



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY – CHICAGO REGION

REPORT 20-030-9007
Madden Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation due to a complaint of a potential rights violation in the treatment of a patient at Madden Mental Health Center. The complaint is that a patient was given forced medications without cause and the patient's request for discharge was not honored timely.

Madden Mental Health Center is a 140-bed, Illinois Department of Human Services (IDHS) run facility. The Facility has capacity set at 100 patients and provides care to 2,300 patients annually. Madden is in Hines, IL and services the greater Chicagoland community as one of two state operated mental health facilities in the Chicago area.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107, 405 ILCS 5/3-400 and 405 ILCS 5/3-403).

The HRA met with hospital staff and administration via conference call to discuss the patient's care. Relevant policies were reviewed as was the patient's record with proper authorization.

COMPLAINANT SUMMARY

It was reported that a patient was admitted to the unit and signed in voluntarily. According to the report the patient requested a five-day release but was not released in a timely matter. The report indicated that the patient was also given forced medications due to requesting discharge.

FINDINGS

"Madden Mental Health Center" Record Review

The patient was admitted two times in a week's period. The patient was admitted at the end of August and that admission lasted for five days. The patient was transported to the facility from a neighboring hospital involuntarily, with a petition for involuntary admission filed. The patient refused to sign most of the admission paperwork but did indicate he did not want anyone to know about the admission. During this admission the patient did not make known an emergency treatment preference.

The patient was placed on close special observation and monitored daily during the time at Madden. For the admission in August, there were no emergency medication issuances present, there were no restriction of rights notices in the record and no five-day requests for discharge. The only medications given during this admission were requested by the patient. The patient was discharged home and there are no notes indicating if the petition for involuntary admission was denied in the record.

The patient's second admission occurred at the beginning of September. During this admission, the patient was initially transferred to Madden involuntarily and then signed a voluntary admission application shortly after arrival. During this admission the patient did make known an emergency treatment preference. The patient's admission lasted for roughly twelve days and he was discharged three days after signing a request for discharge. The patient filled out a request for discharge on September 14th and was discharged on September 17th.

During this admission the patient did receive forced medications. The emergency medication was administered on September 11th, the record's progress notes do not list a need for the issuance of the medication. However, there is an emergency medication progress note on a separate form that is in the record that details that the patient was "agitated and began yelling and threatening staff ..." the note also indicates that the patient was given verbal redirection. This form also lists that several other attempts were made to deescalate the situation before administering the emergency medications. The notes prior to the issuance only list that the patient was visited by a representative from the Guardianship and Advocacy Commission.

There is also a restriction of rights form in the record that depicts the same situation listed on the emergency medication progress note. The restriction of rights form indicated that the patient had an emergency treatment preference that was followed; it indicated the patient did not want anyone to be notified. The form states that the patient received a copy of the notice in English. There are no other emergency medications or psychotropic medications issued for this admission found in the record.

Site Visit and Interviews

In response to the complaint, the HRA conducted a telephone conference with the medical director, a physician, the director of social work, a social worker, the nurse manager and the quality control manager on May 13, 2020. During the call the HRA asked the staff present what the process is for securing a five-day release. The staff responded that all the five-day request for discharge forms are located at the nurses' station on each unit. The social worker furthered

that “any patient can ask any staff present for a five-day request for discharge.” The medical director and quality control manager concurred with the social worker. The medical director added that, “there are times where staff are working with other patients, but during those times patients would be referred to the nurses’ station to secure the form.” The staff explained that once a form is signed the treatment team then begins planning for discharge at the earliest possible time. The staff also reported that at no time is a patient dissuaded from obtaining the form.

The HRA then questioned the staff on the intake process. The staff reported that, “once a patient is admitted there is a medical screening that includes explaining to the patient their rights.” During this process the patient is asked about voluntary status, emergency medical treatment preferences, social and medical history information. The staff also reported that after the screening a patient is seen by a doctor to participate in a psychiatric evaluation and in the treatment plan. The staff explained that no patient is forced into voluntary status and that each patient has the choice to participate in each part of the intake process.

Finally, the HRA asked the nursing staff to illustrate the situation that caused the need for the of emergency medications. The staff present had no direct knowledge of the situation, however the medical director did read verbatim the emergency medication progress note form. The quality control manager then forwarded the note via email to the HRA. The note was the exact same note contained in the record.

Policy Review

The HRA reviewed the “Refusal of Services / Psychotropic Medication (230)” policy. The policy details how and when emergency psychotropic medication should be administered. The policy explains that refusal of psychotropic medication “has occurred if verbal and/or non-verbal communication of the patient indicates unwillingness to receive the medication.” The policy illustrates that emergency medication can only be given “to prevent the patient from causing serious and imminent physical harm to self and/or others.” The policy outlines that if a “patient does not overtly consent to IM [intramuscular] psychotropic medications, he or she shall be deemed to be refusing such medication.” Thus, this policy meets the requirements of Code section 5/2-107. Also, included in this section of the Code is the following requirement: “The Department shall conduct annual trainings for all physicians and registered nurses working in State-operated mental health facilities on the appropriate use of emergency administration of psychotropic medication and electroconvulsive therapy, standards for their use, and the methods of authorization under this Section.” (405 ILCS 5/2-107 (i))

Next, the HRA reviewed Madden’s “Admission Screening Requirements (1515)” policy. The policy was last reviewed in February of 2019 and revised in July of 2019. The policy requires that once at the facility the admission coordinator RN must “[p]rovide and review Patient and Family Handbook with patient.” The policy also requires the administration coordinator to go over the patients’ rights and determine the type of admission that is necessary by completing “appropriate assessments and forms.”

Since the policy refers to the Patient and Family Handbook, the handbook was reviewed. The handbook serves as an overview of the treatment they may receive while at the facility. The handbook notifies patients of their rights as it pertains to treatment, discharge and admission. The handbook also provides sample grievance forms and who to contact in the event of grievance. The Code requires that at the beginning of services or as soon “as the condition of the recipient permits, every adult recipient ... shall be informed orally and in writing of the rights guaranteed by ...” the Code. Thus the “Admission Screening Requirements (1515)” policy is in accordance with the Code requirements of 405 ILCS 5/2-200. The policy is also in accordance with 405 ILCS 5/3-400 as it informs patient of their rights to voluntary admission and the discharge process.

CONCLUSION

A patient’s received force medications without cause

The patient’s record listed one issuance of emergency medication. The notes around the administration of the medication is lacking supportive information. However, as mentioned there is a separate form utilized to describe the patient’s actions leading up to the forced medication. The form states that the patient was “agitated and began yelling and threatening staff after being given verbal redirection to stop arguing with peer.” The restriction of rights form concurs with this note. The note also details that the staff “verbally redirected, asked [patient] to go to room and calm down, and actively listened to patient’s concerns ...” but failed in calming the patient down. Based on information available a rights violation of this section of the Code is substantiated. Per the Code all emergency medication must prevent “serious and imminent physical harm and no less restrictive alternative is available.” Without more description, agitated, yelling and threatening does not meet the standard of serious and imminent physical harm.

The patient’s five-day request for release was not honored timely.

The record details that the patient filled out a request for discharge on September 14th and was discharged on September 17th. Three days after making a formal request for discharge, the patient’s request was granted, well within the five-business-day requirement. Therefore, a rights violation is unsubstantiated.

RECOMMENDATION

1. Conduct a refresher course on the Code section 5/2-107 will all RN staff. The training should place an emphasis on the fact that emergency medication can only be used if the situation is “serious and imminent physical harm and no less restrictive alternative is available.” Provide proof of recommended training. Ensure that annual training is being

provided on "...on the appropriate use of emergency administration of psychotropic medication and electroconvulsive therapy, standards for their use, and the methods of authorization under this Section" consistent with 5/2-107 (i).

SUGGESTIONS

1. Remind and retrain staff to always descriptively document a patient's actions in the record.
2. Ensure attempts to secure emergency treatment preferences at admission and then follow those preferences when there is a Code defined emergency.
3. Consider revising the "Refusal of Services/Psychotropic Medication (230)" policy to include the annual training requirement specific to emergency treatment.