FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 20-100-9014
ALEXIAN BROTHERS BEHAVIOR HEALTH HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of potential rights violations in the care provided to a patient at Alexian Brothers Behavioral Health Hospital. Allegations were that the patient was given false information about a voluntary admission, she was coerced into taking medication to be discharged and was kept in the hospital longer than necessary. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5). An HRA team discussed the matter with staff from administration and direct patient care. Relevant policies were reviewed as was the patient's record with authorization.

Situated in Hoffman Estates, Alexian Brothers has approximately one hundred twenty beds within eight units to treat adolescents, adults, and the elderly. The hospital is part of the Amita Health group.

COMPLAINT SUMMARY

An intake counselor allegedly told the patient on admission that she could walk out after five days if she signed a voluntary application, and he wrote that she was suicidal although she explained she was not, that she just had a panic attack. She signed the application thinking she had no choice. On the unit, the patient's psychiatrist reportedly saw her for five minutes and said she would be staying for at least a week although the patient explained she was not suicidal. When she saw the doctor again a few days later he reportedly told her he would only discharge her if she took medication; she reluctantly agreed feeling coerced. The complaint also states that the patient was discharged six days after signing a discharge request form.

FINDINGS

-False information about admission.

A petition and certificate for involuntary admission showed the patient's initial evaluation took place at another area hospital on December 27, 2019 at 4 p.m. The licensed social worker who completed the petition wrote that the patient appeared guarded, depressed, withdrawn and that she said yes to having suicidal thoughts although she would not express any plans. She also reported to having lost sleep and her appetite and had trouble completing activities of daily living; she missed work a couple days from depression and anxiety. A physician at the same hospital completed a certificate two hours later. Based on the physician's personal clinical observations, the patient said she wanted to feel better and had suicidal thoughts but would not disclose them. Immediate hospitalization was recommended to prevent self-harm, and the patient was to be transferred.

A voluntary admission application was filled out shortly after the patient's arrival at Alexian Brothers, just after midnight. The patient signed the form as did an intake counselor who wrote that the patient was not suitable for an informal admission due to being suicidal and that he explained her rights as a voluntary admittee, including discharge rights. There were no notations from the counselor specifically about his time with the patient. A nursing admission summary entered a few hours later referred to the patient's admission for depression, that she began expressing increased panic attacks since Christmas and that she was overwhelmed by her workload. The attending psychiatrist's initial evaluation conducted later that day described the patient's reports of increased sadness, decreased energy, feelings of hopelessness, suicidality, and recurrent panic episodes. The psychiatrist diagnosed severe major depressive disorder and panic disorder and certified the admission. "Admit and integrate into groups and the ward milieu. Evaluate for medication and work on developing coping skills…. She wants no meds at this time."

The HRA spoke with the intake counselor who said he remembered this patient. He said when patients first come in, he explains the general unit rules as well as all applicable rights, whether voluntary or involuntary. He only makes additional notations if any issues or problems arise, which in this case there were none. The counselor recalled that this patient came in on a petition and certificate, and the voluntary was a suitable option for her otherwise she would have to stay involuntarily. He did not coerce her into signing the voluntary and did not say she could walk out after five days—"that would be incorrect". He discussed the discharge process on the form, that she could request discharge in writing and expect to be discharged within five business days or be petitioned. The counselor said he went over all of this with the patient and does not recall her having questions, disagreements or talking about panic attacks.

CONCLUSION

Alexian Brothers' policy on voluntary admission states that anyone 16 years or older may be voluntarily admitted if deemed appropriate. The person seeking voluntary admission must be informed orally and in writing of the rights of recipients and the person reading the rights shall witness the signature of the patient on the bottom of the voluntary application. The patient receives a copy of the application and rights of recipient. Alexian's policy for the release of the voluntary patient states that the right to be discharged at the earliest appropriate time shall be explained to the patient when filing the voluntary application.

Under the Mental Health Code, the patient chooses the voluntary route, if sixteen years of age or older and is determined appropriate. (405 ILCS 5/3-400).

"The written application form shall contain in large, bold-face type a statement in simple nontechnical terms that the voluntary recipient may be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after giving a written notice of his desire to be discharged, unless within that time, a petition and 2 certificates are filed with the court asserting that the recipient is subject to involuntary admission. *Upon admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to the recipient and to any parent, guardian, relative, attorney, or friend who accompanied the recipient to the facility.*" (405 ILCS 5/3-401). (Emphasis added).

The voluntary application in this record was signed by the patient and the intake counselor, both in verification of having discussed admittee rights, including discharge rights and the mandated discharge process. Based on the intake counselor's statements and the documentation, there is no evidence that the patient was told she could walk out after five days. There were nursing and psychiatry entries relating to the patient's panic attacks but in conjunction with a psychiatric diagnosis that qualified for admission. The complaint that the patient was given false information about a voluntary admission is <u>unsubstantiated</u>.

<u>SUGGESTIONS</u>

This patient's voluntary application missed a statement of her capacity to consent to the admission which is a Code requirement (405 ILCS 5/3-400). Applications with the statement on them can be downloaded from the DHS forms library, and the hospital's admissions policies should be revised to outline the process for determining capacity and the appropriate staff to do it.

Part of the admission process, namely the explanation of discharge rights (rights of voluntary admittee), are found under the release policy while part of the discharge process, namely the certification option, is found under the admission policy. Perhaps these policies should be combined.

-Coerced into taking medications to be discharged and kept longer than necessary.

According to the record, the attending psychiatrist met with the patient on her first day, December 28, and noted that she did not want medications at that time. He estimated the patient's length of stay to be seven days. He saw her again two days later, on the 30th, and his report stated that they discussed feelings and experiences in groups, working on coping skills and her desire not to take medications. The patient displayed less sadness and anhedonia (the inability to feel pleasure), she had improved concentration and her feelings of hopelessness and suicide ceased per the report. The plan was to continue therapies and recommend medications; the new estimated length of stay was one day. The psychiatrist visited the patient again on the 31st, and his report was similar to the day before, listing the same various improvements but stating that her anticipatory fears were minimally present. They discussed the risks, benefits and

side effects of Zoloft, which was then ordered. The estimated length of stay was now three days. The patient signed a consent form for the Zoloft and a request for discharge on the 31st.

The next time the psychiatrist saw the patient was two days later on January 2, 2020 when he discharged her. In his discharge summary, the psychiatrist wrote that the patient was integrated into the unit milieu and groups and that Zoloft was started "after some discussion". The summary continued to state that the patient had engaged with those groups and that her symptoms waned quickly. "For the last 2 days prior to discharge she was clearly coping better, managing anxiety well, not hopeless, not suicidal and clearly stable and ready for discharge." The patient was discharged two days after signing the request form, not six.

We interviewed the attending psychiatrist who said he somewhat remembered this patient. He talked of his concern for her in that she had a very clear statement of wanting to kill herself but refused to share the plan. He met with her at least four times during her stay. Regarding medications and discharge, the psychiatrist said that if a voluntary patient asked to leave, he would help them get a discharge request form. He did not recall a discussion about taking medications in order to be discharged and explained that if a patient is doing better by participating in groups, he would have no problem with them not taking medications at all. Encouraging patients to take medication is appropriate when there is a clinical basis, for those who are not making progress. He went on to say that if a person is not improving, he advises that getting on meds will help them get out of the hospital, but it is their decision. The psychiatrist said he would have discharged this patient whether she took medications or not because she was doing well. He also would have continued to recommend that she get on them after her discharge.

CONCLUSION

Alexian's release of the voluntary patient states that the right to be discharged at the earliest appropriate time, five days for the adult, shall be communicated to the patient at the time the voluntary application is completed. Its admission of the voluntary patient policy states that the patient is to be discharged no later than five business days unless the certification process begins.

The Code allows patients to receive non-emergent psychotropic medications by choice based on consent. (405 ILCS 5/2-102a). And, they have the right to refuse medications. (405 ILCS 5/2-107). A voluntary patient may be discharged at the earliest appropriate time, not to exceed five business days, after a written request is received, unless the request is withdrawn, or a petition and two certificates are court filed within that time. (405 ILCS 5/3-403).

It seems there was a considerable effort on the psychiatrist's part to convince the patient to take medications, which is what psychiatrists do. But his notes reflected the patient's progress consistently toward discharge, and although the patient may have felt badgered or intimidated into taking medications, she exercised the right to refuse or provide consent on record and there is no factual evidence that it was a condition for discharge. The patient also exercised her right to request discharge, and she was within two days, including one holiday, well within the five-business-day mandate. A rights violation is not substantiated.

SUGGESTIONS

There is a patient consent form for current (home) medications that states the patient's capacity to make informed decisions about the treatment and that written education materials on the drug were provided. Then there is a psychotropic medication consent form for new drugs, Zoloft, that does not include a statement of the patient's decisional capacity or that education materials on the drug were provided. Unless it can be found elsewhere in the record, this is a missed Code requirement, and Alexian must ensure that physicians and nurses complete written capacity determinations and provide written drug materials respectively *before* psychotropic medications are started. (405 ILCS 5/2-102a-5).

The request for release form in this chart was incomplete, signed only by the patient and no staff, so there is no way to verify when and at what time the form was received which is critical for meeting the discharge mandate. Appropriate staff should be reminded to complete the form thoroughly.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

AMITA HEALTH

September 22, 2020

Teri Steinberg, Chair, Human Rights Authority
Illinois Guardianship and Advocacy Commission
9511 Harrison Street, Room W-335
Des Plaines, IL 60016-1565

RE: #20-100-9014

Dear Ms. Steinberg,

Thank you for your letter, dated September 3, 2020 regarding the unsubstantiated findings of the investigation into the above referenced case.

We appreciate having the opportunity to work with the Human Rights Authority to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Jeff Maitland
Director, Quality and Patient Safety

AMITA Health Alexian Bothers Behavioral Health Hospital
Hoffman Estates
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169

800.432.5005

AMITAhealth.org