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HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 21-030-9008

Riveredge Hospital

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 Riveredge Hospital (Riveredge). The complaint is that a patient was given multiple issuances of forced medication without cause and the hospital did not provide adequate and humane care and services in the least restrictive environment.

Riveredge is a 210-bed psychiatric facility located in Forest Park. According to their website Riveredge is the largest free-standing psychiatric hospital in the state of Illinois. The facility offers specialized inpatient and outpatient behavioral healthcare to children, adolescents, young adults and adults. Riveredge provides mental health services to over 4,000 patients annually.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102 & 107).

The HRA met with appropriate hospital staff and administration in person to discuss the patient's care. Relevant policies were reviewed as was the patients record with proper authorization.

COMPLAINANT SUMMARY

A report indicated that a patient was slammed by staff and injured while being administered emergency medication. The report did also state that the patient received multiple unwarranted issuances of emergency medications. Finally, the report stated that the patient was continually woken up from his sleep by staff for no reason.

FINDINGS

"Riveredge" Record Review

The facility provided a record that illustrates that the patient arrived in at the facility from a local hospital and signed into the facility voluntarily. However, the voluntary application documentation is unsigned by the patient. The voluntary application has checked that the patient seeks and indicates acceptance of voluntary admission but refuses to sign form. There are also two witnesses' signatures on the voluntary application.

Per the record, the patient then marginally participated in the admission screening. The patient was placed on quarterly nursing checks due to disposition at intake. The record demonstrates that the patient was observed consistently throughout the night resting. The record does not indicate that the patient was ever woken up by staff. However, the patient did report poor sleeping patterns but did not self-report any other issues to the social worker completing the admission screening. Finally, the patient answered some demographic information but denied any symptoms of psychosis.

After completing the admission screening the patient marginally participated in the initial nursing assessment. The patient reported to the nurse that he wears contacts and has high blood pressure. The patient reported to the nurse that he was not on any medication and was allergic to cats. The nurse reported that the patient was "agitated" during this assessment, but the patient denied any need for psychiatric treatment as well.

The patient then participated in the psychosocial assessment. During the assessment the patient reported the reason for hospitalization as a "misunderstanding." The patient informed the social worker completing the assessment that he was exercising and decided to go to the living room to talk with people. The patient furthered that a staff member at the living room completed a petition and he was sent to the hospital. The patient then indicated he was sent to Riveredge from the hospital and expressed frustration.

Per the record, the patient participated in the initial nursing treatment plan as well as the interdisciplinary treatment plan. On the initial nursing treatment plan the patient was listed as no threat to self but a danger to others. The patient did refuse to sign both treatment plans and requested to go home on the interdisciplinary plan.

The record does contain five instances of intravenous medication. The first, second, and fourth instances of emergency medication are missing notes and restriction of rights notices detailing why they were given. The final two instances have restriction of rights forms and notes that adequately illustrate the need for emergency medication. The first of the two states that the patient was "yelling at and threatening staff" it furthers that the patient was unable to be redirected after several attempts and made an aggressive "posturing" toward staff. The final issuance of emergency medication has a note that reads "pt attacked support staff and was placed in a five-minute hold." For all issuances intravenous medications were utilized as the patient had no emergency medication preference listed.

Finally, the record did have three patient advocacy tracking forms. These forms list formal complaints filed by the patient against the facility. One complaint is that the patient was consistently woken up for no reason and then physically assaulted. The forms also detail the follow up that staff went through to address the patient's claims. All forms indicate that the patient was contacted within 72-hours of the report and that an investigation into the report of physical abuse was unfounded. The form also states that it was not reportable to the Department of Public Health.

Site Visit and Interviews

In response to the complaint, the HRA conducted a site visit on January 12, 2022. During the visit the HRA asked the staff to explain the typical treatment duration for patients entering the facility. The chief compliance officer explained that an average stay is usually around nine days, but it varies per unit. For the intensive treatment unit, the average length of stay is roughly six days. The staff furthered that the intensive treatment unit is a smaller unit that gives patients more privacy and less stimulation with other patients. The staff furthered that the intensive treatment unit is not a punitive unit.

The HRA asked all present staff if they recalled the patient. The attending physician indicated that he did not, but the compliance officer reported that the patient is a frequent admit into the facility. The physician then stated that the patient was there over a year ago but believes that the patient's length of stay was due to waiting on the court process and finalization of a medication petition. The HRA asked the staff if the patient was continually woken out of his sleep, the staff reported no knowledge of this.

The HRA then pivoted to the patient's voluntary application for admission. The HRA asked the staff if a capacity determination was done. The physician indicated that the patient had capacity for voluntary treatment. The physician also informed the HRA that the voluntary application is offered after the capacity assessment. The HRA furthered that question asking the staff about the fact that all intake paperwork was largely unsigned. The compliance officer reported that there is a box on the voluntary application that indicates that the patient seeks admission but refuses to sign. The compliance officer also notated that there are two witnesses attesting to this on the form.

The staff was then asked about the missing restriction of rights notices in the record. The compliance officer stated that she would provide them and informed the HRA that the patient consented to an intravenous medication on July 27, 2020. Therefore, there are only two missing forms. The HRA requested the medication administration record which was provided. The medication administration record confirmed that the medication issued on July 27, 2020 was not given intravenous but rather by mouth per patient request.

Finally, the HRA asked the staff about the physical abuse allegations. The staff reported that all grievances are taken seriously and are investigated. The compliance officer informed the HRA that the patient did call the advocacy hotline and his concerns were followed up on within 24-

hours. She furthered that the facility video unsubstantiated the patient's claims and that this information was discussed with the patient.

Follow up Email with Compliance Officer

The HRA requested the missing restriction of rights forms for the record on February 7, 2022. The compliance officer informed the HRA that the missing information could not be located at this time. Thus, there is no definitive proof at the current juncture if the patient met the statutory requirements for the emergency medications issued on July 11 and July 15.

Policy Review

The HRA reviewed Riveredge's "Patient Complaints/Grievances" policy. This policy was last revised and approved in October of 2021. The policy defines that a grievance "is a formal or informal written or verbal complaint that is made to the hospital by a patient, or patient representative, regarding the patient's care. A complaint is considered a grievance when the complaint is not resolved in a timely manner at the time of the complaint by staff present, or by hospital staff (e.g. Patient Advocate, House Supervisor, Administration), who can be at the patient's location in a timely manner."

The policy then informs all physicians, assessment and referral staff, social services staff, and RN managers about the procedures to follow when receiving and addressing concerns from patients and family members. The policy establishes a 7-day time frame for the patient advocate and CEO to respond to all grievances. The policy also stipulates that "at the time of admission, each patient and whenever possible, his/her family or guardian is informed verbally and in writing of the rights of a patient as a recipient of services and of the established procedure for resolution of patient grievances."

Finally, the policy states that "if the patient/complainant is not satisfied with the response ..., or if the investigation will not be completed in seven days, the patient or the patient's representative will be notified of the need for an extended time frame and an agreement made as to when follow-up will occur." Thus, this policy is in accordance with the requirements of 42 CFR 482.13 which stipulate that all Medicare and Medicaid facilities must "establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital." The requirements also "must specify time frames for review of the grievance and the provision of a response."

The HRA also reviewed Riveredge's "Medication Administration" policy. The policy was last reviewed and approved in December of 2020. The next review of the policy is December of 2022. This policy has a section entitled medication refusal. The policy indicates that if a patient refuses medication the nurse encourages compliance. The policy then informs staff that if the patient continues to refuse the medication is not administered and the refusal is documented in the record and MAR.

This policy also has a section entitled emergency, prn, now, or stat medication administration. Under this section all emergency medication requires a completion of a restriction of rights form including rationale for the issuance. The section also requires a documentation note in the record and notification of all interested parties. Finally, the section requires a copy of the notice to be placed in the record and given to the patient. Thus, this policy meets the requirements of the Code which requires that 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” and reason for the restriction to the recipient or guardian. (405 ILCS 5/2-201)

The policy also informs patients that upon medication refusal, the nurse will encourage compliance but forced medications will only be administered “to prevent the patient from causing serious harm to self or others,” therefore this policy is also in compliance with the Code requirements. The Code requires that when medication or other services are refused then 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.” (405 ILCS 5/2-107)

Lastly, the HRA reviewed Riveredge’s “Interdisciplinary Patient Centered Care Planning” policy. The policy was last revised in August of 2020 and is set to be reviewed in August of 2022. The policy opens indicating that the facility is to “provide therapeutic services based upon a patient-centered, individualized treatment plan.” The policy furthers that in order to provide individualized treatment planning, the treatment team works directly with the patient and any established representative to the extent it is feasible.

The policy then lists procedural steps outlining that within 72 hours of admission, the multidisciplinary team will meet to develop the treatment plan. The procedural steps also require the facility to complete a review of the plan as clinically indicated, or at a minimum every seven days. Thus, this policy is in accordance with the requirements of the Code, which stipulate that 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 ... and the recipient’s guardian,” or other representative designated in writing. (405 ILCS 5/2-102).

CONCLUSION

The patient was given multiple issuances of forced medication without cause.

The HRA reviewed the record and found five (5) instances of emergency medication. One of the reported issuances was consented to by the patient and incorrectly logged. For the next two issuances the supporting documentation demonstrated a need for the emergency medication. For the last two of the issuances the record is missing a progress note and restriction of rights notice. The HRA requested the two missing forms but was notified by staff that they were

unable to locate them. Per the code, whenever “any rights of a recipient of services ... 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 ...” it was given. As there is not a locatable notice as the Code requires nor a written reason why the medication was administered, a rights violation is substantiated.

The hospital did not provide adequate and humane care and services in the least restrictive environment.

The HRA reviewed the record and found that the patient was consistently checked on every fifteen (15) minutes due to precautions about his safety and disposition at arrival. There is no indication from the reviewed notes and interview that staff ever repeatedly woke the patient from his sleep. The HRA also reviewed the patient advocacy forms. The HRA found one complaint of the patient being woken up and slammed. Per the record and interview, staff met with the patient and took his complaints seriously. An investigation occurred into the claims of abuse but was unfounded due to video evidence. Therefore, a rights violation for this section of the Code is unsubstantiated.

RECOMMENDATIONS

1. Retrain all behavioral unit nursing staff on documentation requirements of 5/2-107 and 2-201. This information was not documented in the patient’s record and it is required by the Code. The HRA requests verification of this training and attendees.

SUGGESTION

1. The HRA would suggest that Riveredge add language to their “Medication Administration” policy. The language should clearly establish that emergency medications shall only be administered when there is imminent danger to a patient’s self or others.

COMMENT

The HRA notes that this patient continually refused to participate in the admission process and most treatment planning. Furthermore, the patient consistently reported to staff that he wanted to leave. While the record lacks a formal request for discharge there is a note on July 20th, that indicates that the patient was petitioned in court for treatment due to a request to be discharged home. As such, there is some question as to whether this patient was ever truly voluntary in the facility and the HRA would caution the facility on verifying admission status at intake.

RESPONSE

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



Daryl Richardson, HRA Co-Chairperson
Illinois Guardianship and Advocacy Commission
1200 S. 1st Ave. Box 7009
Hines, Illinois 60141-7009

Re: #21-030-9008

Dear Mr. Richardson:

This letter is in response to the Human Rights Authority findings for the investigation identified above.

Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the alleged or conclusions set out in the Conclusion and Recommendation sections of the HRA Response Report. The Hospital submits this Plan of Correction in accordance with regulations and the Plan of Correction documents the actions taken by the hospital to address the cited deficiencies.

Recommendations

1. Retrain all behavioral unit nursing staff on documentation requirements of 5/2-107 and 2-201.
 - A. A training memo was distributed to all nursing staff outlining the documentation requirements for use of emergency medication.
 - a. Documentation of imminent danger to self or others,
 - b. Restriction of Rights form completed and placed in medical record.
 - B. Revised Medication Administration policy distributed with training memo and available in PolicyStat on all hospital computers.
 - C. Staff signed a Training Log to verify receipt of the training.

Suggestion

1. The Medication Administration policy was revised to further explain the imminent danger to self or others requirement for use of emergency medications.

Riveredge Hospital and their medical staff are concerned to hear of any potential quality issues and strive to provide the best and safest environment for our patients to receive care. We value the input from our patients and families and welcome feedback to improve our patient care.

Thank you for allowing us the opportunity to provide information regarding the actions taken in response to allegations related to care. Please feel free to contact me if you have any questions. I can be reached at (708)209-4185.

Sincerely,

Sheila M. Orr, JD, BSN, RN,
Chief Compliance Officer
Riveredge Hospital