FOR IMMEDIATE RELEASE

REPORT OF FINDINGS
LITTLE COMPANY OF MARY HOSPITAL— 08-040-9003
HUMAN RIGHTS AUTHORITY— South Suburban Region

[Case Summary—— The Authority found violations of the Code and hospital policies. The public record on this case is recorded below; the provider's response immediately follows the report.]

INTRODUCTION

The Human Rights Authority (HRA) has completed its investigation into an allegation regarding Little Company of Mary Hospital. This general hospital located in Evergreen Park has an inpatient behavioral health unit. According to the complaint, the Emergency Department staff failed to follow the Code's admission process. If substantiated, this allegation would be a violation of the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

In addition to providing emergency services, the hospital has an inpatient behavioral health unit that consists of 20 beds for recipients who require psychiatric services and 4 medical beds designated for chemically dependent individuals.

METHODOLOGY

To pursue the complaint, the Director of Patient Care Services, an Emergency Department Physician, the Attending Psychiatrist, the Behavioral Health Supervisor, the Behavioral Health Business Manager, a Nurse Educator and two Registered Nurses were interviewed. The recipient's emergency and inpatient record was reviewed with consent. Relevant hospital policies were also reviewed.

COMPLAINT STATEMENT

The complaint stated that an adult recipient presented to Little Company of Mary Hospital (LCMH) Emergency Department because of stroke-like symptoms. He voluntarily admitted himself to the hospital for a medical evaluation and detoxification from cocaine. The recipient reportedly believed that he signed papers for admission to the hospital's chemical dependency unit but signed a Voluntary Application to the behavioral health program. The complaint alleged that the recipient was very drowsy when he signed the Voluntary Application because medication had been administered by the emergency room staff. The recipient reportedly signed a request for discharge, but the hospital petitioned for involuntary admission based upon false information that he threatened to kill his mother and inflict harm on others.

FINDINGS

According to the Emergency Department Record, the recipient's heart was beating rapidly upon his arrival around 7:30 p.m. on August 22nd, 2007. His primary complaint when triaged was detoxification from cocaine dependency. An initial detoxification assessment stated that the recipient had been using cocaine for 10 years, and he wanted help. He complained of having a headache but denied chest pains and shortness of breath. At 8:10 p.m., the attending physician noted that the recipient reported having problems controlling his hands after binging the night before his hospital visit. He complained of having insomnia for three days and using Xanax and Valium for sleeping purposes. The recipient further reported drinking excessive amounts of alcohol daily, but there was no mention about a possible stroke.

According to laboratory tests, the recipient tested positive for cocaine metabolite. Although Xanax 2 mg was administered by mouth at 8:38 p.m., the emergency room record lacked an explanation for the medication. A Medical Consultation Report dictated on August 23rd recorded that Xanax had been given because the recipient "was a little edgy," per the nurse. The recipient was diagnosed with Alcohol and Cocaine Abuse. The physician on call for chemical dependency agreed to the recipient's hospital admission. The recipient's vital signs were monitored while he waited for medical clearance. A physician's order indicated that he was admitted to a chemical dependency bed on August 22nd. The chemical detoxification unit is adjacent to the 4 north behavioral health unit.

In the recipient's record and signed on the admission day were the following: 1) The Conditions of Admission, 2) Acknowledgment and Receipt that patient rights and a Notice of Privacy Practices were given, 3) A release for sharing information with his employer, and, 4) Consent for general treatment (the HRA noticed that the consent form does not require a date). A behavioral health contract stated that the recipient agreed to: 1) adhere to the detoxification protocol as determined by the physician, 2) comply with abstinence monitoring (urine, blood and breath analyzer), 3) participate in the treatment process, 4) allow the treatment team to determine readiness for transition, referral and/or discharge, 5) involve family members and significant others in his treatment, and, 6) respect the privacy of everyone in the Behavioral Health Departments.

At 12:35 a.m. on August 23rd, a nursing assessment documented that the recipient was oriented, cooperative and anxious. He was employed but had been living in his car for about one year. His history included increased heart rate and chest pains because of using cocaine. Atvian 1 mg was administered at 1:00 a.m. for alcohol/cocaine withdrawal symptoms. The medication was given again at 2:00 a.m. because the previous dose was not effective.

On the morning of the 23rd, a history and physical exam and a medical follow-up were requested because the recipient's blood pressure was abnormally low. A Medical Consultation Report stated that the recipient was cooperative but somewhat somnolent during the examination. He reportedly knew the correct day of the week and the month. The recipient reported that he might have had a heart attack in 2007 and went back to sleep. The physician

noted that the recipient's drowsiness and hypotension might be related to medication given on the unit. He was easily awakened, and no signs of agitation or tremors were present. He was able to move all extremities but complained of body soreness. A cardiac workup later showed no significant findings.

On August 23rd, the recipient was interviewed by a psychiatrist/the physician on call for chemical dependency who had agreed to his hospital's admission. The psychiatrist recorded that the recipient's daily consumption of alcohol and cocaine were excessive. He was severely depressed, hopeless, helpless, mildly anxious and tremulous. He was oriented to time, place and person. His memory, insight and judgment were intact. The recipient reported having suicidal ideations about two weeks before hospitalization. He was extremely angry at his mother. He had thought about killing his mother but was not planning to harm her at this time. The psychiatrist recorded diagnoses of Major Depression, Rule/Out Bipolar Disorder and Alcohol/Cocaine Dependency.

The recipient signed a Voluntary Application to the psychiatry unit at 11:50 on the 23rd. Although the application does not indicate whether this was morning or night, a nursing entry reflected that he was admitted ambulatory to the unit at 1:07 p.m., with no withdrawal symptoms present. The recipient did not want anyone to be notified regarding his admission or possible rights restrictions. A nurse affirmed on the form that rights were explained orally and that a copy of his rights was provided. The record contained a physician's order for the recipient's transfer to the 4 north secured unit.

The August 23rd psychiatrist's entry indicated that Ativan as needed should be continued according to the alcohol withdrawal protocol. Paxil 20 mg nightly and Risperdal 0.5 mg twice daily were also ordered. The record contained a psychotropic medication consent form for Paxil and Ativan. The form indicated that the physician had discussed with the recipient the risks, benefits, side effects and other alternatives to the medications. The hospital's form includes the following statement, "Patient understands the instructions and is willing to take the medications listed." However, the Code requires a physician's written statement regarding the recipient's decisional capacity to make an informed decision about the proposed treatments. The form documented that the recipient was given written information regarding the above medications. The form was signed by the psychiatrist, but there was no space designated for the recipient's signature.

The recipient signed his treatment plan on that same day. One of his treatment goals was to notify the staff about any suicidal or homicidal thoughts. A nurse later recorded that the recipient was compliant with Risperdal after educational drug information was given. The recipient's signed request for discharge was found in the record. The date on the request form had been changed from Thursday, August 23rd to the 24th and initialed by a staff person at 1:45 p.m. Documentation on the 24th reflected that the recipient said that he was in the hospital by choice and refused to discuss discharge planning with a social worker.

Nursing entries referenced that the recipient continued to be irritable and sarcastic but exhibited some self control. On August 25th, the recipient asserted that he was leaving on "Monday" even if he was not discharged. He walked away when the nurse attempted to discuss

treatment issues and refused medications three hours later. Two days later, the recipient stated that he was going home on that same day and declined referrals for continuation of treatment from social services. A nurse later wrote that the recipient was adamant about being discharged, and the physician was informed about his non-compliance with medications.

The recipient declared that he was being held by a cult against his will and was going to call 911 on August 27th. A family meeting was held with the recipient's consent on that same day. The recipient's cousin reported that the recipient was very angry at his mother because of his father's death. The recipient asserted during the meeting that, "I do not belong here …. I don't believe in psychiatry …. I have a bad temper and by keeping me here, you are only making it worse." The meeting note recorded that the recipient finally agreed to accept a resource list. The recipient later reminded a nurse that he came to the hospital for drug rehabilitation and denied suicidal ideations.

On August 28th, the recipient was evaluated by a second psychiatrist who documented that he "boasted" about being violent— "I beat women [and] live with three of them— put one in [the] hospital." He said that "I may hurt her" and refused a family meeting with his mother. The psychiatrist recorded that the recipient was expected to inflict harm on others based on his history of substance abuse, violence and poor [sic] with treatment. The recipient was non-compliant with Zyprexa on that next day, and he verbalized a lack of understanding for needing the second evaluation.

An HRA review of the Medication Administration Records (MAR) indicated that Risperdal was refused more times than accepted. The medication was not given over the recipient's objections. On August 28th, Risperdal was discontinued and Zyprexa 2.5 mg twice daily was ordered. There was no clear statement that informed consent was obtained for Zyprexa or that written drug information was given.

A petition and first certificate dated August 30th, 2007 for involuntary admission were found in the record. At 1:30 p.m., a nurse completed the petition documenting that the recipient was depressed, suicidal and homicidal. The recipient reported that he would kill his mother and boasted about beating women. He remained angry, irritable and easily agitated. The recipient had substance abuse, financial and housing problems. He was planning to continue consuming alcohol and drugs, living in his van and harming himself. The nurse certified that she gave the recipient a copy of the petition and rights were explained within the 12-hour required timeframe.

At 6:00 p.m. the psychiatrist completed the certificate for involuntary hospitalization because of imminent physical harm to self or others. The certificate categorized the recipient as angry, irritable, homeless, and threatening to hurt others, and severely addicted to cocaine and alcohol. There were no details regarding who the recipient had threatened to harm on the document. The psychiatrist affirmed on the certificate that rights were admonished prior to examination. The record lacked a second certificate as required under Section 5/3-401 of the Code.

On August 30th, the recipient received a copy of the notice regarding a court hearing scheduled for September 4th. He reportedly did not want anyone to be notified. The recipient

told the staff person who gave him the notice— "You are [expletive] piece of [expletive]. This place is a Catholic cult [and] I am suing all of you." The record contained orders for increased Zyprexa 5 mg twice daily and elopement precautions. The next day, the psychiatrist wrote that the recipient continued to be angry, withdrawn and hostile. Also, the recipient said that he was inclined to hurt his mother, but stated "I did not say I would kill my mother."

Nursing entries documented that the recipient sometimes accepted medications. On September 2nd, the recipient proclaimed that, "I came in to get off of drugs and here I am taking a cup full." He was given written drug information on that next day as requested. Two days later, Zyprexa was refused but other medications were accepted. A note indicated that the recipient did not believe that he was Bipolar nor needed the medication in question. The recipient reportedly said that although he had been compliant with Zyprexa that the medication was ineffective. The same day, a court hearing for involuntary commitment was held. A nurse recorded that another court hearing had been scheduled for the following week, if the recipient was not discharged prior to the hearing, per the recipient. According to the record, the recipient was discharged with medications on that next day. A psychiatrist's entry stated that the recipient lacked signs of depression, threatening behavior or suicidal ideation. Also, the recipient said that, "I feel better with meds [and] I need to fix my life."

The complaint was discussed with the hospital's staff. According to the Emergency Department physician, the recipient was not a recipient of mental health services when he presented to the hospital on August 22nd. He explained that the recipient wanted help with his alcohol and cocaine addiction. The physician said that the recipient did not mention anything about having a possible stroke, and his condition was described as good upon examination. According to the physician, the recipient accepted the Xanax which had a calming effect on him.

The HRA inquired about the recipient's substantial awareness of signing a Voluntary Application. A nurse said that the recipient was first interviewed by the psychiatrist who reported that the recipient had some insight because he wanted help. The investigation team specifically asked about the recipient's response when his rights and the application were explained. The nurse who completed the Voluntary Application acknowledged that she did not admonish rights, although she affirmed by signature that she did. The recipient's rights were reportedly explained by the admitting nurse.

Contrary to the complaint, the psychiatrist explained that the recipient was petitioned for involuntary admission because he was very angry and considered homicidal. The recipient reportedly had strong negative feelings about his mother and had thoughts about killing her. The psychiatrist affirmed that rights were admonished prior to examination. The Behavioral Health Supervisor added that the recipient was a large man who sometimes bragged about hurting women. She said that he refused to talk about the reason for his hospitalization. Upon questioning, the nurse said that she gave the recipient a copy of the petition right after she completed the document.

The recipient's request for discharge notice was discussed with the nurse who initialed the altered date on the form. According to the nurse, the recipient wrote August 23rd on the form, but he made the request on the 24th. On questioning about the recipient’s condition leading up to

discharge, the Behavioral Health Supervisor reported that he was more cooperative and non-threatening on the day before his court hearing. A nurse said that the original second certificate was inadvertently given to the court without a copy for the file.

There was some discussion concerning the psychotropic medication consent form used by the hospital's Behavioral Health Department. The hospital staff was informed that the form's statement that the recipient understands the instructions and is willing to take the medications does not meet the decisional capacity statement under Section 5/2-102 (a-5) of the Code. This Section requires that the physician make a determination whether the person possesses mental capacity to give informed consent regarding the treatments versus the recipient saying that he understands the information shared. The investigation team mentioned that the form does not have a space for recipients to sign. Additionally, the HRA inquired about the Emergency Department's procedures regarding the administration of psychotropic medications. According to the Director of Patient Care Services, the department uses a general consent form for treatment and medication. The investigation team referenced that the consent form needs a date line.

LCMH's "Admission Within the Behavioral Health Continuum" policy states that all patients who meet the criteria will be admitted to the appropriate level of care in collaboration with the attending physician. The Intake Team or designee will notify the treating physician or the psychiatrist/addictionist on call concerning the assessments and plan of care. The Intake Team will complete data collection tools and pertinent forms within 24 hours or as soon as the patient's condition permits. The recipient's record shall include a written statement if completion is not possible. The Intake team will motivate the patient to accept the care recommendations and explain the admitting procedures.

The hospital's policy entitled, "Notification of Admission- Inpatient Secured Unit Only," states that all patients who present for admission will be informed and receive copies of the following as applicable: 1) Notice of Privacy Practices, 2) Rights of Individuals, 3) Rights of Voluntary Admittee, and, 4) Rights of Admittee for Involuntary Recipients.

LCMH's Voluntary Admission policy states that patients may be admitted to the secured behavioral health unit pursuant to the Illinois Mental Health and Disabilities Code. A patient must be immediately admitted and begin treatment upon completion of a Voluntary Application. The patient will be given an explanation and a copy of the application. The right to be discharged must be clearly communicated to the patient, and the discharge request must be in writing. The policy referenced most of the Code's Section 5/3-403 mentioned below. The policy also states that by witnessing the application (date, time, employee signature, etc.) staff verifies that the patient meets established criteria and that the voluntary admission is in compliance with the application for voluntary admission process.

According to the hospital's "Involuntary Admission policy, a patient can only be admitted to the secured behavioral health unit by a psychiatrist. A patient must be immediately admitted and begin treatment upon a petition and certificate. The policy also mirrors Section 5/3-609 of the Code below.

Additionally, LCMH's Psychotropic Medication Consent policy states that a patient admitted to the secured behavioral health unit maintains the right to refuse medication, except in an emergent situation. The attending physician is responsible for informing the patient and/or guardian of the indications, benefits, risks, side effects and alternative treatment options. The policy documents that the patient's understanding of instructions and his consent to psychotropic medication(s) is evidenced by the physician's signature on the consent form. The attending physician will also update the form as new medication is ordered as evidenced by the physician's initials.

CONCLUSION

> Whenever a person is admitted or objects to admission, and whenever a recipient is notified that his legal status is to be changed, the facility director shall provide the person, if he is 12 or older with the address and phone number of the Guardianship and Advocacy Commission. (405 ILCS 5/3-206).

Any person 16 or older may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon filing of an application… if the facility director deems such person as clinically suitable. (405 ILCS Section 5/3-400).

> A voluntary recipient may be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after giving written notice of his desire to be discharged, unless within that time, a petition and 2 certificates are filed with the court asserting that the recipient is subject to involuntary admission. Upon admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to the recipient and to any parent, guardian, relative, attorney, or friend who accompanied the recipient to the facility. (405 ILCS 5/3-401).

> A voluntary recipient shall be discharged from the facility at the earliest appropriate time, not to exceed 5 days…unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates conforming to the requirements of paragraph (b) of Section 3-601 and Section 3-602 are filed with the court. (405 ILCS 5/3-403).

> (b) The petition shall include all of the following: 1. a detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence…. (405 ILCS 5/3-601).

> Whenever a petition has been executed…and prior to this examination for the purpose of certification of a person 12 or over, the person conducting this examination shall inform the person being examined in a simple comprehensible manner of the purpose of the examination; that he does not have to talk to the examiner; and that any statement he makes may be disclosed at a court hearing on the issue of whether he is subject to involuntary admission. (405 ILCS 5/3-208).

Within 12 hours after his admission, the respondent shall be given a copy of the petition and a statement as provided in Section 3-206. (405 ILCS Section 5/3-609).

The investigation confirmed that the recipient admitted himself to the hospital for detoxification treatment due to substance abuse as reported in the complaint. He was admitted to a chemical dependency bed on August 22nd, 2207 from the hospital's Emergency Department. The emergency room physician reported that the recipient was not a mental health recipient when Xanax was administered voluntarily. On August 23rd, the recipient was transferred to the hospital's behavioral health continuum of care program after examination by a psychiatrist. The recipient signed a Voluntary Admission Application on that same day. The HRA is unclear as to whether he was given a copy of the application. According to the voluntary form, the recipient did not want anyone to be notified regarding his admission or possible rights restrictions. The Authority cannot substantiate a violation under Section 5/3-206.

Whether the recipient's condition permitted an understanding of rights or of the documents he signed cannot be determined by the HRA because Ativan was also given on the unit prior to signing the Voluntary Application. The psychiatrist documented that the recipient was oriented to time, place and person prior to examination leading up to the admission. A medical physician also documented that the recipient was somewhat somnolent on that same morning, but he knew the correct day of the week and the month. What the investigation did determine was that a nurse affirmed by signature that she personally informed the recipient of his rights on the back of the Voluntary Application. However, the nurse said that although she signed the form, she did not share this information personally with the recipient. This violates Section 5/3-401 and the hospital's Voluntary Admission policy.

A review of the record revealed that the recipient gave notice of his desire for discharge. The request date on the form had been changed from August 23rd to the 24th and initialed by a nurse. Although the nurse reported that the recipient wrote the wrong date on the form, best practice dictates that he also should have been asked to initial the altered date. A petition and first certificate dated August 30th, which gives the hospital the authority to hold any mental health recipient involuntarily, were found in the record. The petition included assertions that the recipient had homicidal ideations and made threats toward others. The psychiatrist also referenced threatening behavior on the certificate, but did not describe any threats. The nurse who completed the petition indicated that a copy of the document was given within the required timeframe. This was also documented on the petition. The psychiatrist informed the

investigation team that rights were admonished prior to examination. No violations of Sections 5/3-208, 5/3-601 and 5/3-609 were found.

Although the recipient's record lacked a second certificate, a nurse reported that the original document was inadvertently given to the court. The record documented that a second evaluation was completed by another psychiatrist on August 28th. The psychiatrist recorded that the recipient was a danger to others. A court hearing for involuntary commitment was scheduled for September 4th, so we assume that appropriate documents had been filed and that technical issues about them would otherwise be addressed in court. According to the record, the recipient was discharged by the hospital on the following day. The HRA cannot substantiate a violation under Section 5/3-403 of the Code.

According to medication records, Paxil, Risperdal and Zyprexa were administered, but the consent form did not include the latter drug. The hospital's form indicated that the risks, benefits and side effects and other alternatives to the medications were explained. As mentioned before, there was no clear decisional capacity statement in the record. The form's statement that the patient understands the instructions and is willing to take the medication does not meet the decisional capacity statement required by the Section below. The consent was signed by the psychiatrist, but there was no space on the form for the recipient's signature.

> 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 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 …. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only [i] pursuant to Section 5/2-107 …. (405 ILCS 5/2-102 [a-5]).
>
> An adult recipient of services …. shall be given the opportunity to refuse generally accepted mental health services, including but not limited to medication or electroconvulsive therapy. 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 ham to the recipient or others and no less restrictive alternative is available. (405 ILCS 5/2-107 [a]).
>
> Upon completion of one certificate, the facility may begin treatment of the respondent. However, the respondent shall be informed of his right to refuse medication, and if he refuses, medication shall not be given unless it is necessary to prevent the

> respondent from causing serious harm to himself or others. The facility shall record what treatment is given to the respondent together with the reasons therefor. (405 ILCS 5/3-608).

The hospital's behavioral health department's procedures for administering psychotropic medication violate recipient's rights under Section 5/2-102 (a-5). The record lacked a written physician's statement that the recipient had the capacity to make a reasoned decision about the treatment before they were given. Additionally, the hospital violates its Psychotropic Medication Consent policy because Zyprexa was not included on the form although the non-emergent medication was administered to the recipient involved in the complaint. There was no clear statement that informed consent for the accepted medication was given.

The Authority does not substantiate that that the Emergency Department staff failed to follow the Code's admission process, but the recipient's rights were violated by the behavioral health staff as mentioned in the report's conclusion.

RECOMMENDATIONS

1. Ensure that rights are orally explained pursuant to Section 5/3-401 of the Code and the hospital's Voluntary Admission policy.

2. Be sure to follow the requirements of Section 5/2-102 (a-5) whenever psychotropic medications are proposed. A physician's written determination of the recipient's decisional capacity must be documented in the record.

SUGGESTIONS

1. The hospital is reminded to ensure that involuntary recipients' records include a second certificate pursuant to Section 5/3-403.

2. Include a date line on the general consent forms used for treatment and medication.

3. Update medication forms when informed consent is obtained for new medications.

4. Try to secure recipients' initials, if they are willing, whenever discharge request dates are altered on record.

COMMENT

Although the Mental Health Code does not require psychotropic medication consent forms, the Authority suggests that the hospital revise its form and include a space for recipients to sign if willing.

The hospital's Voluntary and Involuntary Admission policies erroneously state that a patient must be immediately admitted and <u>begin</u> treatment upon completion of a valid application or certificate and petition (pg. 1).

The Code's Section 5/3-400 voluntary admission process does not require recipients to begin treatment upon a valid application but allows them to refuse medications and generally accepted mental health services under Section 5/2-107 (a).

According to Section 5/3-608 of the Code, upon completion of one certificate, the facility may begin treatment of the respondent and the right to refuse medications is still in place and must be explained to the respondent.

Additionally, the HRA suggests that the hospital revise its Voluntary and Involuntary Admission policies in accordance with the above Sections.

RESPONSE

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

LITTLE COMPANY OF MARY
HOSPITAL AND HEALTH CARE CENTERS
In Pursuit of Pain-Free Health Care℠

June 5, 2008

Therese Buell, Chairperson
Regional Human Rights Authority
Guardian & Advocacy Commission
P.O. Box 7009
Hines, Il. 60141-7009

RE: HRA No. 08-040-9003

Dear Ms. Buell,

This letter serves as a response to Guardian & Advocacy Commission's report of findings, dated May 12, 2008 and received on May 21, 2008 (see enclosed cover letter marked as received) concerning the above captioned reference number.

Little Company of Mary Hospital & Health Care Centers is committed to patient rights and organizational ethics in conjunction with following the requirements of the Illinois Mental Health and Developmental Disabilities Code. Our goal is to provide quality healthcare in a safe, caring manner and to enhance patient satisfaction. We make every effort to acknowledge patient compliments and resolve patient complaints and grievances in a prompt, consistent and effective manner. We trust that has been accomplished in the issue at hand but are thankful for an opportunity to review these standards.

- Ensuring that rights are orally explained (405 ILCS 5/3-401): Our standard practice is compliance with the Mental Health and Developmental Disabilities Code. A member of the multidisciplinary staff provided assistance in facilitating the voluntary admission process. Staff receives ongoing education and we have developed a department competency test to further re-enforce department policy & procedure.

- Prescribing psychotropic medications (405 ILCS 5/2-102 (a-5)): Our standard of practice is compliance with the Mental Health and Developmental Disabilities Code which includes the physician's determination of whether a recipient has the capacity to make a reasoned decision about the treatment. The Psychotropic Medication Consent will more directly address documentation of decisional capacity. Physicians and staff will be oriented to the revision.

Once again, thank you for you're input and review of this case, including your recommendations and suggestions. Little Company of Mary Hospital & Health Care Centers is committed to patient rights and organizational ethics in conjunction with following the requirements of the Illinois Mental Health and Developmental Disabilities Code. Little Company of Mary Hospital & Health Care Centers respectfully requests that our reply be publicly reported.

Sincerely,

Mary Freyer

Mary Freyer, Chief Operating Officer
Little Company of Mary Hospital & Health Care Centers

cc: Dennis Reilly, President/CEO
Gina Knox, RN, Legal Counsel
Jane Sullivan, RN, CNO, Patient Care Services
Cindy Deuser, RN, Quality Resource Management
Joann Shere, Director, Emergency Department
Kathi Cavanaugh, RN, Director Patient Care Services
Fran Earley, RN, Supervisor, Behavioral Health Department
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