FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 23-100-9009
ASCENSION ST. JOSEPH - ELGIN

The North Suburban Regional Human Rights Authority (HRA) reviewed complaints regarding the treatment of an adult mental health patient at Ascension St. Joseph hospital in Elgin. Allegations were that the patient was not seen by a doctor for over three days, the patient was not told of her voluntary discharge rights, the patient was unaware of her discharge plan, hospital visitation was inadequate, and the hospital's patient advocate was unresponsive to the family's request for assistance. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and Medicare/Medicaid Conditions of Participation for Hospitals (42 C.F.R. 482).

St. Joseph – Elgin's behavioral health unit provides care with thirty inpatient beds, twenty-four dedicated to adults and six to adolescents where the average length of stay is reported to be two to five days. The HRA discussed the matter with administrative and treatment representatives. Relevant policies were reviewed as were sections of the patient's record with authorization.

FINDINGS

Not seen by a doctor for over three days-

According to the record, the patient was admitted on November 10 and seen in person for an initial psychiatric evaluation that morning. The psychiatrist highlighted anxiety, depression and symptoms of Post Traumatic Stress Disorder or PTSD as major problems, and the treatment plan included various therapies, medications, and a five to seven-day expected length of stay. A hospitalist visited the patient later that day as well, and the consultation report noted consistencies with PTSD and recommendations to continue care as directed by the psychiatrist. Psychiatry progress notes from in-person visits were entered every day from there through discharge on November 15, and hospitalist progress notes from in-person visits were entered every day through discharge except one. Each note referenced revisions to the treatment plan or to the patient's progress until she was ready to go home.

CONCLUSION

Under the Mental Health Code, a facility must provide or arrange for a mental and physical examination of a patient within seventy-two hours of admission, excluding weekends and holidays. (405 ILCS 5/3-205.5). A treatment plan shall be prepared within three days of admission and include assessments and any need for psychotropic medications. (405 ILCS 5/3-209).

This patient was seen every day by a doctor, most often by two doctors, and a treatment plan was devised on the first day. A violation is unsubstantiated.

The patient was not told of her voluntary discharge rights-

The patient signed an application for voluntary admission on her first morning at the hospital. A nurse also signed the form in verification of having considered the patient's consent capacity and covered rights, including the right to be discharged within five business days after receiving a written request to be discharged. A separate hospital form acknowledged other advisements including an emergency procedures notification, a potential loss of firearm owner's identification card and the voluntary patient's right to discharge, all signed by the patient on admission.

The nurse who handled the admission was unavailable for our interviews. The nursing supervisor explained instead that the whole voluntary application is shared with patients and is reviewed verbally, including the right to discharge. Copies are given to them along with the rights of individuals form. She said that with voluntary admissions, they assess capacity as was done in this case, and look for alertness, orientation, and the absence of language barriers. She pointed out that per the notes, this patient was anxious but cooperative with the process.

CONCLUSION

St. Joseph – Elgin Admission Procedure states that all persons eighteen and older will be admitted as a voluntary, unless otherwise indicated by the physician. The patient will be given a copy of the appropriate rights of admittee form, which will be read to the patient by a staff member.

Missing from the procedure, the Code adds that any person sixteen and older may be admitted voluntarily if it is determined and documented that the person is suitable for a voluntary admission and has the capacity to consent to the admission, i.e., understands they are being admitted to a mental health facility, may request discharge at any time in writing but that discharge is not automatic, and that discharge will occur within five business days unless involuntary proceedings are initiated. (405 ILCS 5/3-400). The application shall contain a statement in simple terms of the right to be discharged at the earliest appropriate time not to exceed five business days unless a petition and two certificates are filed in court. Upon admission, the right to be discharged shall be communicated orally to the patient and a copy of the application given to the patient and to anyone who accompanied them to the facility. (405 ILCS 5/3-401).

Based on the documentation, it seems the patient was advised of the right to discharge on two different forms, one a required application that contained all necessary elements: verification of suitability, capacity, and discharge rights advisement. A violation is unsubstantiated.

SUGGESTION

-Consider adding the missing Code factors to the Admission Procedure.

The patient was unaware of her discharge plan-

Part of the psychiatrist's initial treatment plan stated that the patient would be expected to stay for five to seven days, which, along with the groups and medications, was discussed with the patient; improvement in her mood and function were identified criteria for discharge. The daily progress notes from there referenced encouragements for participation in therapies and steady decreases in symptoms, which would move her toward discharge.

According to the discharge summary completed by the psychiatrist five days after admission, the patient had been compliant with therapies and medications and was feeling less anxious and depressed. Intrusive thoughts and nightmares were better, and she denied any suicidal ideation. The patient was noted to be stable and was to be discharged home that day. The discharge plan was to follow up with another provider in the community and be instructed on how to take the medication supply she was given. The psychiatrist spent thirty minutes going over the plan with the patient.

The nursing supervisor told the HRA that the patient was aware of her discharge plan. She explained that discharge planning really begins on admission and the patient meets routinely with the psychiatrist and social worker where the plan is discussed, face-to-face. There is typically a family meeting on the day of discharge and here, the patient's family came up with a neutral, consenting place for her to go. The patient also agreed to follow up with treatment in the community on the next day.

CONCLUSION

The Mental Health Code states 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."* (405 ILCS 5/2-102a). Adequate and humane care and services is defined as those *"...reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released...."* (405 ILCS 5/1-101.2).

The complaint implies that the patient was never informed about when she would be discharged, which is understandable but not uncommon in the mental health inpatient setting. Discharge typically occurs when a patient demonstrates the ability to be discharged safely, a decision a psychiatrist often makes on a daily basis. In this case she was informed of a five to seven-day expectation and encouraged to engage with treatment per her treatment plan in order to achieve discharge, which is what seemed to work after five days according to the record. The facility provided adequate and humane care and services pursuant to an individual plan, and a rights violation is unsubstantiated.

Hospital visitation was inadequate-

In an initial written response to this part of the complaint, the hospital's Director of Quality and Patient Safety stated that the unit's visiting procedure is explained to patients during the admission process. In an effort to allow visits and minimize risk of covid infections (precautions in place at the time of the patient's hospitalization), visiting hours were set to Wednesdays from 4:00 p.m. to 5:00 p.m., and Saturdays from 1:00 p.m. to 2:00 p.m. Exceptions could be considered on an individual basis.

During our interviews the staff told us that the covid-related visiting hours are still in place and that visitors are limited to one per patient. The unit intends to keep the hours permanently, except on Thursdays and Saturdays, not Wednesdays. Before covid they allowed at least three or four visits per week and two visitors per patient. Asked for their reasoning, the staff said that the unit is small. They were previously sitting in the hall and dayroom, and with twenty-four beds these hours help maintain safety and distance. The hours are also more suitable to accommodate a two to five day-average length of stay.

Conclusion

The program's Communication Unrestricted policy states that all patients have the right to visit in private, without obstruction or censorship by staff. The right may be reasonably limited to protect from harm, intimidation, or harassment. If these rights are limited the patient must be notified in writing. Documentation must indicate why the right is restricted. Visiting is encouraged to take place in the dayroom but may take place in the patient's room for more privacy. If a roommate objects, another room or office will be provided.

The Code guarantees that,

> *"…a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation.*
> ***(a)** The facility director shall ensure that…space for visits is available.*
> ***(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 recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission."* (405 ILCS 5/2-103).

"…the facility director of each service provider shall adopt in writing such policies and procedures as are necessary to implement this Chapter. Such policies and procedures may amplify or expand, but shall not restrict or limit, the rights guaranteed to recipients by this Chapter." (405 ILCS 5/2-202).

Visiting hours at St. Joseph – Elgin were necessarily limited because of covid precautions, not to solve space problems. The Code holds providers, not patients, responsible for ensuring that space is available for visits and for establishing reasonable times for them, which are not contingent on a patient's length of stay. The covid-related visiting times are unreasonable, especially given just sixty minutes during a visitor's weekday working hours, and the current policy fails to expand or amplify but rather limits patients' visiting rights. A rights violation is substantiated.

RECOMMENDATION

-Expand to reasonable pre-covid visiting hours of "at least three or four visits per week", or add an hour to existing times, or add a Sunday. (405 ILCS 5/2-103, 2-202).

-As program policy allows, offer patient rooms or offices for visits as a way to ensure available space. (405 ILCS 5/2-103).

SUGGESTION

-Consider revising visiting policy to meet Code language: "The right may be reasonably restricted to protect from harm, harassment or intimidation." And, "If these rights are restricted the patient must be notified in writing." (405 ILCS 5/2-103, 5/2-201).

The hospital's patient advocate was unresponsive to the family's request for assistance-

This complaint alleged that a family member tried reaching the patient advocate presumably about similar complaints reviewed here, but that the advocate did not respond. Staff reported during the HRA interviews that they had no documentation of this and there was never a filed grievance from the patient or a relative. They spoke to the former advocate who was there at the time of the patient's hospitalization, and she looked back and found no record of such contact either. The nurse supervisor said she makes leadership rounds and there were no concerns brought to her during this same time. The staff said that patients are given information on how to handle customer related concerns. The usual process is that personnel on hand will try to resolve any issue brought to their attention, and if not resolved the matter can go to the director or patient advocate after hours.

CONCLUSION

Unit policy on patient rights and responsibilities states that families, guardians and surrogates will also be notified of patient rights and if there are any concerns about the care provided, they may contact administration, patient relations or a patient advocate. Various regulatory agency contacts are identified as well. A handout with the information is provided.

Included in a long list of rights is the ability voice concerns about care in accordance with the grievance process.

The Medicare/Medicaid Conditions of Participation for Hospitals states, *"The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance."* (42 C.F.R. 482.13).

The hospital has policy in place regarding whom to contact about concerns of care. There is no recorded evidence to confirm or deny whether the family member tried to reach the advocate, and without more specifics on when this was to occur, the complaint is unsubstantiated.

Ascension
Saint Joseph

Teri Steinberg, Chair
Human Rights Authority
N. Sub Region

RE: HRA #23-100-9009

Date 11/6/23

Dear Teri Steinberg,

In response to the investigation completed by The North Suburban Regional Human Rights Authority of the Illinois Guardianship and Advocacy Commission concerning case number HRA #23-100-9009, and after careful consideration by the Behavioral Health and Administration Team at Saint Joseph Elgin, changes will be made to the visiting hours on the Behavioral Health Unit at St Joseph Hospital Elgin. Effective November 1, 2023, visiting hours will now include a Sunday afternoon option and an evening option during the week.

Visiting hours will be as follows:

- Thursdays from 600 pm to 700 pm
- Saturdays from 100 pm to 230 pm
- Sundays from 100pm to 230 pm

Patient visitors can change from visit to visit, at the patient's discretion. If you have any further questions or comments, please contact me at Agnes.Welke@ascension.org

Thank you for giving us the opportunity to provide better options to our patients and their visitors.

Regards,

Beth Welke RN, BSN
Ascension St Joseph
Elgin Illinois 60123

NORTH SUBURBAN REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. #23-100-9009

PROVIDER: NORTHSHORE - ASCENSION ST JOSEPH

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document, will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

_X_ We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

Jeff Weeke
NAME

Director Quality Pt Safety
TITLE

11/29/23
DATE