable of giving informed consent, essential medical or dental procedures may be provided without consent. No physician nor licensed dentist shall be liable for a non-negligent good faith determination that a medical or dental emergency exists.* The nature of the emergency shall be documented in the recipient's clinical record and notice shall be given to the recipient, the legal guardian or parent(s).

e) Communicating examination findings

Significant or negative examination findings obtained from the recipient's physical examination results of laboratory tests as they become known shall be communicated to the recipient or, if the recipient is under guardianship, to the recipient's guardian, or, if the recipient is a minor to the recipient's parent or guardian. The fact that such findings were communicated to the recipient, parent or guardian shall be documented in the recipient's clinical record.

Based on the available information obtained in the policies, interviews, and the Statute and regulations, the HRA concludes that the policies are in compliance with the requirements of the Mental Health and Administrative Codes. The record indicates that the facility agreed to provide the external consultation but the Alton Mental Health Center attending physician did not agree with the consult's recommendation for clinical reasons related to the recipient's long-term use of the medication recommendation. A plan was subsequently developed to gradually change the medication. Based on the available evidence and because clinical determinations regarding the most appropriate medications are beyond the Authority's scope, the HRA does not substantiate a rights violation related to the external consult's recommendation not being followed.

Suggestions:

1. Continue to involve the recipient in all aspects of treatment planning.
2. Ensure that recipients have clear information about their conditions so that they can provide informed consent.
3. Ensure that consent requirements are met before administering treatment, including the right to refuse treatment.