FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - CHICAGO REGION

REPORT 24-030-9030
Ascension Saint Mary Hospital

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation into a complaint about services provided to a recipient of services at Ascension Saint Mary Hospital (St. Mary's). The complaint being investigated is that a mental health patient was given forced medication without cause and was forced to stay in his room for extended periods of time. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Located in the near-northwest side of Chicago, Ascension St. Mary Hospital is a 495-bed medical center that provides comprehensive services including primary care, cancer care, behavioral health, orthopedics and rehab, cardiology, emergency care, and more. Their behavioral health unit is broken down into four separate units which include two men's units, a female unit, and a co-ed geriatric/medical unit. There are 118 total beds in the behavioral health unit.

The HRA met with the behavioral health unit's director, risk manager, two nursing managers, the director of social services, and the patient safety specialist. In addition, the HRA reviewed relevant hospital policies and related sections of the patient's record with proper authorization.

Complaint Summary

The complaint reads that a patient received multiple emergency medications without cause and was restrained physically. Per the complaint it is alleged that he attempted to refuse the medications but was not given the opportunity to do so. It also alleged that the patient was forced to stay in his room from 7:00pm to 8:30am every night.

Findings

St. Mary's Records Review

The HRA received a record that contained progress notes, medication administration records, two restriction of rights notices for admission searches, and two signed rights forms. The record showed

that the patient was admitted to St. Mary's on March 1st after being picked up at O'Hare airport due to agitation. He signed in as a voluntary patient.

The patient was generally uncooperative with care and refused all medications except Ativan 1mg which was ordered as needed (PRN). The patient took this medication for 7 straight days until it was discontinued on March 12th. Once it was discontinued, the patient became agitated when he was denied the medication. Per the record, the patient "became threatening and was throwing things in his room and slamming his door. Patient redirected and calming techniques done with no success." Haldol 5mg IM (intramuscular) was administered at this time.

There was another administration of emergency medications on March 2nd. The record details that the patient was "anxious, restless, agitated asking staff to discharge him" and "delusional and grandiose." A one to one was provided and the patient was encouraged to verbalize emotions. However, PRN Haldol and Ativan IM were also administered per "MD orders".

The record did not contain any documented instances of restraints as alleged in the complaint. There was also no indication that the patient was ordered to stay in his room from 7:00pm to 8:30am. Documentation showed that the patient wandered out by the nurses' station frequently at night to request PRN medication.

A 5-day request for discharge was signed by the patient on March 5th, which would have expired on March 12th. The note adds that a flag for alert was made in the chart. The record indicates the patient was discharged on March 15th – three days after the deadline for the 5-day request for discharge. There was no indication in the chart that a formal complaint was ever filed with St. Mary's.

Site Visit and Interviews

The HRA conducted a virtual site visit with St. Mary's via WebEx on August 1, 2024. The staff present during the site visit were not present during the patient's stay but had reviewed the records and were familiar with the patient. The HRA asked if they discuss emergency treatment preferences with all their patients and the social services director indicated that it is asked at admission and always considered. They report that in emergency events, they attempt calming techniques first, then offer medication by mouth (PO), then consider IM medication, and finally consider restraints last. The least restrictive option is always attempted first.

The HRA then asked about restriction notices when administering emergency medications. One of the nursing managers reported that it is only completed if the patient is not receptive to the medication or if security needs to be called. The director of the unit added that the form should be used in all instances of emergency medications, always given to the patient, and a copy placed in the chart. For this patient, there were no restriction notices completed for the emergency medication administration.

The HRA asked for details about curfew or mandatory room time. The nursing manager of floor 12, the geriatric floor where this patient was treated, does not have mandatory room time or curfew. There is quiet time from 3:00-4:00pm after groups end and patients are encouraged to rest in their

rooms since the day rooms are closed. Patients are also generally encouraged to stay in their rooms after 9:00pm as a courtesy to other sleeping patients but can wander quietly if needed. The day rooms also remain open all night. The 14th floor nursing director reported a similar timeline for their floor. It was denied that this patient was restricted to his room between the hours of 7:00pm and 8:30am.

The HRA discussed this patient's discharge and what monitoring system St. Mary's has in place to ensure patients are discharged timely. The social services director reports that they monitor the 5-day carefully. Discharges are discussed during plan of care meetings and shift reports. Nursing staff will report to social services if the patient is not ready for discharge. Social services will e-file an involuntary petition for treatment in the event the patient is not ready for discharge on the 5th business day. The HRA brought up that this patient was discharged 8 business days after the 5-day request for discharge form was completed. There was no report of an involuntary petition for treatment being filed for this patient.

Policy Review

The HRA reviewed St. Mary's Administration of Psychotropic Medication policy (Policy Stat ID 13199704). This policy was placed in effect August 2017, last revised October 2023, and is set for its next review October 2024. The policy discusses the required procedures for administering psychotropic medications and electroconvulsive therapy (ECT), including determining capacity, discussion of patient rights, and emergency treatment. The policy states that a Notice Regarding Restricted Rights of Individuals must be completed and given to the patient and guardian when administering emergency treatment. This is in line with 405 ILCS 5/2-201 of the Mental Health and Developmental Disabilities Code. It also details that if a patient refuses medication, it "shall not be given except as Emergency Treatment necessary to prevent the patient from causing serious and imminent physical harm to the patient or others and no less restrictive alternative is available." The phrasing in this policy is almost verbatim with 405 ILCS 5/2-107(a) of the Code.

Conclusion

The investigated complaint alleged the patient received multiple emergency medications without cause, was not given the opportunity to refuse the medications, and was restrained physically. The record showed that emergency medications were administered two times during this patient's stay at St. Mary's. The second instance of emergency medication administration on March 2nd does not meet the standard set in the Mental Health and Developmental Disabilities Code which states they shall not be administered unless "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(a) with emphasis added). This patient had one-on-one interaction, calming techniques were being used, and he was encouraged to verbalize his emotions. Despite this, the attending doctor still ordered two emergency medications. The documentation failed to show how serious physical harm was potentially imminent. Additionally, the required restriction of rights notices were not completed for either of the two instances of emergency medication as required by 405 ILCS 5/2-201 of the Code. Thus, a rights violation is substantiated.

The complaint also alleged that the patient was forced to stay in his room from 7:00pm to 8:30am every night. The HRA found no such indication that this restriction was in place. The record showed the patient frequently went to the nurse's station and walked the halls during these hours. In this regard, it does appear that the patient was provided with adequate and humane care and services in the least restrictive environment per 405 ILCS 5/2-102(a) of the Mental Health and Developmental Disabilities Code. Therefore, a rights violation is unsubstantiated.

Recommendation

The HRA recommends St. Mary's require all prescribers and nursing staff to follow 405 ILCS 5/2-107(a) and 405 ILCS 5/2-201 of the Code to ensure the appropriate standards are met, detailed documentation is entered, and that restriction notices are completed for all instances of emergency medication administration, where the recipient's right to refuse is restricted. This clarification is especially needed since there was some confusion indicated by the provider during the site interview as to when restriction notices are to be completed. The HRA also recommends that St. Mary's follows 405 ILCS 5/2-201(b), which requires the director to "maintain a file of all notices of restriction of rights, or use of restraint or seclusion for the past three years." Since restriction notices are not being completed in all instances of emergency medication administration, the director is not maintaining a complete file. To help ensure standards are met with regard to emergency medication administration and rights restriction notices, retrain staff on the requirements, provide proof of the training, and use this case as an example.

Suggestions

To ensure that restriction of rights notices are completed and filed as required, an audit system should be developed.

During the site interview, the HRA noted that St. Mary's restriction notice form (Notice Regarding Restriction of Rights of an Individual – Form #746674) does not have a section for staff to detail why the restriction is being used, what medication was administered, or if the less restrictive option was considered. The HRA suggests they cross reference DHS Form IL 462-2004D for more information as to how to include these vital questions on their restriction forms to avoid any confusion as to why an emergency intervention was used.

Additionally, although this was not a part of the original complaint, the HRA notes that this patient was discharged 8 business days after the filing of the 5-day discharge request. The HRA strongly suggests that St. Mary's ensure they monitor their 5-day discharge timelines daily so that patients are discharged timely and Code mandates are met.

RESPONSE

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

CHICAGO REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 24-030-9030

ASCENSION SAINT MARY HOSPITAL

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:

✓ 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.

Adrianna Carey, PT, DPT, NCS
NAME

Quality Manager
TITLE

1/16/25
DATE

From:	Adrianna Carey
To:	Meza, Alejandra
Cc:	Heather Murphy; Daniel F Rakoski; Ellis Hawkins; Kelli Larson; Reid Frick
Subject:	[External] SEND SECURE Case #24-030-9030-Response
Date:	Thursday, January 16, 2025 10:28:21 AM
Attachments:	IGAC #24-030-9030 Response recording form.pdf Restriction of Rights Notices & Emergency Medication Administration - Google Forms.pdf RoR Chart Audit Tracker - Google Sheets.pdf SM-C Petition and Cert Log - Google Sheets.pdf

Re: #24-030-9030

Dear Mr. Doherty,

Ascension St. Mary's Chicago (SMC) received your letter dated December 18, 2023 regarding the report of findings and recommendations for a complaint that a recipient of mental health services was not provided humane services and was given forced medication without notification of restriction of rights. Ascension St. Mary's Chicago works diligently to provide safe care to every patient and takes any complaints seriously.

In response to the recommendations provided by the Illinois Guardianship and Advocacy Commission (IGAC), SMC has implemented an action plan and education and training to team members addressing the identified issues, including:

1. Utilization of State of Illinois form IL462-2004D (R-04-21) "Notice Regarding Restriction of Rights of An Individual" for all restriction of rights filled.

2. To ensure standards are met with regard to emergency medication administration & rights restriction notices, staff education was initiated on 1/10/25 with signed attestation providing proof of the training. We utilized this case as an example in the training per your recommendation. 100% compliance with this training will be met on 1/17/25.

3. To ensure that restriction of rights notices are completed and filed as required, SMC developed a chart auditing system pulling 5 charts/month to ensure compliance with restriction of rights notice filing. Chart audit logs will be kept with compliance data & reported monthly to department director & CNO for review & oversight.

4.

To address your suggestion regarding monitoring of 5-day discharge timelines to ensure Mental Health & Developmental Disabilities Code mandates are met, the behavioral health director has worked with case management & unit managers to construct a timeline tracking system which can be used across all behavioral health units to monitor 5-day discharges daily.

Thank you for the opportunity to respond to the complaint filed by the Guardianship and Advocacy Commission and for allowing us to make improvements in the care SMC provides. We ask that our response be included as part of the public record.

Please contact me for any additional questions.

Attachments (4)

Restriction of Rights Notices & Emergency Medication Administration

Review of processes & requirements for restriction of rights notices as it pertains to emergency medication administration

* Indicates required question

1. Email *

2. First Name *

3. Last Name *

4. Role *

5. Department * Dropdown

Mark only one oval.

- 12th Floor BH
- 14th Floor BH
- 15th Floor BH
- 16th Floor BH
- CCC

6. Facility * Dropdown

Mark only one oval.

- Ascension St. Mary's Chicago
- Ascension St. Elizabeth's Chicago

Restriction of Rights Policy

Background:

We received a substantiated complaint by a patient on a behavioral health unit from Chicago Human Rights Authority. The complaint alleged the patient received multiple emergency medications without cause, was not given the opportunity to refuse the medications, and was restrained physically. Medical records showed that emergency medications were administered two times during the patient's stay. The second instance of emergency medication administration did not meet the standard set in the Mental Health & Developmental Disabilities Code as the documentation failed to show how serious physical harm was potentially imminent. Additionally, the required restriction of rights notices were not completed for either of the two instances of emergency medication as required by 405 ILCS 5/2-201 of the Code. Thus, a patient rights violation was substantiated.

Situational Awareness:

To continue to avoid patient rights violations on our behavioral health units, we are providing specific education in form of policy review regarding restriction of rights policy - especially regarding use of emergency medication. In addition, we are providing a brief review of defensible documentation practices with a focus on using clear & objective language when filing a notice regarding restriction of rights of an individual.
Recommendation: Please review the following policy regarding Restriction of Rights & defensible documentation practices:

- **POLICY**

  In accordance with the Mental Health Code of Illinois, the ministry facility shall protect the behavioral health rights of patients. **Restriction of Rights shall apply, but not be limited to the following conditions: removing personal possessions (non-behavioral health unit), mail, telephone use, visiting, restraint or seclusion and emergency medication use.** The patient may designate a specific person/persons, including Guardianship and Advocacy personnel, to be notified in the event of a restriction. Additionally, the patient may refuse notification of others. Patients who are minors (under 12 years of age) or under guardianship shall have the parent or guardian notified of each restriction. (Note: guardian refers to guardians of both minors and adults)
  PROCEDURES
  1. **Behavioral Health Units**
     1. Admission staff reviews the Rights of Recipient form with patients and informs patients 12 years and older, and the parent or guardian if the patient is a minor or under guardianship at the time of admission, of the process for restricting rights.
     2. The physician determines if a restriction of rights is indicated as a therapeutic treatment intervention. He/she ensures that the restriction is clinically justified and that the rationale for the restriction is explained to the patient/guardian and documents rationale in the medical record.
  2. **Behavioral Health and Non-BH Units and ED's**
     1. Restriction of Rights form is to be completed in the following instances:
        1. Restraints (Violent Restraints / Seclusion)

2. Administering psychotropic medication without the patient's consent
3. Restricting phone use, mail or visiting.
4. Removing patients' personal belongings without their permission i.e. phone, money, wallet or purse.

2. **The RN ensures that the Notice of Restriction of Rights is complete, discusses restriction parameters with patient, and routes form as indicated per patient request.** (Note: Restriction of Rights forms may not be faxed.)

3. **Restriction of Rights form is attached to policy (see PolicyStat ID#. Copies are distributed as follows:**
    1. **Medical Record – original and/or white copy of pre-printed form**
    2. Patient – in person delivery of photocopy/or pink copy of pre-printed form
    3. Patient Advocate – photocopy/or yellow copy of pre-printed form
    4. Parent/guardian, Guardianship and Advocacy or other designee (if indicated by patient or guardianship status): exact copy delivered via mail or telephone communication.
    5. The RN promptly notifies the Manager/designee of the restriction.
    6. **These files must be maintained for a period of three (3) years as per the Mental Health Code of Illinois Section 5/2/201 (b).**

- *Defensible Documentation Brief*: *"Talk the Talk: Clear and Objective Language"*

  Picture this: you're reading a progress note that says, "The client seemed pretty down today." Hmmm, what does "pretty down" mean exactly? To avoid confusion, **document using clear and objective language**. It's important to stick to the facts. Describe specific behaviors, conversations, and measurable outcomes.

- 1. For this case the PRN note states: "Patient is feeling anxious, restless and agitated asking staff to discharge him so he catch the flight going to XXXX, delusional and grandiose introducing himself as a doctor. One to one interaction provided with the patient. Encouraged patient to verbalize emotions. PRN haldol and ativan IM given at XXXX per MD orders. Redirection, Education and Calming environment provided to patient.
  2. The above documentation explains the less restrictive interventions implemented, however, there is no clear & objective language as to why an emergency medication administration was "necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others (405ILCS 5/2-107(a))."
  3. In this case, the notice of restriction of rights was not filed, therefore was not a part of the patient's reviewed medical record during investigation. Per policy above, notice of restriction of rights must be filed with emergency medication use.

Completion of this activity with attestation is required by 1/17/2025. Reconciliation will take place for compliance purposes.

7. Do you understand the importance of the information shared within this google form communication? *

Check all that apply.

- [ ] YES
- [ ] NO

8. Please submit any questions you may have in the space below. *

9. Have you had a chance to ask questions (If applicable) ? *

Check all that apply.

- [ ] YES
- [ ] No

10. Attestation: Please attest in the space below attesting to have received & completed the following information. *

Check all that apply.

- [ ] YES I have received , READ and Understand the material provided.
- [ ] NO

Restriction of Rights Notice - Chart Audit Tracker							
Month	MRN	Emergency Med Provided?	Number of instances of emergency medication provided	RoR Filed in Chart?	Number of RoR Filed In Chart	Does number of EM administrations match number of RoR filed?	If non-compliant, action items
January							
January							
January							
January							
January							
February							
February							
February							
February							
February							
March							
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March							
April							
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April							
April							
April							
May							
May							
May							
May							
May							

					Select from Drop List	*Select from Drop List*	*Select from Drop List*	*Select from Drop List*	*EMR must have note detailing refusal*	*One of the certs needs to be by Psychiatrist*				*OR Date filled with UM Hub*			*Person who sent to UM Hub*			*May be completed the next business day if d/c happened after hours or during the weekend and holiday*		
Account #	**Last Name**	**First Name**	**Date of Admit**	**Date of Five Day**	**Dept/Unit that started P&C**	**State of IL - Rights of IL Recieving MH & DD Services Given**	**Ascension ROR (Restriction of Rights) Provided**	**Reason for P&C**	**Refusal/Unable Voluntary Admission**	**Date of Petition (ensure pg4&5 are complete)**	**Date of Cert #1 (within 24 hours of petition)**	**Date of Cert #2 (within 24 hours of Cert #1)**	**Psychiatrist**	**Date filed with Court**	**Date of Filing Notices (MD, States Atty, Public Def, Patient)**	**Stamped Copies of P&C in chart? (Y/N)**	**Copy of stamped P&C and Notice of Hearing for patient provided to patient? (Y/N)**	**Name of Person filing P&C**	**Patient D/C Date or P&C D/C**	**Discharge Disposition**	**Date of Filing of Change of Status once patient is d/c, P&C stopped, or pt signed voluntary**	**FOID (updated by CM/SW or Access)**	**Other Comments**
	Add case here																					
12345678	Test Name SM-C	Test Name	1/1/2023		Unit Na…			Harm t…		1/1/2023	1/2/2023	1/3/2023	Dr. Brown-Jones	1/13/2023	1/14/2023	Y	Y	Nurse Jones RN	1/13/2023	MMC BH Hospital	1/14/2023		You can enter comment about the case to provide clarity

Restriction of Rights Notices & Emergency Medication Administration	1/17/25				
Unit	**Total Unit Roster**	**Total Completed Education**	**LOA/Vacation**	**Compliance (reflects numbers on LOA)**	**Notes**
12th Floor	30	25	5	100%	*2 on leave until 2/1/2025; 3 PRN associates to complete education prior to start of next assigned shift
14th Floor	30	27	3	100%	*1 on PTO until 1/31/25; 2 PRN associates to complete education prior to start of next assigned shift
15th Floor	32	32	0	100%	
16th Floor	27	27	0	100%	
CCC	29	19	10	100%	*2 on leave until 1/18 & 1/20/25; 8 PRN associates to complete education prior to start of next assigned shift