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Metro East Regional Human Rights Authority
Report of Findings
Alton Mental Health Center
Case #15-070-9005

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 (AMHC):

1. **The facility was overly restrictive during a recipient's trip for a medical appointment in that she was placed in multiple restraints that were excessive and inconsistent with past medical appointments as well as her recent history of being restraint-free at the facility.**

2. **When the recipient objected to the additional restraints, she was given forced medication.**

3. **The recipient was denied her evening medication that included insulin on August 17, 2014.**

If substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.), Illinois Department of Human Services (DHS) policy directives and facility policies.

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.

To investigate the allegations, the HRA interviewed the service recipient and facility administration representatives, examined a recipient's record with guardian consent and reviewed pertinent facility policies.

Interviews

In a telephone interview with the service recipient, she stated that she was a voluntary-civil patient who needed to go to a medical appointment on or about 08-19-14. She said she was ambulatory and had been restraint-free for several weeks; but for this medical trip, the facility used extensive restraints that included strapping and shackling her legs. She said she found the situation demeaning and humiliating and when she became upset at staff she was given forced medication. She also reported that on or about 08-17-14, she was refused all her evening medications, including insulin for a Diabetes diagnosis. She voiced concern that the medication refusal may have been in retaliation for filing a complaint against the facility. In follow-up telephone interviews with the recipient, she complained of a similar incident regarding restraint use during a medical trip in November 2014. The HRA team attempted to interview the

recipient in person during a site to the AMHC visit but she was not at the facility, having been admitted to an area hospital.

The HRA team did meet with facility administrators regarding the complaints. The facility reported that the recipient has a history of self-abusive behaviors and elopement. According to the facility, the recipient has, in the past, refused to return to the facility after community medical appointments. In one instance, upon leaving the hospital she refused to board the state vehicle to return to the AMHC and instead walked to a store approximately two to three miles away, with staff following her on foot. The facility reported that when restraints were applied, Restriction of Rights Notices were issued and the reasons for restraint use were documented. As per facility administration, the recipient was given emergency medication on 08-19-14 with the issuance of a Restriction of Rights Notice and a clear explanation; the facility stated that the record documented a high frequency of agitation and verbal abuse on that particular day. The facility also reported that on 08-17-14 the recipient refused medication versus being denied them.

Record Review

The HRA examined the recipient's record, with guardian consent. A "Designation of Emergency Treatment Preference and Emergency Notification," form dated 07-24-14 and signed by the recipient but not the recipient's guardian, documents that the recipient had no preference regarding the use of emergency intervention.

Progress notes were also examined. Notes on 08-15-14 indicate that the recipient was not eating much throughout the day and then she initially refused her evening dose of medication. According to the progress note, the recipient stated "'It will bottom me out.' Then pt. said no you can give it to me. [Illegible] notified of [illegible] situation and because pt. had not eaten much and blood sugar already being 110, the nurse was ordered to hold hs [evening] dose of Lantus. Pt stated 'that's fine. I will just tell my lawyer.' Nurse tried to explain to pt. why insulin was being held but pt. refused to listen and [illegible]. Will continue to monitor."

On 08-17-14, a mental health technician documented that the recipient stated she planned to make a particular nurse's last day "'miserable.'" Later, the recipient approached the particular nurse requesting her medication; the nurse was with another recipient and asked her to wait a minute after which the recipient accused the nurse of refusing the recipient her medication. The documentation states that the nurse approached the recipient five minutes later and told her she was ready to give the recipient her medication but the recipient "...refused to go to the medication room to get her medication." The notes state that the recipient was approached again about her medication; the recipient again refused and accused staff of refusing to give her the medication. Progress notes dated 08-19-14 document that the recipient did not want to be put in wrist restraints to go to a medical appointment. The notes state that an attempt was made to explain the rationale and the recipient became loud and wanted to know who ordered the wrist restraints since she usually goes to appointment in ankle but not wrist restraints. The notes state that staff attempted to redirect and calm the recipient but the recipient became louder, pulled at the restraints and then grabbed the hands of two staff. The recipient continued yelling and then stomped her feet after which staff made the decision to cancel the medical appointment. The recipient then verbally threatened to beat up staff, knocked over a chair when she got up out of it and kicked the door open. An emergency medication was ordered.

Medication administration records for August 2014 document that the recipient refused her evening medications, including Lantus (insulin), on 08-17-15.

Restriction of Rights Notices for August 2014 were reviewed. A notice dated 08-05-14 states that the recipient was placed in a locking ambulatory restraint due to a history of elopement risk while on medical trips and due to a history of attacking staff; the notice states that the ambulatory restraints were for safety and protection. An order on 08-09-14 states that the recipient was placed on bilateral ambulatory ankle restraints as part of a 12:30 p.m. transfer to a community hospital and because of a history of aggression and elopement; notice for the same restraints was provided for the transport back from the hospital at 16:30 on 08-09-14. Similarly, a notice for a locking ambulatory restraint for a medical visit due to the recipient's history of elopement and aggression was issued on 08-14-14. An 08-19-14 restriction notice at 8:30 a.m. states the following: "Pt placed ambulatory ankle and to be placed in right wrist restraint for transport out of secure setting to community. Pt placed in ambulatory restraints for her safety due to history and recent attempt to harm self, for safety of staff due to her becoming physical (striking) staff and due to elopement risk when out of secure setting." At 8:50 a.m. on 08-19-14, a restriction notice indicates that emergency medication was administered due to "extreme anxiety, agitation, aggression. Behavior escalating – threatening to harm RN [Name] yelling, screaming agitated – unable to redirect."

Restriction of Rights Notices for the month of November 2014 were also reviewed. On 11-07-14, emergency medication was administered for making verbal threats, throwing chairs, clenching fists and inability to respond to de-escalation. The notice stated that the recipient had indicated no preference with regard to emergency interventions. A notice dated 11-08-14 states that the recipient was placed on frequent observation for threatening physical harm to staff and peers. A notice dated 11-09-14 for another period of frequent observation was issued due to a recent overdose and to protect self. According to an 11-12-14 notice, the recipient was stripped naked, had an unsteady gate and was swinging at staff; she was placed in a physical hold and administered emergency medication. On 11-13-14, the recipient was issued a restriction notice for being placed on 1:1 observation due to an unsteady gait and confusion. Another notice on the same date continues the observation to monitor confusion and the unsteady gait. Also on 11-13-14 the recipient was administered emergency medications at 13:05, at 15:35 and at 15:45 for attempting to strike staff, pushing staff, trying to pick up chairs and then picking up chairs as per the notice. According to restriction notices, on 11-14-14 at 7 a.m., the recipient was given emergency medication by mouth due to severe agitation, blocking doorways and intruding in the personal space of others. Emergency medication was given again on 11-14-14 at 7:50 a.m. due to verbal threats of harm to staff. At 12 p.m. on 11-14-14, the recipient was again given emergency medication by mouth due to severe agitation, unpredictable behavior, angry affect and rigid body posture. A restriction notice from 11-15-14 states the recipient was given emergency medication for eyes darting, glaring at others, and appearing suspicious; the notice then stated that the recipient was given prn medication for unpredictable behavior, anxiety and patient request. A Restriction of Rights Notice dated 11-20-14 for the transportation to the hospital documents the ambulatory 4-point restraints for elopement risk and threats toward staff.

The HRA examined the recipient's treatment plan dated 11-25-14 which states that she had been most recently admitted on 11-07-14 on emergency status after presenting herself in a disoriented and incoherent state to her community mental health provider. The plan documents the following diagnoses: Factitious Disorder; Mood Disorder; Borderline Personality Disorder; Hypertension; Diabetes Mellitus, Peptic Ulcer Disease; Asthma; and a history of self-injurious behaviors. Treatment goals include increasing/utilizing coping skills, identifying community resources for substance abuse needs, identifying barriers to discharge and a plan to overcome them; and taking prescribed medications. The plan documents that the recipient had reported numerous physical problems while at the facility including nausea, stomach pain and a dislocated shoulder and had been sent to the hospital emergency room four times. On 11-20-14, the recipient reported that she had swallowed a battery and inserted a pen into her fistula resulting in a community hospital admission where she was still receiving services at the time of the treatment planning meeting.

Physician orders for the November medical trip were examined. Orders for 11-20-14 document the following: send to emergency room with two staff persons; and ambulatory wrist and ankle restraint during transfer to and from the hospital. The record contains two more specific restraint orders. The first order concerns her trip to one community hospital and provides the following rationale: elopement risk due to past attempt to elope from hospital; threats to staff; and, safety concerns. The order states that the restraint was explained to the recipient and that she would be wearing ambulatory leg and wrist restraints. The order states that the recipient was cooperative with restraint application. The order was for four hours and documents her vitals. A second order was issued on the same day for the recipient's transport from one hospital to another for medical reasons and again ambulatory, mechanical restraints were applied.

Policy Review

The HRA examined policies pertinent to the allegations. The facility medication policy states *"It is the policy of Alton Mental Health Center (AMHC) to ensure that prescribing and administering of medication is done according to the law and the needs of the patient."* In addition, "*Any time a patient refuses a medication (including PRN), even if they have signed a consent form at an earlier time, the medication can only be given if it is an emergency and documented as an emergency administration of medication."* Furthermore, the policy states the following: *"Please note that anytime a patient is given medication after he has refused it, this is the involuntary administration of emergency medication. This can only happen if the patient poses a serious and imminent risk of physical harm to himself or others and no less restrictive alternative is available."*

The HRA examined the facility policy on restraint use which emphasizes the following philosophy: *"...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. Implementation of the restraint/seclusion procedure will be conducted in a*

safe and humane manner. In addition, the use of restraint or seclusion will be limited emergencies in which there is imminent risk of an individual harming himself/herself, other patients, or staff." The policy provides for patient/family education, a facility violence prevention plan, staff education and competence, performance improvement, personal safety plans, emergency treatment preferences, reassessments and restraint procedures. A flow chart guiding restraint use is included in the policy and stresses alternatives prior to restraint use and when unsuccessful, using patient emergency treatment preferences; if restraints are used, documentation is completed and a debriefing is held with the patient. A section on "Mechanical Ambulatory Restraint for Transportation states the following: *"Ambulatory restraints may be used only for transportation purposes for patients who historically have exhibited imminent risk of harm to self or others, and are reasonably expected by continued physician assessment to exhibit such behavior while being transported outside of the secure facility for medical, court, and other planned trips. The purpose for ambulatory restraint used in transport is to ensure patient, staff, and public safety. Ambulatory restraint should not be utilized as a behavior modification tool during the patient's hospitalization. Ambulatory restraints are to be applied immediately prior to departure for the trip, and released immediately upon the patient's return to their living unit. If the trip is delayed leaving the facility, the ambulatory restraints must immediately be removed and reapplied when the trip is ready for departure. Ambulatory restraint may consist of non-locking one piece waist strap and cuffs, and one piece non-locking hobbles depending on the physician's assessed risk level of the patient for violence and/or elopement while outside the facility. Ambulatory restraints may only be applied by a qualified staff member upon a physician order or emergency RN authorization (when a physician is not readily available). A Registered Nurse must accompany any patient in ambulatory restraint on their trip."* The policy further dictates that an administrative review be conducted prior to transport and states that orders for ambulatory restraints might include helmets and mittens. Restraint checks are to occur every 15 minutes and the recipient is to have hourly access to food, fluids and toileting.

The HRA also reviewed the Illinois Department of Human Services directive on the use of restraint (02.02.06.030). The directive states in the definition section *"Security devices used for the explicit purpose of securely transporting forensic patients to court hearings or other appointments off facility ground"* does not constitute restraints; however, civil patients are not specifically mentioned. The policy's assessment section states that restraints are to be used as *"emergency interventions when there is a clear and present danger of an individual physically harming himself or herself or others; and other less restrictive interventions are ineffective or not viable. The decision to use ...restraint...is driven by an individual assessment which concludes that for this individual at the time, the risk of using less restrictive measures outweighs the risk of using...restraint....The determination of which emergency intervention to use should be based on assessment and monitoring of the individual, staff experience with the individual, patient and staff safety, and the emergency intervention as identified by the individual and documented on the treatment plan or the individual's Personal Safety Plan."*

The Patient Manual briefly addresses the use of restraints for emergency safety purposes but not for transporting individuals.

Mandates

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) requires the following with regard to the provision of care and services:

> *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, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient 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 recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.*

The Code defines restraint, as per Section 5/1-125, as follows:

> *"Restraint" means direct restriction through mechanical means or personal physical force of the limbs, head or body of a recipient. The partial or total immobilization of a recipient for the purpose of performing a medical, surgical or dental procedure or as part of a medically prescribed procedure for the treatment of an existing physical disorder or the amelioration of a physical handicap shall not constitute restraint, provided that the duration, nature and purposes of the procedures or immobilization are properly documented in the recipient's record and, that if the procedures or immobilization are applied continuously or regularly for a period in excess of 24 hours, and for every 24 hour period thereafter during which the immobilization may continue, they are authorized in writing by a physician or dentist; and provided further, that any such immobilization which extends for more than 30 days be reviewed by a physician or dentist other than the one who originally authorized the immobilization.*
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> *Momentary periods of physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force, and that are designed to prevent a recipient from completing an act that would result in potential physical harm to himself or another shall not constitute restraint, but shall be documented in the recipient's clinical record.*

With regard to restraint use, the Code states in Section 5/2-108:

> *Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself 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, clinical professional*

counselor, or registered nurse with supervisory responsibilities. No restraint shall be ordered unless the physician, clinical psychologist, clinical social worker, clinical professional counselor, 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....

(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....

(j) Whenever restraint is used, the recipient shall be advised of his right, pursuant to Sections 2-200 and 2-201 of this Code, to have any person of his choosing, including the Guardianship and Advocacy Commission or the agency designated pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act [FN1] notified of the restraint. A recipient who is under guardianship may request that any person of his choosing be notified of the restraint whether or not the guardian approves of the notice. Whenever the Guardianship and Advocacy Commission is notified that a recipient has been restrained, it shall contact that recipient to determine the circumstances of the restraint and whether further action is warranted.

With regard to the emergency administration of medication, the Code guarantees recipients, in Section 5/2-107, the right to refuse medication 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."

When a recipient's rights are restricted, the Code's section 5/2-201 requires the following:

> *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 and the reason therefor to:*
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> *(1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian;*
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> *(2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice;*
>
> *(3) the facility director;*
>
> *(4) the Guardianship and Advocacy Commission, or the agency designated under "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, [FN1] if either is so designated; and*
>
> *(5) the recipient's substitute decision maker, if any.*
>
> *The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient's record.*

CONCLUSIONS

Complaint #1: The facility was overly restrictive during a recipient's trip for a medical appointment in that she was placed in multiple restraints that were excessive and inconsistent with past medical appointments as well as her recent history of being restraint-free at the facility.

The consumer stated that excessive restraints were used on her when she was transported out of the facility to medical appointments. Staff reported that the recipient has a history of self-injurious behaviors; a past medical trip resulted in her refusing to return to the car to be transported back to the facility, requiring staff to follow her by foot for two to three miles. The record documents the facility's rationale for the use of restraints for trips in August and November 2014 as being the consumer's history of elopement and aggression although it is not clear that she was threatening elopement or aggression at the time of transport. Also, it appears that in the past, only ankle restraints had been used during transport but wrist restraints were an additional form of restraint used for the August and November medical trips. The November trip documentation states that the recipient was cooperative with the restraint applications. Restriction of Rights Notices were issued for each instance. The HRA notes that the consumer learned of the additional restraints just before the August trip. The consumer documented on the

emergency treatment form that she had no preference with regard to emergency intervention; however, the recipient's guardian had not signed the form.

Alton Mental Health Center policy allows for restraint use when transporting consumers based on a history of harm to self and others. The policy describes the various types of restraints that can be used but does not indicate the extent to which each form of restraint is considered.

The Mental Health Code allows for restraint application to prevent harm to a consumer or others. Orders and rationale are to be documented. The Code requires the issuance of a restriction notice that documents the rationale when restraints are used. The Department of Human Services directive indicates that safety devices for transporting forensic patients are not considered restraints but did not specifically mention civil patients.

Based on the recipient's documented history of self-harm, including an elopement during a past medical trip, the AMHC policy and the Mental Health Code were violated is not substantiated. The HRA does offer the following suggestions:

1. The Code guarantees humane services in the least restrictive environment, pursuant to a treatment plan and taking into account a recipient's views. The HRA strongly suggests for consumers who must leave the facility for medical reasons, that the issue of restraint and the level of restraints to be used during transport be discussed in advance with recipients and be included as part of treatment planning.
2. The AMHC consider including the possibility of restraint applications during transport in the Patient Handbook.
3. The AMHC ensure that guardians review and sign emergency treatment preference forms.

Complaint #2: When the recipient objected to the additional restraints, she was given forced medication.

The consumer indicated that the additional restraints upset her, and when she refused, she was given forced medication. The record indicates that the Restriction of Rights rationale for administering forced medication during the August 2014 restraint application was because the recipient was threatening harm to the nurse, was yelling and screaming and was very agitated. Progress notes supplement the Restriction of Rights Notice describing the recipient's behavior as grabbing the hands of staff, kicking a door, knocking over a chair and threatening to beat up staff. The documentation indicated that the emergency medication administration in August 2014 was due to the recipient's imminent physical behavior, albeit escalating from the restraint issue, and not because she objected to the restraints. In examining November Restriction of Rights Notices the documented rationale for emergency medication administration particularly, on November 14 and 15, describe verbal threats, severe agitation, darting/glaring eyes versus imminent physical harm.

Facility policy and the Mental Health Code allow for the emergency administration of medication over a patient's objection "to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

Also the Code requires that restriction notices document the reason for the emergency treatment. Although the HRA does not substantiate the complaint that the recipient was given forced medication for objecting to restraint use, the HRA does find a related rights violation due to the lack of documented rationale on the Restriction of Rights Notices that meet the Code's standard of "imminent physical harm" and recommends the following:

1. **Ensure that the rationale for the emergency administration of medication meets the Mental Health Code's standard of imminent physical harm and that the rationale is clearly documented in Restriction of Rights Notices.**

Complaint #3: The recipient was denied her evening medication that included insulin on August 17, 2014.

Progress notes on 08-15-14 document that the recipient's insulin was held due to blood sugar concerns, that this was explained to the recipient and that the recipient was monitored. Documentation in progress notes and in medication administration records for August 17, 2014 indicate that the recipient refused her medication. Staff approached her at least once after the initial refusal and she continued to refuse. The Mental Health Code guarantees recipients the right to refuse medication. Therefore, the complaint is not substantiated.