FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Vista Health Systems
Vista Medical Center East
HRA #08-100-9002

Case Summary: The HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Vista Medical Center East. In August 2007, the HRA notified Vista Health Systems of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a consumer of mental health services went to the hospital for agitation and she was almost immediately placed on a gurney and transferred to a state mental health facility. The consumer stated that she believes that staff members used her past history as a means to transfer, instead of evaluating and assessing how she was doing that day. The rights of consumers receiving services at mental health facilities are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-600 et seq.).

Background

Vista Health is a network of two hospitals in Waukegan, Vista Medical Center East and Vista Medical Center West. Vista West is a stand-alone same day surgery and treatment center, which has several locations for imaging and patient therapy. Vista East (formerly Victory Memorial Hospital) is an acute care community hospital.

Method of Investigation

With written consent, the HRA requested and reviewed the clinical record of the consumer whose rights were alleged to have been violated; the consumer was interviewed via telephone. Also reviewed were hospital policies specific to the allegations. In October 2007, the HRA conducted an on-site visit at the hospital to discuss the allegations with the Director of the Psychiatry Program, the MAT (Mobile Assessment Team) Evaluator, the Chief Nursing Officer, the Director of Quality Assurance, the Staff Psychiatrist and two representatives from an area crisis care program.

Findings

According to the clinical record, the consumer was assigned to a room in the Emergency Department (ED) at about 9:30 a.m. on July 1, 2007. It was documented that she was alert and oriented times three; her mother was at the bedside. At about 5:30 p.m., the consumer was transferred to a state-operated facility for mental health services.

At about 11:30 a.m., the consumer received a pre-admission screening evaluation from a MAT team member. The screening document indicated that the consumer had a history of schizoaffective disorder, bipolar- mixed. The consumer presented with manic features, suicidal

ideation, non-compliance with psychotropic medication, agitation, paranoia and affective lability, and she had poured bleach on her clothes to "disregard her absolute thinking." It was documented that she needed hospitalization to stabilize herself in a structured environment. The screening documented that the consumer had been to the hospital the previous day for agitation and she left before a plan could be formulated. The screening evaluation indicated that a family history could not be fully assessed.

The Certificate for immediate hospitalization, completed at 10:00 a.m., documented the above observations and included that the consumer had exhibited bizarre behavior - she poured bleach on her clothes. The Certificate documented that the consumer reported suicidal ideation with no plan. The Petition for involuntary admission, completed at 12:50 p.m. by the MAT Evaluator, mirrored the Certificate and MAT evaluation observations in that the consumer had suicidal ideation without a plan, she had poured bleach on her clothes, she had grandiose ideas, she was agitated and pacing, and she had suspicious behavior. Since the consumer arrived at the hospital voluntarily and the chart did not indicate that she wanted to leave, the HRA inquired why the Petition and Certificate were necessary. The response was that the ambulance will not transport a consumer without these documents. It was stated that once at the receiving hospital, the consumer is given the option of signing an application for voluntary admission.

Chart documentation indicated that the behavioral health services located at Vista West were contacted but no beds were available; one other area hospital was contacted but no beds were available. The consumer was subsequently transferred to a state-operated site.

At the site visit, it was explained that when a person presents at the Emergency Department with mental health needs as determined by the attending physician, the MAT evaluator is contacted and an assessment is made for disposition. When a person presents with no means of pay, the area's crisis care program is contacted to determine if that person is eligible for CHIPS funding.

CHIPS - Community Hospital Inpatient Psychiatric Services - is a contractual arrangement between a DHS (Department of Human Services)/DMH (Division of Mental Health) Regional Office and a community hospital for the purchase of inpatient care for individuals meeting eligibility criteria who are not Medicaid. The Division of Mental Health's Continuity of Care Agreement sets forth the roles, responsibilities and relationships between state hospitals, community hospitals, or providers of ongoing community mental health services for adult consumers 18 years of age and older and the Regional Office of the DMH. The intent of the agreement is to maximize the continuity of care across regional boundaries by articulating in writing the practice of pre-screening prior to entrance to the hospital as well as the practices for discharge planning and entrance/return to community mental health services. The two-way agreement is to be executed by a DMH Regional Office and a DMH Provider Agency or a community hospital providing services under a CHIPS contract with the Regional Office. The provider agency offers the following case management services: 1) information and referral linkage for triages and discharges at the hospital site; 2) linkage case management; 3) case management/or intensive case management; 4) case management activities of Assertive Community Treatment.

Hospital personnel stated that when a CHIPS determination is made, the consumer would be either admitted to the behavioral health program at Vista Health, another community hospital that accepts CHIPS funding or the state-operated facility.

At the site visit, the HRA asked if this consumer was familiar to staff; it was stated that she was not well-known and they did have some difficulty recalling her. When asked what specifically the consumer had done or what they had heard that would prove that she was a danger to herself or others, chart documentation was reviewed and they indicated that the Mental Status Examination (MSE) Findings described the presenting behaviors. The following MSE descriptors/observations/findings were circled: restless, agitated, distractible, alertness-within normal limits, pressured speech rate, speech volume within normal limits, affect elevated intensity, mood - anxious, irritable, tense, impatient, thought processes digressive, tangential, and some paranoid content was noted. The examination indicated that the consumer denied a suicidal plan

and had not given any past information, but she admitted to frequent suicidal thoughts. The patient and her mother denied any physical aggression, it was indicated that her agitation had increased with a fair amount of intensity and that she had made no threats. The examination indicated that the consumer denied impulsive behavior; she had little to no sleep during the past 2-5 days, she showed poor judgment, and she had an average intellectual function. When asked why these terms, without descriptive details, warranted hospitalization, it was stated that these are professional terms and further clarification should not be necessary to the reader as the professional realizes what is intended.

The hospital's Transfer policy stated that an external transfer is defined as moving the patient to an equal or greater level of care, i.e. another acute care hospital/medical center. The policy states in part, that patients with an emergency but stabilized condition or patients requesting transfer will receive medically appropriate transfers for services not provided by Vista Health or to a facility providing a higher level of care. In these cases no material deterioration of the patient's condition is likely, with a reasonable degree of medical certainty, to result from the transfer.

Conclusion

Pursuant to the Mental Health Code Section 3-601,"When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the facility director of the facility. (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."

Pursuant to the Mental Health Code Section 3-602, "The petition shall be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208."

Section 1-119 of the Mental Health Code defines a *Person subject to involuntary admission* as a: "(1) A person with mental illness and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future which may include threatening behavior or conduct that places another individual in reasonable expectation of being harmed; or (2) A person with mental illness and 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 outside help. In determining whether a person meets the criteria specified in paragraph (1) or (2), the court may consider evidence of the person's repeated past pattern of specific behavior and actions related to the person's illness."

The consumer was at the hospital about eight hours before she was transferred to another hospital for services; the HRA does not substantiate the complaint that a consumer of mental health services went to the hospital for agitation and she was almost immediately placed on a gurney and transferred to a state mental health facility. The only documentation concerning the consumer's past history was a note regarding her diagnosis; the HRA does not substantiate the complaint that staff members used the consumer's past history as a means to transfer.

Hospital staff members had assessed how the consumer was doing that day - she was restless, agitated, her speech was pressured and she poured bleach on her clothes to disregard her absolute thinking; the allegation that staff members had not assessed how the consumer was doing that day is unsubstantiated.

On the other hand, the HRA does not find that the documentation supported the claim that the consumer was a danger to herself or others. The documentation lacked descriptive observable behavior that the consumer had displayed prior to presenting at the ED and while she was in the ED that proved that her behavior rose to the level of needing immediate inpatient services. That is not to say that the HRA believes that the consumer did not need in-patient services, however, the documentation required more information. Additionally, the petition required to initiate the involuntary process was not completed in this case until well after the certificate. In other words, Vista certified the consumer for admission before someone petitioned her for admission and then detained her for three hours before it had the authority to do so.

Suggestions

The hospital must ensure that documentation surrounding the need for inpatient services includes a detailed statement of the reason(s) for the involuntary admission, including clinical observations, the signs and symptoms of the mental illness and a description of any acts, threats, or other behavior or pattern of behavior that supports the assertion and the time and place of their occurrences.

The hospital must also ensure that its policies accurately reflect the Code's established involuntary admission process and that all appropriate staff members are trained accordingly (405 ILCS 5/3-600 et seq.).

Comments

The HRA noted that the Acute Transfer Record documented that the consumer agreed and consented to the transfer, when in fact she was transferred involuntarily. Despite the mother being at the bedside, it was documented that the family history could not be obtained. And, the HRA noted that the Certificate did not show that the Physician had advised the consumer of her rights as an involuntary admittee *before* her evaluation began as required under Section 3-208. The HRA takes this opportunity to reiterate and expand on the above Suggestions to say that the hospital must maintain adequate and detailed records for all patients.