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Metro East Human Rights Authority

Report of Findings

Case # 15-070-9003

Alton Mental Health Center

Introduction

The Metro East Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Alton Mental Health Center:

1. **Inadequate medical care after surgery**
2. **Restriction of visitation to a family funeral**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102 and ILCS 5/2-103) as well as facility policies.

Alton Mental Health Center (AMHC) 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.

To investigate the allegations, HRA team members met and interviewed Alton Mental Health Center's hospital administrator and director of nursing and reviewed documents pertinent to the case.

Consumer Interview

In a telephone interview with the facility consumer, he stated that the facility did not provide adequate medical care after surgery and then restricted him from attending a family funeral. Specifically, the consumer stated that he has had problems with blood in his stools since undergoing surgery to relieve fissures/hemorrhoids, and that part of his post-surgery care involved the use of wet wipes. The staff reportedly ignored his concerns and told him his tests were negative. The consumer also stated that even though the courts had granted him permission to attend a family funeral, the facility did not allow him to do so.

Interview with Staff

According to a facility nurse, disposable wipes in the store room are used as needed and are not kept on inventory because only one client uses them. The store hours to request any needed inventory are 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m. When a nurse calls to request items, they are delivered by a facility driver on that day. A requisition form is not needed

for wet wipes or any other item not on the inventory list. AMHC staff also stated that in the event non- flushable wet wipes are used, the facility's biohazard practices are to be followed.

AMHC staff indicated that the consumer's surgery was completed in April 2014 and he had an appropriate follow-up appointment after the surgery. Approximately two months later, the facility doctor recommended a colonoscopy even though the consumer's Hemoglobin and Hematocrit (H&H) levels were within normal range. The colonoscopy was performed on August 5, 2014. The patient had some blood in his stool. The physician's recommendation was to not remove the hemorrhoids, but rather use suppositories and wet wipes after every bowel movement. While at AMHC, patients have access to the facility physician at all times. AMHC provided progress notes by the facility physician indicating the use of suppositories and wet wipes. AMHC also provided the medical documents that showed normal H&H ranges.

With regard to the family funeral restriction, according to AMHC staff, the court order allowing the consumer to attend the funeral was erroneously sent to a probation office in St. Clair County instead of the AMHC. Consequently, the court order was not received by AMHC in time for the consumer to attend the funeral. By the time the court order finally arrived at the AMHC, the funeral was over. The family had initiated the court order through their private attorney. The AMHC provided the HRA team with supporting documentation showing the trip schedule with departure time and place, arrival time and place, and the consumer's information. The AMHC also provided the court order showing it was mistakenly faxed to the probation office in St. Clair County, as well as documentation prepared by AMHC staff explaining the circumstances surrounding the funeral.

According to information provided during the HRA/AMHC staff interview, on Monday, July 7, 2014, the consumer contacted AMHC staff to inform them of his uncle's upcoming funeral. Staff advised him that he needed to have a court order allowing him to attend the funeral which could be done by his attorney. He was told that he needed to provide the funeral location, date and time. The consumer's mother called the AMHC to advise that the attorney had been contacted and would obtain the necessary court order. On Tuesday, July 8, 2014, the consumer's attorney called the AMHC to inform the facility of the consumer's request for a court order to attend his uncle's funeral and asked if transportation accommodations could be made. The attorney was told that she needed to provide the AMHC with the funeral location, date and time. According to staff, on Wednesday, July 9, 2014, the patient contacted staff to see if the court order had been received. He was told that it had not been received yet. The consumer's mother then called the AMHC and informed them that the court order had been signed and sent to the AMHC. The staff called the patient's attorney about the court order, but received no call back.

Findings (Including record review, mandates, and conclusion)

The HRA reviewed records and policy pertinent to the complaints in this investigation.

Complaint I: Inadequate Medical Care

AMHC provided the HRA with their RETURN TO FACILITY FROM A GENERAL HOSPITAL VISIT policy (2A.06.009). Section B Part 5 states, *"The physician and RN shall develop and document an Individual Problem Plan for the Individual Problem Plan for the individual, if applicable. Minimally, the care plan should address: (a) medications; (b) special medical observations or checks; (c) mobility precautions, if any; (d) diet and supplements; (e) nursing care; and (f) charting requirements."* Section B Part 6 states, *"The RN will enter a 'Nursing Assessment' progress note summarizing the following information: (a) time/date of return; (b) diagnosis, if known, from hospital visit; (c) current vital signs; (d) assessment of current physical and mental condition; (e) on-going treatment needs (ex. care of sutures, casts, splints); (f) changes in functional ability; (g) changes in educational needs or discharge planning needed due to condition; and (h) modification to master treatment plan, if required."*

The HRA also reviewed relevant patient charts, treatment records, invoices, receipts and daily logs. The following timeline was established after reviewing said documents:

The treatment plan dated 02/24/14 documented evidence of anal fissures. The Nursing Review of Progress notes showed that on 04/22/14 the consumer had surgery for repair of minor anal fissures. It was noted that the consumer's complaint of pain was negligible. Additionally, the Nursing Review of Progress notes showed that between the dates 05/01-12/31/14 the nurse ordered wet wipes every month because the physician's orders stated that the consumer should use the wet wipes after every bowel movement. According to Nursing Review of Progress notes, on 05/10-05/31 the consumer refused to use wet wipes when offered by staff. These same notes indicated that on 05/25/2014 the consumer acknowledged no further symptoms following surgical repair of anal fissures last month.

The Nursing Review of Progress notes on 06/10/2014 stated that a colonoscopy was ordered for the consumer. The Nursing Review of Progress notes on 06/17/14 stated the consumer told staff that he had wet wipes to use and when asked by staff if the wet wipes were flushable, the consumer said "yeah." The progress notes also stated that staff informed the consumer that the wipes were not flushable. The facility nurse was called and wet wipes were again ordered for the consumer. The Nursing Review of Progress notes indicated on 06/23/14 the consumer reported a return of rectal discomfort and presence of blood on toilet tissue following bowel movements. The progress notes mentioned that the patient agreed to review the need for wet wipes as a comfort measure for rectal discomfort. The Nursing Review of Progress notes also stated that on 07/21/14 the patient reported discomfort and the presence of blood on toilet tissue, so a colonoscopy was scheduled for 08/05/2014. The notes indicated that the consumer was prepped for a colonoscopy on 08/04/2014 and the colonoscopy was performed. On 08/12/14 a physician's order stated that the consumer should continue the use of wet wipes for discomfort and reported solid stools for the consumer. The physician's order stated that on 08/13/14 the physician informed the consumer that removal of hemorrhoids was not needed after

the consumer asked if they could be removed. The consumer asked if wet wipes could continue to be used and the physician told the patient to ask the facility doctor. According to the physician's notes the consumer spoke with the facility doctor on 08/14/2014 about getting the external hemorrhoids removed. The consumer was shown the results and charts from the colonoscopy and was informed that removal was not needed. The consumer was asked about any discomfort and the patient denied discomfort in the rectal area.

According to the Nursing Review of Progress notes on 10/04-11/04/14 the patient was compliant with all medications. The Nursing Review of Progress notes indicated that during the 11/04-12/04/14 period, the consumer was compliant with medications and with using wet wipes after bowel movements. The consumer also had no medical complaints to report. The Nursing Review of Progress notes indicated that the consumer was compliant with all medications and treatment regiments for some of the 12/05-01/03/15 period. The Nursing Review of Progress notes indicated that the consumer was seen on 12/12/14 by the facility doctor and was no longer using calming creams, medication or wet wipes as ordered by the doctor. The consumer refused to do these things unless it was done by a specialist. The consumer was advised to apply Tucks pads to the rectal area after bowel movements as needed for 30 days. Tucks/Prep H wipes were ordered by the facility from Kmart as well as Hemorrhoid disposable wipes and were received on 12/18/14. The Nursing Review of Progress notes and the consumer's treatment record of 01/14/15 indicated the consumer was given ointment to apply to the rectal area but was accepted by the consumer only from 01/21/15 to 01/31/15. Though the consumer was informed to use /tucks pads for the rectal area, he refused to use them from 01/21/15 to 01/28/15.

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees *"(a) A patient 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 patient to the extent feasible and the patient's guardian, the patient's substitute decision maker, if any, or any other individual designated in writing by the patient. The facility shall advise the patient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the patient, if any, concerning the treatment being provided. The patient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the patient's treatment plan."*

Complaint 1 Conclusion

After reviewing all of the policies and documents relevant to this case, the HRA finds that the consumer was not denied adequate medical care after surgery. According to the Nursing Review of Progress notes, consumer treatment records and physician's orders, the consumer had minor surgery performed to remove anal fissures. After surgery, the consumer was informed of all of the necessary treatments and care needed to control post- surgery blood in the stool. The

consistent use of the wet wipes, ointment, and Tucks pads that were provided to the consumer was the aftercare needed to control the discomfort from the colonoscopy. The consumer received an appropriate follow-up appointment after surgery and also was able to visit the facility physician at any time. The consumer saw two physicians at different times of the year, both of whom informed the consumer that any further removal of hemorrhoids was not needed because the results of the colonoscopy were normal. There were no health issues indicated by the physician. As noted in treatment plans and Nursing Review of Progress notes, over an 11-month period the consumer was informed that the use of wet wipes, in combination with medications, ointments and Tucks pads, would calm any discomfort after bowel movements, but at several different time, the consumer refused to use them. The facility also provided invoices and receipts for each time wet wipes, adult diapers or Tucks pads were ordered for the consumer to remain compliant with the treatment plan as instructed by the physicians. The HRA found no evidence that the consumer's right to adequate medical care was restricted while at the facility. The complaint, therefore, is **not substantiated.**

Complaint 2 Restriction of Visitation to a Family Funeral

The AMHC provided the HRA with their FUNERALS- PATIENT ATTENDANCE policy (2A.03.101). According to the policy, forensic patients without court authorized off grounds privileges are *"required to seek an order from the jurisdictional court for permission to attend funeral services. AMHC is not responsible for obtaining this court order. The treatment team, under the direction of the treating psychiatrist, will provide input to the court as to its position on the advisability of such privilege if asked by the court in response to a family or patient request, but shall not initiate such request. The facility must receive an order from the jurisdictional court authorizing transport for forensic patients who do not have court approved off grounds privileges."*

"If it is confirmed that a patient's family member/significant other has died, and if an order has been received for a patient without court authorized off grounds, the following approval process must be completed:

1. The treatment team, under the direction of the treating psychiatrist, will evaluate the patient to determine if attendance is clinically warranted and if safety and security can be maintained. The treating psychiatrist will document in the patient's clinical record a progress note reflecting conditions including the date, time, and location of the service.

2. Prior to attending the service, approval must be obtained from the director of nursing or the medical director/designee. If the forensic patient is not privileged, a copy of the court order must also be provided for review. Approval will be documented by signature of the approving administrator below the progress note as specified in #2 above.

3. If approval is obtained, the social worker will finalize arrangements to transport the patient with the forensic coordinator. Transportation will be provided per procedure 2A.03.401 COURT TRIPS FOR FORENSIC PATIENTS.
4. Upon the patient's return the patient will be interviewed by the treating psychiatrist (or on-duty physician/MOD) to determine if added clinical monitoring or services are warranted. Results of the interview will be documented in a progress note in the patient's clinical record."

The HRA also reviewed relevant faxes, trip logs, emails and court orders provided by the AMHC and, as a result, established the following timeline:

According to the Alton Mental Health Center Trip Log, on Thursday, July 10, 2014, the consumer contacted staff to see if the court order was received. He was told that it had not been received yet. The consumer's mother called the facility and informed them that the court order had been signed and sent to AMHC. Staff checked all of the fax machines, including administration offices, control station, security and health information management fax machines, but did not find the court order. The attorney was contacted again, but could not be reached. The secretary told the facility that she was unaware of a court order. The facility staff called St. Clair County Circuit Clerk to see if they had received the order and they had not. In anticipation of the arrival of the court order staff added the funeral to the trip schedule.

According to progress notes, on Friday, July 11, 2014, the order was not yet received by the facility. The facility contacted the attorney and St. Clair States Attorney about the order, but they were unaware of a court order being sent to them. The attorney was contacted again, but could not be reached. AMHC staff members were informed that if the court order was received, the consumer could attend the funeral if he was clinically stable. If the court order did not arrive by 9:00pm on July 11, 2014, the trip would have to be cancelled.

According to progress notes, court orders and fax transmissions, on Monday, July 14, 2014, the patient's mother called AMHC to chastise the facility about the patient missing his uncle's funeral. The facility contacted St. Clair County Circuit Clerk and they maintained that a court order had not been received. Later that day, the court order arrived at AMHC and it was discovered that it had been faxed erroneously to the St. Clair County probation office.

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103) guarantees the right to *"(a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to patients who reside in Department facilities and who are unable to procure such items. (b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the patient or others from harm, harassment or intimidation, provided that notice of*

such restriction shall be given to all patients upon admission. When communications are restricted, the facility shall advise the patient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect."

Complaint 2 Conclusion

After reviewing all of the policies and documentation relevant to this case, the HRA has determined that the recipient was not denied funeral attendance at the discretion of AMHC. The consumer's inability to attend the family funeral was a direct result of the court order being sent to the wrong facility. The complaint, therefore, is **not substantiated**.