FOR IMMEDIATE RELEASE

Northwest Regional Human Rights Authority
Report of Findings
Case #19-080-9008
SwedishAmerican Hospital

Introduction

The Human Rights Authority (HRA) opened an investigation into potential right violations regarding the care of a mental health patient at SwedishAmerican Hospital in Rockford. The complaint is that the Code's voluntary admission and discharge requirements were not followed. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

A division of the University of Wisconsin Health system, SwedishAmerican's Emergency Department (ED) sees about 70,000 patients each year, some 14,000 of the patients seen are for mental health reasons/purposes and the hospital has a special need unit (SNU) within the ED. The hospital has an inpatient psychiatric program, the Center for Mental Health (CFMH), which houses adults and adolescents on the unit. A majority of the employees are employed by SwedishAmerican. The HRA met with representatives from the CFMH, ED personnel and administrators. Relevant policies were reviewed as was the patient's record with authorization

Complaint Summary

According to the complaint, after being transported to the hospital by local law enforcement, the patient signed a voluntary admission application although she reportedly did not want to be there. It was further alleged that the patient was made to stay 10 days against her will after requesting discharge.

Record Review

ED Record Review

Per the record, the patient arrived in the ED on October 19, 2018. The patient was brought to the ED by local law enforcement, due to reports of the patient waving a knife and shouting at other patrons at a local bar. The patient was brought to the special needs unit (SNU) in the ED on the above date at 9:19pm. Local law enforcement completed an involuntary admission petition at 9:25pm. While in the ED, the patient was shouting and recalcitrant with staff regarding the purpose of being in the SNU and she laid back and closed her eyes. At 2:26am, after being awakened, the patient provided a urine sample and requested a snack, which was provided, and she shortly returned to napping.

On October 20, 2018 at 9:15am, the patient signed a voluntary admission form before arriving on the CFMH unit. Per the signed voluntary admission application, it was noted that the patient had been examined and deemed clinically suitable, acceptable and had the capacity to consent to this type of admission. The application also acknowledges the patient was given a copy of her rights as well as an explanation of those rights by her signature and the A/R (Admission/Referral) staff signature.

CFMH Record Review

Upon arrival on the CFMH, the on-site counselor reviewed and provided the patient a copy of the voluntary admission packet (which included rights information, including the right to request discharge), in which there was no documented questions or concerns voiced by the patient at 10:59am. On October 21,2108 the on-site Advanced Practice Registered Nurse (APRN), completed a history and physical evaluation on the patient, in which permission was granted to speak with her husband regarding care, treatment and aftercare options. While on the unit, the patient consistently refused psychotropic medications and limited participation in services that were developed in a treatment plan.

The first reference of leaving the hospital by the patient, occurred on October 23, 2018, in a group setting; the patient developed a goal that dealt with getting out of the hospital. October 24, 2018, the patient informed the psychiatrist during a session, that she was in the hospital being held against her will. Two days later, on October 26, 2018, the patient mentioned again during a therapy session, not understanding why she currently was in the hospital. The next day, October 27, 2018, the patient again wondered aloud to hospital personnel, why was she in the hospital. During the discharge, which occurred on October 29, 2018, the patient stated again she was not sure why she was admitted in the hospital, since never being diagnosed with a mental health illness. There were no completed discharge request forms and no documented reference to any staff offering the patient a discharge request form during her 9-day stay.

Interviews

Clinical Programming Manager

Per the clinical programming manager, when a patient enters the ED, the typical protocol is for the Admission/Referral staff, (A/R staff) is to go over the rights and responsibilities of the patients and other documents to ensure that the patient understands what and why certain documents were signed. The interaction of the conversation is also documented. The AR staff assess the patient's capacity to consent to the admission in consultation with the clinical team.

Behavioral Therapist

The behavioral therapist stated to have had the most interactions with the patient and recalled the patient constantly stating wanting to leave but it was more that she did not want treatment. She said that they did talk with the patient about her rights, including discharge. Per the unit's procedures, daily evaluations by the clinical team are completed on patients to determine their level of capacity. This particular patient was not very cooperative in participating in the treatment planning or any other interactions to determine capacity level.

Hospital Psychiatrist

Per the hospital's psychiatrist, a patient's right to discharge is discussed continually with the patient from the time of signing the voluntary admission form, until a decision is made to discharge or not.

Director of Psychiatric Services

Due to discrepancies in documentation and the first-hand accounts during the site visit, the director of psychiatric services will work with hospital personnel to ensure that the records are reflective of all interactions and provides a clear picture of what occurs on all levels.

None of the staff interviewed recalled the patient asking for a discharge request form.

Conclusion

Complaint: The Code's voluntary admission and discharge requirements were not followed.

Admission:

Per the Mental Health and Developmental Disabilities Code, when an individual agrees to a voluntary admission, the professional judgement of the facility director or a designee determines if that individual has the ability to make that type of decision and understands that discharge is not automatic (405 ILCS 5/3-400). Based on the medical records provided, the A/R department made the determination to accept the voluntary admission form after assessing the patient's decisional capacity, noting by signature that her rights as a voluntary admittee were explained and that a copy was given to her (405 ILCS 5/3-400). The patient signed the form as well, and based on the documentation, a rights violation is **not substantiated**. It is strongly suggested that the hospital administrators ensure that staff is well-versed and trained in identifying and determining a person's level of capacity.

Discharge:

Under the Mental Health and Developmental Disabilities Code, a recipient shall present a statement to facility staff stating his/her wish to be discharged within five business days or earlier if deemed appropriate (405 ILCS 5/3-403). Although the documentation presented and subsequent interview of staff showed that the patient did not put her discharge desire in writing, she expressed to treatment staff how she was being held against her will and that she did not understand why she was still there, which can only be construed as not wanting to be there, and the staff should have offered her a discharge request form. The complaint that the patient's right to receive and adhere to a voluntary discharge request was violated and is **substantiated.**

SwedishAmerican's "voluntary inpatient admission CFMH" policy, states that the application will include a large bold-faced statement that will inform the patient, that they can be discharged within five business days or earlier by providing a written declaration of their want to staff. Currently the application that is being used does not adhere to policy (**large bold-faced statement**), the IL462-2202M form has the statement pertaining to the discharge process but does not stand out and may not be easy for patients to reference. When the patient continually stated to her therapist and doctor that she was being held against her will, staff should have offered her the discharge form.

Recommendations:

1) Ensure when a discharge request is verbalized there is some form of dialogue regarding the patient's options towards this request.
2) Revise the application form consistent with policy.

Suggestions:

The HRA offers the following suggestions:

1) Consider a policy revision/clarification that patients' verbalized statements related to discharge should be met with a discussion of discharge options.
2) Follow through on enhanced documentation that better describes patient/staff interactions.

RESPONSE

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