FOR IMMEDIATE RELEASE

Egyptian Human Rights Authority
Report of Findings
Deaconess Illinois Professional Park Clinic
25-110-9007
September 24, 2025

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations in the care provided to a recipient at Deaconess Illinois Professional Park Clinic (Deaconess Clinic). The specific allegations are as follows:

Inadequate Medical Care

If the allegations are substantiated, they would violate protections under the Medical Patient Rights Act (410 ILCS 50/3 & 410 ILCS 50/5.1)

Complaint Summary

The complaint alleged that Deaconess Clinic, which is a family practice medical clinic, provided inadequate care and treatment to the recipient by not providing proper follow up care with a referral discussed during the appointment at Deaconess Clinic.

Interviews

The patient had an appointment with Deaconess Clinic in early July to establish care so he could obtain a referral to a spinal cord research center he had heard about in Champaign, Illinois. At the initial visit, the physician agreed to make a referral, but the patient never heard back so he scheduled a follow up appointment. When he met with the physician at that appointment, the physician "acted like he had amnesia, dementia or Alzheimer's" and had not made the referral. The patient called a case manager at the Indiana Deaconess location to file a complaint, and they referred him to the local patient relations person to resolve the matter, but a week later no one knew anything. The patient spoke to 2 or 3 others at Deaconess, but no one had resolved the matter.

The HRA met with the administration who stated the patient was first seen at Deaconess Clinic in early July 2024 to establish care with a primary care physician (PCP). The physician completed a physical examination. The patient had an old spinal cord injury. The patient asked for a referral to the University of Illinois (U of I) in Champaign to their spinal cord research department. The physician noted that he may not qualify for services since this was such an old injury, and the patient understood this. The patient returned the end of July 2024 to check on the status of the referral. The physician explained that he did not understand that this was an emergent issue but had reached out to the U of I with no response yet. The physician explained there are also local entities that could help in the meantime and the patient agreed for the physician to search elsewhere for assistance. After that appointment, the patient sent over 100 random emails to Deaconess Clinic staff that were irrelevant to his care there. The emails included photos of women wearing suits and sitting in wheelchairs as well as other irrelevant photographs. Most of this did not go into his medical record since it was irrelevant. The patient also dropped off several notes with random information, mostly handwritten notes and books of places where the patient had already tried to get

help. The physician could not find any spinal cord research facilities in Champaign. There were no notes in the Epic recordkeeping system because typically, when making referrals, a note would only be entered once a place has been found and a referral made. The encounter visit notes would be the only place with documentation. The physician is no longer employed at Deaconess Clinic so he could not be interviewed to see where he had contacted. The patient was only at the clinic the two noted times in July. No grievance forms were filed at the clinic, but the patient did contact patient relations in their Indiana location who redirected him to the local patient relations contact. When they spoke with the patient, he had no further issues or complaints once he discovered that the physician was no longer with their practice.

Record Review

Medical records: The notes from the recipient's initial visit in July 2024 listed the problem as quadriplegia, peripheral venous insufficiency and impaired mobility/ADLs (activities of daily living.) The chief complaint was listed as "needs referrals spinal cord expert at U of I." The physician's notes documented that this spinal injury was 29 years old. The patient discovered there is research being done at University of Illinois in Champaign and the patient would like a referral to the spinal cord specialist at the research center. The physician noted that the patient was functioning "fairly well" all things considered. The physician noted that he would try to make a referral, and the patient understood he may not qualify. The follow up instructions were "return in about 5 months" for labs. A second visit the end of July documented that the patient was back for an early update. The physician explained he had not heard from the U of I yet. The patient became upset because letters he sent the physician were not answered and stated he would never write there again and had no reason to. The physician explained that it was not his understanding that he was to act emergently to get the patient into a research program for a 29-year-old injury. The physician explained that southern Illinois is a "desert of medical specialties that can assist him locally." The physician asked if he could broaden the search, and the patient agreed and said travel was not an issue. The physician documented that it was suspected that the initial injury had a hypoxic or anoxic brain injury, and this is the cause for the somewhat bizarre swings of affect. The patient then called later asking that all his documentation be returned to him. No follow up appointments were made.

Staff notes entered 8/5/24 indicated the patient mailed several envelopes to the physician. They included cut outs from magazines and legal pages that were unreadable. He had asked for an email address to send his medical records to in July and a staff person gave her email. Since then, he has emailed "over a hundred emails with 62 this weekend." They are pictures of kids with rashes, women in wheelchairs in business attire and other random pictures.

An email was sent from Deaconess in Indiana to Deaconess Clinic advising that the patient had contacted them with concerns over care he received at the clinic. A staff at the Deaconess Clinic reached out to the patient to address his concerns. The patient advised the staff that he was informed that the physician was no longer working at the clinic and the patient "seemed satisfied that this occurred." The patient stated there was nothing further he needed to settle the matter.

The Grievance Form was reviewed that documented the patient's complaint which was received 8/8/24 and resolved 8/18/24. The complaint was that the physician did not make the referral to the spinal cord research clinic, and it was difficult to get an appointment with another primary provider to help him. The notes documented that two staff persons had spoken to the patient multiple times to resolve the situation. They gave the patient names of new primary care providers and reached out on his behalf. It was also documented that the patient was requesting a case manager. It was explained that their case manager is for inpatient only and they provided 3 community resources

where he could find a case manager to help him. The patient declined their assistance in reaching out to those community providers.

Policy Review

The Clinical Referral Process policy states that all referrals are entered into Epic [hospital database for chart information] and that all changes and communications regarding the referral be documented in the communication section of the note when a referral has been made.

The Patient Complaint and Grievance policy states that there is a patient grievance committee that reviews and resolves grievances. The committee includes risk management, quality, finance, clinical staff, physicians and others. Patients are informed of the grievance process at the time of services. Grievances can be filed verbally or in writing. Within 7 days of receipt, the patient is provided written acknowledgement of receipt of the grievance and the steps the facility is taking. Grievances are sent to the department manager and risk manager for immediate investigation, with a goal to have it completed within 72 hours. Written notification of the outcome is provided to the patient who filed the grievance. The risk manager maintains a copy of the grievances filed.

Statutes

The Medical Patient Rights Act (410 ILCS 50/3) establishes the following rights *"(a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law…"*

The Medical Patient Rights Act (410 ILCS 50/5.1) requires that "upon receipt of a grievance alleging unlawful discrimination on the basis of race, color, or national origin, the hospital must investigate the claim and work with the patient to address valid or proven concerns in accordance with the hospital's grievance process. At the conclusion of the hospital's grievance process, the hospital shall inform the patient that such grievances may be reported to the Illinois Department of Public Health if not resolved to the patient's satisfaction at the hospital level."

Conclusion

It was alleged that Deaconess Clinic provided inadequate medical care by not referring a patient to a spinal cord research center following the initial visit with the physician. According to the physician's notes, the physician had reached out to the research center but had not heard back from them. The patient was upset because he had sent letters to the physician without receiving a response, so a follow up appointment was made to discuss the status of the referral. The physician explained that he had not yet heard from the research center, and did not think it was an emergent appointment since the injury was 29 years old. The physician explained he could broaden the search for other providers and the patient seemed to agree with that plan, but soon after the patient called requesting all his records and made no follow up appointments. There were no notes documenting the process of calling the research center because typically notes are only entered when a referral is made, not during the searching process for a provider. The physician is no longer employed at Deaconess Clinic so no other information was available. The patient had filed a complaint with Deaconess Clinic but indicated that he had no further concerns once he learned the physician was no longer employed there. The Clinical Referral Policy requires that notes be entered in Epic when a referral has been made. Therefore, the Egyptian HRA finds this allegation is **unsubstantiated**. The following suggestion is made:

1. Deaconess Clinic consider revising the policy for clinical referrals to include a requirement for notes to be entered when providers are contacted for referrals of patients and the responses.