



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 21-100-9011
EDWARD- ELMHURST HEALTH:
EDWARD HOSPITAL AND LINDEN OAKS BEHAVIORAL HEALTH

Introduction

On September 1, 2021 the North Suburban Regional Human Rights Authority (HRA) opened an investigation of possible rights violations regarding care for a recipient of services from Edward-Elmhurst Health: Edward Hospital and Linden Oaks Behavioral Health. Substantiated findings would violate rights protected under the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5). The complaints under investigation are:

1. Alleged violation of voluntary and involuntary intake rights under **405 ILCS 5/3-200 et seq. and 405 ILCS 5/3-400 et seq.:** *Specifically: the provider did not make the recipient aware of his admission rights and coerced him to change his admission status from involuntary to voluntary.*
2. Alleged violation of **405 ILCS 5/2-102:** *Specifically, the provider violated the recipient's right to receive adequate care and services in the least restrictive environment pursuant to an individual services plan.*
3. Alleged violation of **405 ILCS 5/2-103:** The provider did not permit the recipient unimpeded, private, and uncensored communication with persons of his choice.
4. Alleged violation of **405 ILCS 5/2-107:** the recipient was improperly administered emergency medication.

Edward-Elmhurst Health is one of the largest integrated health systems in Illinois. This report focuses on services received from the emergency department in Edward Hospital's Naperville campus which has 53 beds, and Linden Oaks Behavioral Health in Naperville which has 108 inpatient beds. According to its website, "Edward-Elmhurst Health is one of the larger integrated health systems in Illinois. The system was created by the merger of Edward Hospital and Elmhurst Memorial Healthcare in 2013 [and is] comprised of three hospitals – Edward Hospital, Elmhurst Hospital and Linden Oaks Behavioral Health." This report addresses concerns reported involving both Edward Hospital and Linden Oaks Behavioral Health, both of which are under Edward-Elmhurst Health.

Method of Investigation

To proceed with this investigation, the HRA reviewed the recipient's clinical record (with authorization) from the service provider and obtained additional case information through an interview with Edward Hospital and Linden Oaks Behavioral Health staff.

Timeline of Care

The recipient of services spent a total of 31 days in care between Edward Hospital (EH) and Linden Oaks Behavioral Health (LOH), with two separate intakes at each facility. The following is a timeline of care across both provider locations. All information was gathered from the provider record and interviews.

April 8: Edward Hospital (EH)

7:50pm: The recipient was initially brought to EH on a petition filled out by his sister and the fire department, due to the recipient having a manic episode and attempting to jump out of his sister's moving car.

8:30pm: The Petition for Involuntary Admission was signed by a licensed social worker and indicates "*Within 12 hours of admission to the facility under this statute . . . I have explained the Rights of Admittee to the respondent and have provided him or her with a copy of it*". This social worker was not available to be interviewed by the HRA to confirm that the recipient was provided with a copy of the petition and understood his rights. Immediately after admission to Edward Hospital, the recipient was placed in unlocked seclusion. The record contains a certificate signed by an Edward Hospital doctor at 8:50pm. The doctor who signed this certificate was not available for the HRA interview.

10:30pm: While in seclusion, the recipient was given an emergency injection of Haldol and Ativan, due to his becoming "*restless and agitated in bed . . . hyperverbal, singing songs loudly, demanding to be released . . . security called to bedside for patient and staff safety.*"

11:00pm: The record contains another certificate signed at 11pm by a different Edward Hospital doctor who was also not available for the HRA interview. There was no mention in the rest of the record or the staff interview about the recipient being seen or evaluated by the doctors who completed the two certificates, and provider staff were unable to comment on the certificate completions in the HRA interview.

11:30pm: A nurse's note in the record indicates: "*Attempted to assess pt but he was unable to stay awake due to being medicated. ER RN to notify LOH [Linden Oaks] when pt is assessable*". The recipient was also placed in four-point restraints due to "*violent or self-destructive behavior.*"

April 9: EH

12:00am – 2:00pm: During this 14-hour period the recipient was placed in four instances of two-hour physical restraints and administered five instances of emergency medication. An ED doctor who ordered the seclusion, restraints, and medication recalled to the HRA that he felt the recipient was very disturbed, agitated, and highly non-directable and that the recipient would have been a danger to the emergency department setting if not heavily restrained, although this was not documented in the record. Further details are provided in the *Restriction of Rights* section of this report.

- **9am:** a note in the record indicates that the recipient “*refused to sign in voluntarily. Petition and cert sent to SAO [State’s Attorney Office].*” The treatment team was unable to tell the HRA why the recipient was requested to change his status to “Voluntary” before sending the petition and certificate to the State’s Attorney.
- **10:23 AM:** A psychiatric evaluation provides a treatment plan that indicates the doctor’s opinion that “. . . *the patient is not safe from a psychiatric standpoint without inpatient psychiatric treatment. Will certify patient. Due to active mania and agitation, will start Zyprexa and Klonopin initially. At this point no AMA discharges. We will explore transfer to an inpatient psychiatric setting.*”

April 9: Linden Oaks Behavioral Health (LOH)

4pm: The recipient was transferred to LOH. In the first few days of the recipient’s time in LOH, clinical notes describe him as “*very loud, jumping and running in the hallway, Hyperactive, disruptive to other patients*”, “. . . *restless, intrusive with poor boundaries, going into other patient’s rooms [and trying to hug them] . . . argumentative with staff . . .*” The case record for this period depicts numerous instances of medication administration and physical and medical restraints, details of which are provided in the *Restriction of Rights* section of this report.

8:05pm: An LOH Initial Nursing Care Plan was printed, and indicates an assessment of the recipient's treatment needs, a description of the services recommended for treatment, the goals of each type of element of service, an anticipated timetable for the accomplishment of the goals, and a designation of the qualified professional responsible for the implementation of the plan. The signature line on this plan indicating patient and RD signature and dates is blank.

April 10: LOH

Morning: The recipient received a psychiatric assessment. In the HRA interview the assessing psychiatrist indicated that he had discussed the recipient’s rights with him prior to the certificate assessment, and thoroughly demonstrated awareness of these rights. This psychiatrist told the HRA that the recipient was highly alert and oriented (despite having been administered emergency medication at 8am that morning) and the psychiatrist believed the recipient had the capacity to understand his rights and what was happening to him.

Afternoon: The recipient was placed on a phone restriction for attempting to call 911.

Hospital staff told the HRA that despite the phone restriction the recipient had been allowed to receive phone calls and place calls to family, or to the HRA if staff dialed out for him. During this period, notes in the record describe the recipient as needing: *“constant redirection for touching/boundaries. He attempted to jump behind the nurses’ station twice and has shown that he is unable to follow his infection protocol and stay in his room when eating. [recipient is] very combative with staff, will not listen to redirection”* and *“extremely hyper and will not sit down or stop pacing. Patient . . . talks in word salad.”*

April 12: EH

10:30am: the recipient was transferred from LOH back to EH for medical treatment to rule out his potentially having developed Neuroleptic malignant syndrome (NMS), a systemic reaction to antipsychotic drugs. A nurse’s note in the record states: *“Patient . . . has been having . . . acute IM medication for agitation and aggression, anxiety. Due to significant coding events [medical restraints] patient starting to develop medical abnormalities such as elevated [white blood cell counts]. . .”*

April 14: EH

Afternoon: the Illinois Guardianship and Advocacy’s Legal Advocacy Services (LAS) intake coordinator attempted to call the recipient in EH (with the recipient’s girlfriend’s mother) According to both the LAS coordinator and the recipient’s girlfriend’s mother, an ER nurse told them that the recipient was not permitted to speak to LAS because he was “incompetent”, and that his sister and father have control of his treatment and don’t want him to talk to anyone. The recipient did not have a guardian or assigned medical Power Of Attorney Agent. This event was not found documented in the record and hospital staff were unable to comment on it in the HRA interview.

April 15: LOH

540pm: The recipient was medically cleared and transferred back to LOH.

6:40pm: The recipient signed a voluntary application form to change his admission status from involuntary to voluntary.

April 18: LOH

The recipient signed a five-day “Request for Release of Adult Patient on Voluntary Admission” which was found in the record. The recipient was not released within five days, and provider staff informed the HRA that the recipient rescinded the April 18th request for release, although there is no documentation to validate this in the record.

April 27: LOH

The record contains another five-day “Request for Release of Adult Patient on Voluntary Admission” signed by the recipient on April 27th. A note in the record indicates that this five-day request for release was rescinded by the recipient the following day on April 28th. The documentation contained no explanation for this change, and hospital staff could not provide one in the interview.

May 5: LOH

The recipient was discharged from the hospital.

Admission Documentation

The record contained a petition (8:30pm) and two certificates dated April 8th (8:50pm and 11:00pm). A note in the record dated April 9th at 9:30 am indicates “*Petition and cert sent to [State’s Attorney’s office].*” The record contains a third certificate, signed by a psychiatrist on April 9th at 10:00am, and another social worker’s note from April 9th at 1:49pm stating: “*Second cert emailed to SAO*”.

A nurse’s note found in the record dated April 13th at 8:38am indicates: “*Writer obtained clarification from state’s attorney that . . . no certs received . . .*” A fourth inpatient certificate dated April 13th at 11am, from another psychiatrist is also found in the record. It is unclear if the state ever received any of these four certificates – the record does not contain certificate filing documentation, and the Edward-Elmhurst Hospital representative provided the HRA with only the following information about the certificate filings: “*We do not know why the State’s Attorney’s Office did not receive the Edward Hospital Certs from the LCSW, but there is no reason why we cannot rely on her charting. The LCSW . . . purged her emails. Thus, she cannot find the emails she sent to the State’s Attorney’s office.*” The Edward-Elmhurst Hospital Administrator requested their IT department investigate the matter, however the HRA has not received a conclusive response. The HRA has also requested this information from the State’s Attorney’s office, without success.

The record contains a voluntary application form dated April 15th at 6:30 pm, signed by the recipient to change his admission status from involuntary to voluntary. The application form indicates that the patient is not clinically suitable for informal admission because the “*patient is in need of further evaluation*”. The form is signed by an LCPC on behalf of the facility director to certify that the recipient was examined and found to be clinically suitable for voluntary admission, has the capacity to consent to voluntary admission, and that the voluntary admittee rights were discussed with him.

Two change of status sheets appear in the record, both dated April 15th. One indicates a transfer from EH to LOH and the other indicates a change from involuntary to voluntary admission. A notice from the DuPage State’s Attorney dated April 19th indicates that they received the change in status forms.

Medication Administration

According to the record, the patient was given at least 43 administrations of psychotropic medications in the first 96 hours of care: 15 instances at Edward Hospital (ED) and 28 instances at Linden Oaks Behavior Health (LOH). Seven of these 43 administrations of psychotropic medications were documented in the record as emergency administrations.

There is a notable lack of documentation to indicate if the patient was educated on, had the capacity to make a reasoned decision, and gave consent to take each medication. The record contains a “New Psychotropic Medication Acknowledgement Documentation” form indicating that the recipient gave verbal consent to take Zyprexa (Olanzapine) on April 8th at 7:30pm and Ativan (Lorazepam) on April 10th at 5:30am. The recipient’s signature is not on the form, which contains a handwritten

note indicating that the patient “refused to sign”. Additionally, this form does not indicate if the recipient had received written education on the medications, understood the information or had decisional capacity.

A Psychiatric Evaluation filed April 9th at 10:23am indicates: *Due to active mania and agitation, will start Zyprexa and Klonopin [Clonazepam] initially. Discussed with patient medication side effects.*” There is no documentation that the recipient received written education on the medications or consented to take the medications based on his decisional capacity.

See *Appendix A* at the end of the report for a table documenting psychotropic medication administrations found in the record listed by date and medications administered.

Restriction of Rights

See *Appendix B* at the end of the report for a table documenting all recorded rights restrictions at Edward Hospital (EH) and Linden Oaks Behavioral Health (LOH).

Policy Review

Involuntary Admission of Adults and Minors to Linden Oaks

- This policy indicates that when a petition is provided and involuntary admittee rights explained *after* twelve hours from admission staff should document the reason why on the petition and in a note in the chart. This is a misalignment with 405 ILCS 5/3-205 which does *not* offer an alternative to providing the petition an explaining involuntary admission rights past 12 hours of admission.
- This policy should, but *does not* indicate that within 72 hours of involuntary admission, the facility shall provide or arrange for a comprehensive physical examination, mental examination, and social investigation of that person to determine whether some program other than hospitalization will meet the needs of the person, with preference being given to care or treatment that will enable the person to return to his or her own home or community. This is a misalignment of 405 ILCS 5/3-205.5.

Voluntary Admission of Adults and Minors to Linden Oaks

- This policy is out of alignment with 405 ILCS 5/3-400 because it does not indicate that the facility director or designee should determine and document in the recipient's medical record that the prospective voluntary admittee is clinically suitable for admission as a voluntary recipient.
- This policy is also misaligned with 405 ILCS 5/3-401 because it states that an adult without the capacity to consent may be admitted voluntarily by an Attorney-in-Fact or a Health Care Agent, and that a patient with a dual diagnosis of a developmental disability and a mental illness may be admitted voluntarily by a guardian. The Code does not allow for an adult without the Capacity to Consent to be admitted as a voluntary patient.

Emergent Administration of Psychotropic Medication without Patient Consent

- Procedures under this policy begin with “*A. The provider orders emergency administration of psychotropic medication.*” Based on 405 ILCS 5/2-107(a) these procedures should begin with: “*The recipient and the recipient's guardian or*

substitute decision maker shall be given the opportunity to refuse . . . medication. If such services are refused, 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.”

The HRA also reviewed the provider’s ***Instructions for Completing a Certificate for Involuntary Admission to a Psychiatric Facility***. These instructions are extremely mis-aligned with The Mental Health and Developmental Disabilities Code and especially problematic for a behavioral health hospital. These instructions paraphrase the criteria categories for involuntary admission found on the State of Illinois’ Inpatient Certificate Form (IL462-2006) and in doing so, essentially redefine the involuntary admission criteria set by The Mental Health and Developmental Disabilities Code (405 ILCS 5/3-600 et seq.). For example, the state Inpatient Certificate Form lists the second criterion category for involuntary admission as: *“A person with mental illness who, because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm, without the assistance of family or others”*. The Edward-Elmhurst *Instructions for Completing a Certificate* simplifies this criterion to *“for persons who are unable to care for themselves, and most geriatric patients.”*

These instructions also direct the qualified examiner to *“always”* check the box on the state Inpatient Certificate Form indicating that the individual *“Is in need of immediate hospitalization for the prevention of such harm,”* And to *“always”* select that the examiner believes that the individual is subject to *“Involuntary inpatient admission and is in need of immediate hospitalization.”*

An additional problem with these instructions is that they use the term *“mentally retarded”*, to describe individuals who are developmentally disabled. The term is pejorative and out of date: In 2010 the Federal Rosa’s Law (Pub. L. 111-256) mandated the use of the term *“intellectual disability”* (or developmental disability) instead of *“mental retardation”* in related disability laws and statutes.

Findings:

This investigation did *not* find enough evidence to confirm or deny the specific complaint that the provider did not make the recipient aware of his admission rights and coerced him to change his admission status from involuntary to voluntary. However, this investigation found evidence to **substantiate** a violation of involuntary admissions rights set forth under **405 ILCS 5/3-200 et seq.** and to **substantiate** a violation of voluntary admission rights under **405 ILCS 5/3-400 et seq.**

This investigation found evidence to **substantiate** the complaints that the provider violated the recipient’s right to receive adequate care and services in the least restrictive environment pursuant to an individual services plan (**405 ILCS 5/2-102**).

This investigation found that there was **not sufficient evidence to substantiate or unsubstantiate** the complaint that the provider did not permit the recipient unimpeded, private, and uncensored communication with persons of his choice (a violation of **405 ILCS 5/2-103**).

This investigation found evidence to **substantiate** the complaints that the provider improperly administered the recipient emergency medications (violation of **405 ILCS 5/2-107**).

Analysis

This investigation found evidence that Edward and Linden Oaks Behavioral Health Hospitals violated the following sections of the Illinois Mental Health and Developmental Disabilities Code:

405 ILCS 5/3-202(a): *Every mental health facility shall maintain adequate records which shall include the Section of this Chapter under which the recipient was admitted . . . and requisite documentation for such admission and status.*

- The provider was not able to provide proof of when the inpatient certificates were filed because they did not retain the filing documentation in the record as mandated.

405 ILCS 5/3-203: *Every petition, certificate and proof of service required by this Chapter shall be executed under penalty of perjury as though under oath or affirmation . . .*

- The provider's Instructions for Completing a Certificate for Involuntary Admission to a Psychiatric Facility could violate this section of the Code by directing qualified examiners to *always* find that an individual presenting for involuntary admission be subject to "Involuntary inpatient admission," and to always be "in need of immediate hospitalization." There are likely many times in which an individual presenting for involuntary admission may not necessarily require inpatient admission or immediate hospitalization, and these instructions prioritize an inpatient hospitalization over the actuality of a clinical decision.

405 ILCS 5/3-205: *Within 12 hours after the admission the facility director shall give the person a copy of the petition and a clear and concise written statement explaining the person's legal status and his right to counsel and to a court hearing.*

- The Involuntary Admission of Adults and Minors to Linden Oaks violates this statute by allowing staff to give the petition and rights of the admittee to an involuntary admittee 12 hours from admission if they document the reason why on the form and in the chart. 405 ILCS 5/2-200(a) indicates that: *Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient . . . shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program.* However the petition and rights must be given within twelve hours.

405 ILCS 5/3-401: *The application for admission as a voluntary recipient may be executed by: The person seeking admission, if 18 or older; or 2. Any interested person, 18 or older, at the request of the person seeking admission*

- The Voluntary Admission of Adults and Minors to Linden Oaks violates this statute by stating that that an Adult without the Capacity to Consent may be admitted voluntarily by an Attorney-in-Fact or a Health Care Agent, and that a patient with a dual diagnosis of a development disability and a mental illness may be admitted voluntarily by a guardian.

405 ILCS 5/3-403: *A voluntary recipient shall be allowed to be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing.*

- The lack of documentation to prove that the recipient rescinded the five-day request for release he submitted on April 15th rises to a violation of this statute.

405 ILCS 5/2-102 (a): *A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment.*

- Administering so much psychotropic medication over a course of three days that the recipient developed medical abnormalities consistent with Neuroleptic malignant syndrome (NMS) cannot be considered “*services reasonably calculated to result in a significant improvement of the condition of a recipient*” (405 ILCS 5 definition of “*adequate and humane care and services*”).

405 ILCS 5/2-102 (a-5): *If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment.*

- The lack of evidence for written education, medication consent (verbal or written) and capacity documentation violates this statute.

405 ILCS 5/2-107(a): . . . *If [psychotropic medication is] refused, 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. The facility director shall inform a recipient . . . who refuses such services of alternate services available.*

- In general the documentation in the record around emergency medication administration (see Appendix B) does not rise to the standard of “*serious and imminent physical harm*” set by the Code . For example, descriptions like “*restless and agitated*”, “*Talking very loud . . . dancing in the hallway*”, may be common symptoms of mental illness and, without further description, do not necessarily rise to a need for emergency medication. There are also a number of mentions throughout the record that the recipient was “*compliant with emergency injections*”. Compliance with emergency medications means that even if the recipient “*agreed*” to take the medication, he still had no choice or the right to refuse medication, and such medication administrations should still be documented as rights restrictions.

Recommendations

1. Cease use of current *Instructions for Completing a Certificate for Involuntary Admission to a Psychiatric Facility* and revise Edward and Linden Oaks Behavioral Health Hospitals’ policies and procedures for involuntary admission to align with 405 ILCS 5/3-202(a) and ILCS 405 ILCS 5/3-205.
 - a. Provide revised policies and procedures to the HRA for review.
 - b. Retrain staff on these policies and procedures and provide evidence of such training to the HRA
2. Revise Edward and Linden Oaks Behavioral Health Hospitals' policies for voluntary admission to align with **405 ILCS 5/3-400**.
 - a. Provide revised policies to the HRA for review.
 - b. Retrain staff on these policies and provide evidence of such training to the HRA

3. Revise Edward and Linden Oaks Behavioral Health Hospitals' policies for emergency medication to align with **405 ILCS 5/2-102 (a-5)** and **405 ILCS 5/2-107(a)**
 - a. Provide revised policies to the HRA for review.
 - b. Retrain staff on these policies and provide evidence of such training to the HRA

Suggestions:

405 ILCS 5/3-205: Within 12 hours of involuntary admission to a mental health facility the facility shall give the recipient: *a copy of the petition and a clear and concise written statement explaining the person's legal status and his right to counsel and to a court hearing.* Although the record contains a petition signed by a licensed social worker, the provider could not further confirm that the recipient was provided with a copy of the petition. The misalignment of provider policies concerning involuntary admission and the fact that the recipient was kept heavily medicated for the duration of his first stay at EH (beginning two hours after admission) raises doubts that the provider appropriately explained the recipient's rights to him. The HRA suggests that in this case the provider go over the petition/rights again with the recipient as soon as his condition permits.

405 ILCS 5/2-201 (a) states 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 or use of restraint or seclusion and the reason therefor.* Of the 17 instances of rights restrictions documented in the record, only four rights restriction notices were found in the record. Although a violation of this statute was not included in the original complaint, this investigation found that the provider did violate this statute. The HRA suggests the provider retrain staff in the areas of documenting rights restrictions through the use of form IL462-2004D (R-04-21): *Notice Regarding Restriction of Rights of An Individual.*

Regarding the complaint that the provider had not permitted the recipient unimpeded, private, and uncensored communication with persons of his choice, the HRA suggests that the provider review 405 ILCS 5/2-103 with relevant staff. Although it is understandable that the nurse did not disclose information to the girlfriend's boyfriend's mother before the release of information had been signed, it is not acceptable to refuse contact with the Illinois Guardianship and Advocacy Commission's Legal Advocacy Services. At the very least the staff should have offered to take a message from the Legal Advocacy Services representative to the recipient.

APPENDIX A: Medication Administration

Facility	DATE	TIME	MEDS	Mg	Other Information
EH	8-Apr	11:33pm	haloperidol lactate (HALDOL) 5 MG/ML	5	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	8-Apr	11:33pm	LORazepam (ATIVAN) 2 MG/ML injection	2	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	1:23am	haloperidol lactate (HALDOL) 5 MG/ML	5	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	1:23am	LORazepam (ATIVAN) 2 MG/ML injection	2	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	4:34am	OLANZapine (ZYPREXA) injection	?	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	5:32am	LORazepam (ATIVAN) injection	?	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	9:41am	LORazepam (ATIVAN) 2 MG/ML injection	2	
EH	9-Apr	10:30am	clonazepam (KLONOPIN) tab	0.5	
EH	9-Apr	10:30am	OLANZapine (ZYPREXA) tab	5	
EH	9-Apr	10:32am	OLANZapine (ZYPREXA) injection	5	
EH	9-Apr	10:45am	LORazepam (ATIVAN) injection	?	Documented as Emergency Administration, see Appendix B - Rights Restrictions for more information
EH	9-Apr	6:46pm	LORazepam (ATIVAN) tab	2	
EH	9-Apr	7:25pm	clonazepam (KLONOPIN) tab	0.5	
EH	9-Apr	7:25pm	OLANZapine (ZYPREXA) tab	5	
EH	9-Apr	9:35pm	LORazepam (ATIVAN) 2 MG/ML injection	2	
LOH	10-Apr	4:30am	OLANZapine (ZYPREXA) injection	5	
LOH	10-Apr	5:30am	haloperidol lactate (HALDOL) 5 MG/ML injection	2	
LOH	10-Apr	6:44am	OLANZapine (ZYPREXA) tab	5	
LOH	10-Apr	6:45am	clonazepam (KLONOPIN) tab	0.5	
LOH	10-Apr	9:46am	clonazepam (KLONOPIN) tab	1	

APPENDIX A: Medication Administration

Facility	DATE	TIME	MEDS	Mg	Other Information
LOH	10-Apr	9:46am	OLANZapine (ZYPREXA) tab	5	
LOH	10-Apr	9:46am	OLANZapine (ZYPREXA) tab	10	
LOH	10-Apr	10:39am	haloperidol lactate (HALDOL) 5 MG/ML	2	
LOH	10-Apr	2:45pm	LORazepam (ATIVAN) injection	2	
LOH	10-Apr	3:53pm	LORazepam (ATIVAN) injection	2	
LOH	10-Apr	4:01pm	clonazepam (KLONOPIN) tab	1	
LOH	10-Apr	7:21pm	OLANZapine (ZYPREXA) injection	5	
LOH	10-Apr	7:51pm	clonazepam (KLONOPIN) tab	1	
LOH	10-Apr	7:55pm	OLANZapine (ZYPREXA) injection	10	
LOH	10-Apr	9:45pm	haloperidol lactate (HALDOL) 5 MG/ML	2	
LOH	11-Apr	7:40am	clonazepam (KLONOPIN) tab	1	
LOH	11-Apr	8:42am	Benzotropine Mesylate (COGENTIN)	?	
LOH	11-Apr	8:42am	haloperidol lactate (HALDOL) 5 MG/ML	2	
LOH	11-Apr	8:42am	haloperidol lactate (HALDOL) 5 MG/ML	5	
LOH	11-Apr	3:11pm	haloperidol lactate (HALDOL) 5 MG/ML	5	
LOH	11-Apr	3:12pm	Benzotropine Mesylate (COGENTIN)	?	
LOH	11-Apr	3:12pm	clonazepam (KLONOPIN) tab	1	
LOH	11-Apr	3:12pm	haloperidol lactate (HALDOL) 5 MG/ML	2	
LOH	11-Apr	6:53pm	haloperidol lactate (HALDOL) 5 MG/ML	2	
LOH	11-Apr	6:53pm	haloperidol lactate (HALDOL) 5 MG/ML	5	
LOH	11-Apr	7:55pm	clonazepam (KLONOPIN) tab	2	
LOH	11-Apr	7:55pm	Benzotropine Mesylate (COGENTIN)	?	
LOH	11-Apr	7:55pm	haloperidol (HALDOL) tab 5 mg	5	
LOH	12-Apr	6:59am	Benzotropine Mesylate (COGENTIN)	?	

APPENDIX A: Medication Administration

Facility	DATE	TIME	MEDS	Mg	Other Information
LOH	12-Apr	7:01am	clonazepam (KLONOPIN) tab	2	
LOH	12-Apr	7:01am	haloperidol (HALDOL) tab 5 mg	5	
EH	14-Apr	8:41am	clonazepam (KLONOPIN) tab	2	
EH	14-Apr	6:34pm	LORazepam (ATIVAN) injection	2	
LOH	15-Apr	3:07am	LORazepam (ATIVAN) injection	2	
LOH	15-Apr	8:38pm	LORazepam (ATIVAN) injection	2	
LOH	15-Apr	9:14pm	clonazepam (KLONOPIN) tab	2	
LOH	17-Apr	9:00pm	Ziprasidone HCl (GEODON) cap	40	
LOH	19-Apr	9:02am	lamotrigine (LAMICTAL) tab	12	
LOH	19-Apr	9:41pm	clonazepam (KLONOPIN)	1	
LOH	22-Apr	10:15am	Lithium Carbonate cap	300	
LOH	22-Apr	10:15am	clonazepam (KLONOPIN) tab	1	

APPENDIX B: Restriction of Rights Documentation

Date	Time	Location	Type of Restriction	Description from the record	Restriction of Rights Notice in Record?
8-Apr	8:00pm	EH	Locked Seculsion	Placed in unlocked seclusion upon his admission to Edwards Hospital	yes
8-Apr	10:30pm	EH	Emergency medication	<i>Recipient became "restless and agitated in bed . . . hypervocal, singing songs loudly, demanding to be released . . . security called to bedside for patient and staff safety . . . Haldol and Ativan IM given. Pt was not able to be redirected by staff or security. Girlfriend was asked to leave as patient behavior was increasingly agitated</i>	No
8-Apr	11:30pm	EH	Physical restraint	<i>Recipient placed in four-point restraints for two hours, due to "violent or self-destructive behavior"</i>	No
9-Apr	1:59am	EH	Emergency medication	<i>Patient did start becoming increasingly anxious and yelling out and then becoming aggressive and therefore was given Haldol and Ativan.</i>	No
9-Apr	4:00am	EH	Physical Restraint	<i>Restraint order removed after 15 minutes: "Pt is out of restraints and sleeping."</i>	No
9-Apr	4:34am	EH	Emergency medication	<i>Patient is very loud, jumping and running in the hallway, Hyperactive, disruptive to other patients, Patient is slamming the door and cursing the staff. Patient unable to take the staff redirection, Medicated with Zyprexa injection, Patient compliant with injection, will monitor the patient.</i>	No
9-Apr	5:32am	EH	Emergency medication	<i>Patient behavior remains same, restless, Intrusive with poor boundaries, going into other pts room and hugging the pt, is argumentative with staff, Talking very loud, Offered Ativan, pt request Oral then declined. Dancing in the hallway, medicated with Ativan injection</i>	
9-Apr	10:45am	EH	Emergency medication	<i>. . . walked behind the nurses station and attempted to grab something off of the desk. Patient unable to follow verbal redirection. Patient given Ativan IM to assist with aggression.</i>	
10-Apr	2:22pm	EH	Physical restraint	<i>"Patient met criteria for therapeutic hold. In my opinion, no other intervention will protect the patient from danger to self or others." "He attempted to jump behind the nurses station twice and has shown that he is unable to follow his infection protocol and stay in his room when eating. He has been redirected many times for being in this writer's boundaries. Each time he has been asked to back up and often he walks forward in order to provoke this writer/staff. He has been given several redirections to go to his room and take some time to re-group. Each time he continues the same behavior by trying to upset others. "Patient Postured to staff then raised his fist to strike staff"</i>	Yes

APPENDIX B: Restriction of Rights Documentation

Date	Time	Location	Type of Restriction	Description from the record	Restriction of Rights Notice in Record?
10-Apr	4:25pm	LOH	Phone Restriction	<i>He is also threatening to call 911 which we have had to turn the phones off several times throughout the shift . . .Patient placed on a phone restriction for attempting to call 911. Restriction of rights given to patient. Phone Communication restricted 4/10-4/12</i>	Yes
10-Apr	11:53pm	LOH	Physical restraint	<i>“Precipitating event: Patient postured and became aggressive with staff</i>	No
11-Apr	4:03pm	LOH	Physical restraint	<i>“Patient posturing, making threats of physical harm, patient threatening to spit in staff member’s eye.”</i>	Yes
12-Apr	7:37am	LOH	Physical restraint	<i>“Precipitating event: Patient pushing staff and attempting to hit them. Patient unable to follow verbal redirection.”</i>	no
12-Apr	10pm	EH	Physical restraint w/ Posey vest/soft mitts	<i>“Clinical Justification: Attempting to discontinue medical equipment . . . Security called to talk to patient at patient's request, conversation did not have any benefit. Patient then placed on precedex gtt and wrist restraints, mitts and posey vest. Patient frequently swearing at staff, threatening to spit/sue staff, sexually inappropriate with staff, and screaming.”</i>	no
13-Apr	10:49pm	EH	Physical restraint w/ Posey vest	<i>Clinical Justification: Confused/disoriented and unable to comply with medical plan, Attempting to discontinue medical equipment.”</i>	no
14-Apr	11:10pm	EH	Physical restraint w/ Posey vest	<i>Clinical Justification: Confused/disoriented and unable to comply with medical plan</i>	no
14-Apr	4pm	EH	Physical restraint w/ Posey vest	Remains on posey vest	no



NORTH SUBURBAN REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 21-100-9011

PROVIDER: EDWARD-ELMHURST HEALTHCARE

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.

No response is included.

Gina Sharp
Gina Sharp
NAME

President, Linden Oaks Hospital
TITLE

August 22, 2023
DATE

August 22, 2023

VIA CERTIFIED MAIL AND EMAIL

Mariah Balaban
Disability Rights Manager, North Suburban Region
Human Rights Authority of the Illinois Guardianship and Advocacy Commission
9511 Harrison Avenue, W-335
Des Plaines, IL 60016

Re: **Northshore-Edward-Elmhurst Health Response to HRA 21-100-9011**

Dear Ms. Balaban:

Please accept this letter as Edward Hospital and Linden Oaks Behavioral Health's ("Linden Oaks") response to Human Rights Authority-North Suburban Region ("HRA") Report # 21-100-9011 ("Report"). Edward Hospital and Linden Oaks appreciates the opportunity to review this matter and respond to the Report by: (I) identifying where Edward Hospital and Linden Oaks are making improvements to its policies and guidelines per HRA's recommendations, and (II) addressing areas in the Report that Edward Hospital and Linden Oak's respectfully disagrees with the HRA.

I. Policy & Guideline Improvements

In its Report, the HRA provided the following recommendations:

1. Cease use of current *Instructions for Completing a Certificate for Involuntary Admission to a Psychiatric Facility* and revise Edward Hospital and Linden Oaks's policies and procedures for involuntary admission to align with 405 ILCS 5/3-202(a) and ILCS 405 ILCS 5/3-205.
 - a. Provide revised policies and procedures to the HRA for review.
 - b. Retrain staff on these policies and procedures and provide evidence of such training to the HRA.
2. Revise Edward Hospital and Linden Oaks policies for voluntary admission to align with **405 ILCS 5/3-400**.
 - a. Provide revised policies to the HRA for review.
 - b. Retrain staff on these policies and provide evidence of such training to the HRA.
3. Revise Edward Hospital and Linden Oaks's policies for emergency medication to align with **405 ILCS 5/2-102 (a-5)** and **405 ILCS 5/2-107(a)**
 - a. Provide revised policies to the HRA for review.
 - b. Retrain staff on these policies and provide evidence of such training to the HRA.

In response to above recommendations in the Report, Edward Hospital and Linden Oaks's corrective action plan includes the following:

1. The *Instructions for Completing a Certificate for Involuntary Admission to a Psychiatric Facility* guideline has been retired and is no longer in use. The *Involuntary Admission to Linden Oaks Hospital* policy has been revised to accurately align with **405 ILCS 5/3-202(a)** and ILCS 405 ILCS 5/3-205, including process changes to better maintain records, and updates to reflect that the petition and rights must be given within 12 hours from admission.
 - a. Copy of revised policy to be provided to HRA.
 - b. Staff will be required to complete additional training on the hospital's online learning platform.
2. The *Voluntary Admission to Linden Oaks Hospital* policy has been revised to accurately align with **405 ILCS 5/3-400**, which includes updates that ensure that a provider's determination and necessary documentation be incorporated into the recipient's medical records, and updates to staff procedures regarding situations when there is an adult without the capacity to consent and this adult's admittance as a voluntary patient.
 - a. Copy of revised policy to be provided to HRA.
 - b. Staff will be required to complete additional training on the hospital's online learning platform.
3. The *Emergent Administration of Psychotropic Medication without Patient Consent* policy has been revised to accurately align with **405 ILCS 5/2-102 (a-5)** and **405 ILCS 5/2-107(a)**, including updates to reflect comprehensive patient education and the right to refuse medication, the patient's capacity to consent to medication, and updates to the order in which the procedure should begin with.
 - a. Copy of revised policy to be provided to HRA.
 - b. Staff will be required to complete additional training on the hospital's online learning platform.

While Edward Hospital and Linden Oaks deny they violated the Illinois Mental Health Code ("IMHC") and in practice their care teams provided proper care to this patient, it is Edward Hospital and Linden Oaks's goal to have policies that reflect its care team's compliance with all Illinois statutory requirements. Hence, Edward Hospital and Linden Oaks agree to revise the above policies per HRA's recommendations and suggestions.

II. Disagreements with HRA Report #21-100-9011

Overall, Edward Hospital and Linden Oaks provided proper care to this patient and respectfully disagrees with the HRA that it violated the IMHC. Of note, Edward Hospital and Linden Oaks disagree with the Report's stated violations related to record keeping and record retention. Linden Oaks did in fact, properly and effectively, preserve and maintain records:

1. **Reported Violation:** The HRA noted within the patient's timeline that, "[t]he recipient signed a five-day *Request for Release of Adult Patient on Voluntary Admission* which was found in the record. The recipient was not released within five days, and provider staff informed the HRA that the recipient rescinded the April 18th request for release, although there is no documentation to validate this in the record." Further, the HRA report noted that there was a "lack of documentation to prove that the recipient rescinded the five-day request for release he submitted on April 15th rises to a violation" of 405 ILCS 5/3-403 of the Illinois Mental Health and Developmental Disabilities Code.

Response: Upon review of this reported violation, Edward Hospital and Linden Oaks located the patient's *Request for Release of Adult Patient on Voluntary Admission*, which the patient signed on April 18, 2021 (not April 15, 2021, as described in the report). Subsequently, the patient rescinded the same on April 20, 2021, which is verified by the signed document found within the patient's medical records. This document verifies that Edward Hospital and Linden Oaks properly documented the patient's request for release and subsequently, the patient's request to rescind the same. Edward Hospital and Linden Oaks have provided proof of this documentation to the HRA following receipt of the Report.

2. **Reported Violation:** The HRA report noted that, "[t]he provider was not able to provide proof of when the inpatient certificates were filed because they did not retain the [filing] documentation in the record as mandated", stating that Linden Oaks violated 405 ILCS 5/3-202(a) of the Illinois Mental Health and Developmental Disabilities Code.

Upon review of this reported violation, Edward Hospital and Linden Oaks obtained the patient's submitted certificate and petition to the State's Attorney's Office. This document verifies that Linden Oaks properly retained the filing documentation, as mandated. Edward Hospital and Linden Oaks have provided proof of this documentation to the HRA following receipt of the Report.

In conclusion, Edward Hospital and Linden Oaks Behavioral Health understands the importance and seriousness of providing quality mental health services to its patients, whether emergent or otherwise. Edward Hospital and Linden Oaks Behavioral Health appreciate the opportunity to discuss these issues with the HRA and to use the information learned from the Report to improve their policies, to ensure continued quality care for its patients, and to continue compliance with Illinois law. Edward Hospital and Linden Oaks Behavioral Health will continue to train, monitor, and review its policies, practices, and procedures to provide the highest level of care.

Sincerely,



Gina Sharp
President, Linden Oaks Hospital