FOR IMMEDIATE RELEASE

East Central Regional Human Rights Authority
The Pavilion Behavioral Health System (The Pavilion)
Report of Findings
Case #18-060-9015

The East Central Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of The Pavilion in Champaign after receiving the following complaints of possible rights violations:

Complaints:

1. **The facility failed to provide adequate treatment with regard to consumer safety. Consumer felt unsafe in the facility and had to barricade the door to the room for protection from other patients who were experiencing behavioral issues.**

2. **The facility failed to provide adequate treatment with regard to counseling or support groups. Provider tells all consumers that they must take part in the psychoeducation groups because that is the only service that they offer.**

3. **A psychosocial group leader's comments during group session were inappropriate and unprofessional (ie. "I like my nuts from behind"). Staff present laughed but did nothing to stop the comments.**

4. **The facility hindered communication by not providing consumer with messages or allowing regular phone calls.**

5. **Consumer food and clothing preferences were not honored. Not enough food, no food choices (even after dietician consult), only 15 minutes to eat, cold temperatures (could not have additional blankets), restricted clothing but did not do wash regularly so consumers are forced to wear hospital gowns while waiting for clothing to be found and/or washed.**

If the allegations are substantiated, they would violate protections under the Mental Health and Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-102 and 103), and the Illinois Administrative Code for hospital licensing (77 Ill. Admin. Code 250.1610, 250.2280, and 250.2300).

Investigation

The HRA proceeded with the investigation after having received written authorization from the consumer/patient. To pursue the matter, the HRA visited the facility and the program representatives were interviewed. Relevant practices, policies and sections of the patient's record were reviewed.

Interviews:

On September 20, 2018 at 10:00am, the HRA met with Pavilion staff members, including the Chief Executive Officer and the Director of Performance/Risk Management. The meeting occurred at 809 W Church St Champaign, IL 61820. The meeting began with introductions, a review of HRA procedures, and a review of the allegations being addressed in this investigation.

The staff provided some general infonnation about the Pavilion. The Pavilion offers a variety of behavioral health services including: adult inpatient psychiatric, partial hospitalization, detox, full inpatient, an adolescent unit focusing on inpatient psychiatric and dual diagnosis, youth partial hospitalization, a children's psychiatric unit, and residential services for the Depaiiment of Children and Family Services including a behavioral health school. The allegations involved the adult psychiatric unit which has an average census of 25 patients per day. The staff present on the unit depends on the census. Staff reported that staff training depends on the staffs position and job description. Mental Health Technicians are responsible for day to day tasks on the unit and are required to have a high school diploma and attend Mental Health Technician Training. All nursing staff are licensed registered nurses. The Nurse Manager and Case Manager have Masters Level degrees. All staff attend a three-day Therapeutic C1isis Intervention Training upon employment as well as an amrnal refresher training. All staff are trained on Rights and Responsibilities ai1d Patient Abuse and Neglect during their orientation and receive amrnal refresher courses on those topics during regular staff meetings and trainings.

All patients receive a copy of the Rights and Responsibilities upon admission ai1d the infonnation is posted throughout the hospital per law. Patients can file a grievance by contacting a patient advocate on the call line or they can file a verbal complaint with their case manager. Most complaints are given to case managers and the case managers are required to respond within 24 hours. After the 24-hour period letters are provided to the patient explaining the detennination of their complaint. The complaints are handled quickly through Department Managers to assure that the patient does not wait for results. All complaints are reviewed in the monthly Perfonnance Improvement meetings to review any trends. In addition to the grievance process, patients can file a complaint anonymously with the patient satisfaction survey. The patient listed in this case did file a fonnal grievance for the above complaints and the complaints were addressed while the patient was admitted at the facility.

The dates of the patient's stay at the adult inpatient facility were reviewed. Staff stated that "aggressive patient incidents" do occur on the unit and are tracked daily, however, there were no aggressive incident reports completed while this patient was admitted. The HRA asked if it was possible for an incident to go undocumented and staff reported that area outside of the rooms is open and contains the nurse's station for the unit, so it would be very difficult for an incident to go unnoticed. The patients on this unit have constant supervision. If an incident did occur in the open area, staff are trained to respond quickly. There are no items in the patient rooms that could be used to barricade a door. Every item in the patient's room is bolted to the floor for their safety. Had a patient been able to move an item in the room that was secured, staff would have noticed. There is nothing in the patient's file that indicates that anything in the room was moved or needed to be moved during the time of the stay.

Staff stated that all patients on the adult unit complete a treatment plan within the first 72 hours. These plans are completed with the patient and reviewed at a minimum of every 7 days. All patients are offered counseling and support groups. According to staff, this patient met with the case manager regularly, had daily appointments with the psychiatrist, and attended group counseling sessions. The patient did complain about attending the groups and her attendance was minimal. When the patient did attend, she often left the group before it was her tum to share but documentation is unclear on why she left. Patients are not required to stay in group if they are upset or uncomfortable. If the patients are unable to participate in group, they are given alternative assigmnents. All staff are trained to be aware of any patient leaving group. If a patient exits prematurely, the staff are to locate the patient and discuss what caused them to leave the group, however, this does not mean that the patient is required to disclose what made them want to leave.

Case managers are responsible for leading the psychosocial groups each day. Pavilion staff stated that the case managers often use Dialectical Behavior Therapy (DBT) to talk about things on an infonnal level so that the patients can address and confront their issues. Staff stated that the DBT uses a lot of metaphors. Staff stated that the patient filed a complaint alleging that the group leader said he "likes his nuts from behind." An internal investigation found that the group was using a metaphor about seasons changing and a squirrel leaving their nuts behind when the winter comes. The department head talked with the staff about the possible misunderstanding and the staff have agreed to not use the metaphor again. Staff agreed to provide the HRA with copies of the grievances and outcomes.

All Pavilion calls are answered by a receptionist. If the call is for a patient, staff state they cannot confinn or deny that the patient is at the facility to the caller and then the callers are transferred to a voice message system. Someone on the unit checks the messages twice a day and relays the messages to patients. Staff then offer to have the patient sign a release of infonnation for the caller, so they may call directly to the unit if needed. There are times throughout the day when the patient has free time to return calls. Calls are not supervised except in cases where there is a valid safety issue or a DCFS mandate for supervision. The phones on the unit are cordless for patient privacy. Staff stated that the patient did not have any call restrictions and staff stated they even assisted the patient with contacting a friend that the patient believed would be a healthy support.

Patients all eat breakfast on the unit and can eat lunch and dinner in the cafeteria as safety allows. Pavilion believes that the patient is best served in the most "nonnal" setting possible. Patients eating in the cafeteria typically have 30 minutes to get their food and eat before clearing their trays and returning to the unit. Staff must escort all patients to and from the cafeteria. If a patient has a nutritional need, a nutrition consult is provided so that acco1mnodation services can be obtained. If a patient is having trouble eating in the time provided in the cafeteria, the patient is encouraged to eat on the unit because there are not enough staff available to escort one patient back from the cafeteria individually. Staff reported that this patient's documentation confinns that a dietary consultation occurred but no request for more eating time is noted.

Staff stated that the temperature on the unit is acc01mnodated for the patients to the best of their ability. There are thermostats in the rooms but not for each individual patient room, so the

temperature must be set with all the patients in mind. The thennostats cannot be changed by the patients because they are locked. Patient requests for a change in thennostat temperature would likely be denied because a temperature change for one patient affects many patients. All patients are given a restricted number oflinens for safety purposes, but staff believe that the temperature coupled with clothing and a blanket is adequate.

Clothing is also based on safety. Patients are given a gown at admission and their clothing and items are searched for contraband. Family members may bring in additional clothing for the patients, but access may be limited if the staff feel that the clothing may impact the patient's safety. All clothing that needs washed is put out in the evening and returned by morning. Patients can call family/fiiends and request additional clothing or wanner clothing.

Lastly, staff stated that all patients are scored each day for participation in their treahnent plans. Participation and compliance are not rewarded with incentives (other than discharge). Things such as food, bedding, and clothing are not motivators and are not restricted for compliance. All restrictions are administered only for resident safety.

Records Reviews:

Pavilion provided the HRA with the following records:

The patient's Interdisciplinary Master Treahnent Plan outlines the psychiatric diagnosis, medical diagnosis, psychosocial problems and enviromnental problems. Th.is patient was admitted for suicidal ideation. The treatment plan indicated that the patient would likely be inpatient for 7 to 10 days to work on reduction in life threatening or endangering symptoms, improved stabilized mood, thinking and/or behavior, commitment to aftercare, motivation to continue treatment, understanding medication and commitment to compliance. Treahnent modalities outlined for this patient to reach goals were Individual Psychiatric Sessions, Nursing Sessions, Psychoeducational groups (DBT focus), Process Group, and Activity Therapy Group. The Pavilion provided documentation that the patient participated in Individual Psychiatric Sessions and Nursing sessions, however, documentation of group attendance (including frequency and type) was not included. The only group documentation received was the psychiatric session notes indicating the level of participation in group.

Nursing documentation indicates that the patient saw a dietician to discuss nutritional concerns on the first day of her stay. The notations did not provide an outline of what the dietary concerns were. No further documentation was provided that the patient's dietary needs were being met or not being met.

Psychiatric notes for the patient demonstrate that the patient made complaints about the hospital to her psychiatric physician. Documentation states that the patient was frequently upset with the restrictions on the unit, however, there is no documentation detailing what the specific complaints were, or which restrictions were upsetting the patient. One note indicates that the patient continues to feel uncomfortable on the unit because she believes that everyone thinks that she is "a complainer." The patient states tl1at she does not enjoy group activities and group

participation is "up and down" for the duration of the inpatient treahnent, however, when the patient attends, the notes indicate that the patient "said her groups have been very helpful."

Both the patient and the Pavilion reported that the patient filed fonnal complaints/grievances during her stay at the hospital. The HRA reviewed the Patient Advocacy Notes for this consumer. The note stated that the consumer met with the advocate after receiving a phone call about services. The note outlines the patient's complaints and documents the outcome of the meeting. The patient requested menus to ensure that her dietary needs would be met appropriately. The patient was given the menus and told to cmmnunicate with staff regarding her meal needs. The patient also stated the the temperature was too cold and the thennostat was adjusted.

Policy Review

The Pavilion provided the HRA with the following handbook and policies:

The Pavilion Adult Unit Patient Handbook states that they offer a therapeutic milieu of programs. "Prograimning is an important part of your treatment on the unit and we encourage you to participate to the best of your ability." The handbook provides a list of treatments provided and a resource directory of services in the hospital and the community. The handbook includes descriptions of depression, ai1Xiety, and suicide prevention. Policy POC-26 reviews the Interdisciplinary Treatment Planning Process. The policy specifies that the patient is to have a treatment plan within 8 hours of admission, with a Master Plan being created within 72 hours of admission. The plan will then be updated weekly, as requested by the patient, or upon a change in the patient's level of care. Policy POC-25 titled "Group Treahnent" lists the following types of group treatment offered: Interactive Group Therapy, Active Therapy, Medication Education, Co1mnunity Skills and Activities group. Groups should all begin on time and last 45 to 50 minutes. This policy also states that "Group participation and progress will be documented on the Group Flow Charts." Policy POC-24 reviews alternative treahnent programs for patients who are unable or unwilling to attend scheduled groups. This policy becomes effective if a patient is unable or unwilling to attend at least three core treahnent groups in a 24-hour period for 2 consecutive days. Policy HR-57 "Therapeutic Boundaries and Professional Conduct" states "alleged staff misconduct (e.g., sexual, physical, verbal) must be repmted to a supervisor i1mnediately."

The Pavilion handbook reviews patient safety stating that safety checks will be completed routinely on each patient throughout the day to ensure safety, including evenings, ensuring supervision at all times. Pavilion states that the unit is locked for patient safety and that the unit has restrictions regarding what can be brought into the unit. The handbook reviews that patients may bring in items to the unit but that all items must be checked in at the nurse's station for safety.

The Pavilion handbook reviews laundry services and states that a washer and dryer are available for personal laundry and that towels and bed items provided by the Pavilion will be laundered by the Pavilion. The handbook states "When these items need to be changed please place old towels and bed items in the laundry hamper provided at the nurse's station. When you need clean towels

and bed items please ask unit staff and we will provide them for you. We ask that you keep your room presentable and orderly." The belongings section specifies that the Pavilion provides storage for 3 outfits and pajamas. Other items need to be taken home by family or friends. Policy IC-04 states that "staff is responsible for the washing and drying of patient clothing per guidelines on clothing, detergent direction and washer/dryer manufacture guidelines. Patient clothing is not to be mixed and shall be washed separately."

The handbook reviews telephone usage stating that a cordless phone is available for calls during specified times. The handbook asks that patients limit calls to 20 minutes so that there is enough time for all patients on the unit. All incoming calls are transferred to a message line and that line is checked by staff at I 0am, 2pm, 6pm, and once during the night with messages being given to patients to return during the outlined telephone times.

The handbook reviews meals and snacks stating that all meals are eaten on the unit or in the cafeteria. It also states that patients can notify staff of dietary needs and can meet with a dietician for appropriate menus. Meal times are outlined for 3 meals a day: breakfast is 30 minutes, lunch 45 minutes, and dinner is 45 minutes. The policy also states that snack foods are always available in the day room. Policy D-59 reviews Standard of Patient Care as it applies to dietary. This policy states that "The Dietician and nursing staff will actively and continually assess each patient's nutritional status" including dietary habits, preferences, and nutritional goals.

Policy EOC-105 "Ventilation, Temperature, and Humidity Levels" states "Patient room temperature control is maintained by unit staff according to patient needs and requests. Staff is issued keys to the locking thennostat covers for this purpose and the safety of the patients."

The handbook states that patient concerns can be relayed through a patient satisfaction survey or by calling the Patient Advocacy Line. It states that a Patient Advocate will follow up with the patient within 24 hours.

Conclusions

1. **The facility failed to provide adequate treatment with regard to consumer safety. Consumer felt unsafe in the facility and had to barricade the door to the room for protection from other patients who were experiencing behavioral issues.**

Hospital Licensing Standards (77 Ill. Admin. Code 250.2300) state "c) Psychiatric Facilities shall provide a safe and secure environment for patients needing close supervision. Consideration should be given to shatter-proof glazing, closed circuit T.V., the elimination of sharp edges, use of rounded faucets, safe hot water temperatures, insulation of hot water pipes, plastic coat hanger, etc... in order to minimize patient injury, suicide, or escape".

After completing the interviews, records reviews, and assessing applicable mandates, the HRA discovered no evidence to support the complaint. The hospital handbook and policy support that the adult inpatient unit is supervised 24-7. The hospital stated there were no documented records of aggressive incidents for any patients residing on the unit during the patient's stay that would

have prompted the patient to feel unsafe. Such measures comply with Hospital Licensing Standards (77 Ill. Admin. Code 250.2300) to ensure patient's safety.

Based on the findings above the East Central Human Rights Authority concludes that the complaint is unsubstantiated.

2. The facility failed to provide adequate treatment with regard to counseling or support groups. Provider tells all consumers that they must take part in the psychoeducation groups because that is the only service that they offer.

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-100) states "No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services." Policy POC-25 titled "Group Treatment" lists the following types of group treatment offered; Interactive Group Therapy, Active Therapy, Medication Education, Community Skills and Activities group. The patient's Pavilion treatment plan includes several types of treatment that the patient was offered including Individual Psychiatric Sessions, Nursing Sessions, Psychoeducational groups (DBT focus), Process Group, and Activity Therapy Group. Psychiatric notes and Nursing notes specifically discuss meeting with the patient at regular intervals.

Based on the findings above the East Central Human Rights Authority concludes that the complaint is unsubstantiated. The HRA makes the following suggestion:

1. In addition to documenting the group attendance and participation in Group Flow Charts, Pavilion hospital should include attendance documentation in the patient's file that specifies the date, time, and type of groups the patient is attending to assure that the patient's treatment plan is being adequately followed by both the provider and the patient.

3. A psychosocial group leader's comments during group session were inappropriate and unprofessional (ie. "I like my nuts from behind"). Staff present laughed but did nothing to stop the comments.

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Alm. 5/2-102) states "(a) 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." During the interview, the Pavilion staff stated that the patient made staff aware of the comments made by the group facilitator. The incident was reviewed by management and they confinned that the facilitator did use those tenns. Staff also reported that the comments were not intended to be sexual in nature, however, the staff agreed that the reference could be taken out of context and should not be used again. In this case the intent may not have been sexual in nature, however, it appears that the patient believed that the facilitator's c01mnent "I like my nuts from behind" was a sexual remark.

Based on the findings above the East Central Human Rights Authority concludes that the complaint is substantiated. The HRA makes the following recommendations:

1. The Pavilion will provide the HRA with documentation that staff reviewed the incident and made changes to the group in order to assure that this type of incident does not occur again consistent with the Mental Health Code's right to adequate and humane services and the Pavilion policy on professional conduct.

4. The facility hindered communication by not providing consumer with messages or allowing regular phone calls

The Mental Health Code (405 Ill. Comp. Stat. Ann. 5/2-103) states "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be pennitted unimpeded, private, and uncensored c01mnunication with persons of his choice by mail, telephone and visitation." While the HRA understands that the patients may want to receive their messages more than 2 times each day, the Pavilion does provide a confidential system that is reasonably accessible to the patients per the Mental Health Code (405 Ill. Comp. Stat. Ann. 5/2-103). The Pavilion handbook explains when the patient may use the phone and how messages will be obtained from the message line and relayed to the patient throughout the day. The HRA reviewed the patient documentation provided by Pavilion and did not see any evidence one way or the other that the resident used the phone or received messages.

Based on the findings above the East Central Human Rights Authority concludes that the complaint is unsubstantiated. The HRA makes the following suggestion:

I. Pavilion create a method of documentation that demonstrates that telephone messages were taken on behalf of a patient and that further documents in the patient's file that the message was delivered, and when, to the patient.

5. Consumer food and clothing preferences were not honored. Not enough food, no food choices (even after dietician consult), only 15 minutes to eat, cold temperatures (could not have additional blankets), restricted clothing but did not do wash regularly so consumers are forced to wear hospital gowns while waiting for clothing to be found and/or washed.

Hospital licensing regulations (77 Ill. Admin. Code 250.1610) require the following: "c) Consultation I) When the full-time dietetic service director, for legitimate, documented reasons, is not a qualified registered dietitian or qualified nutritionist, the hospital shall employ a qualified registered dietitian on a part-time (minimum of 20 hours per week) or on a consulting basis. The hours of consultation in the hospital shall be dependent upon the size, needs and complexity of the hospital and dietetic service but in no case shall there be less than a minimum of eight hours of consultation per month. 2) If consultant dietetic services are used, the consultant's visits are to be at appropriate times and of sufficient duration and frequency to provide continuing liaison with medical, nursing and patient care teams; to advise the administrator; to give patient counseling; to give guidance to the director and staff of the dietetic service; to approve all menus

and administrative nutritional aspects of patient care; to participate in development and/or revisions of dietetic policies and procedures; and to assist with plam1ing and conducting orientation, in-service and continuing education programs for dietary and other appropriate personnel". In addition, the Mental Health Code (405 Ill. Comp. Stat. Ann. 5/2-102) and hospital regulations (77 Ill. Admin. Code 250.2300) (as cited above) were reviewed for this complaint.

Pavilion records indicate that the patient had a dietary consultation as requested per Pavilion policy. Pavilion staff confinn that the patients receive 30 to 45 minutes to eat in the cafeteria (including time used to get food from the line), however, if longer time is needed the patients have the option to eat on the unit. Regardless of where a patient eats, patients may choose from a variety of foods on the menu. Temperature, clothing, and bedding requests are limited for safety purposes which is in compliance with hospital regulations (77 Ill. Admin. Code 250.2300). Pavilion handbook reviews that the patient can have 3 changes of clothes ru1d pajamas and that laundry is available regularly for clothing ru1d bedding.

Based on the findings above the East Central Human Rights Authority concludes that the complaint is unsubstantiated.

The HRA would like to thank the Pavilion staff for their cooperation with this investigation.

RESPONSE

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

The Pavilion
BEHAVIORAL HEALTH SYSTEM

Response to: HRA Case No. 18-060-9015

All clinical staff was educated on using appropriate group material while leading therapeutic groups. All clinical staff were educated on that any possible group content or group topics that might be perceived by patients as offensive is prohibited. Clinical staff is to review all group materials to ensure that all topics are appropriate for the population served at The Pavilion.

Respectfully submitted,

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Chief Clinical Officer

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