



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Centegra Northern Illinois Medical Center
HRA #08-100-9004

Case Summary: No evidence was found to support the claim that the nurses were unruly, in that they engaged a recipient in a struggle of wills. It was concluded that restraints were necessary to prevent harm to the recipient and/or others. It was concluded that documentation did not indicate that the recipient was unable to understand the significance of the medical treatment and give meaningful consent. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Centegra Northern Illinois Medical Center.

In September 2007, the HRA notified Centegra of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint reported that while in the emergency department (ED), a recipient of mental health services was restrained against her will and staff members would not allow her to use the restroom because she refused to provide blood and urine samples. It was also alleged that the nurses were unruly, in that they engaged this recipient in a struggle of wills. The rights of mental health recipients are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA conducted an on-site visit in November 2007. While at Centegra, the HRA interviewed a representative from Risk Management and the Executive Director of Emergency Services. The HRA was unsuccessful in its attempts to obtain an Authorization for Release of Information from the recipient identified in the allegation. Thus, masked (identifiable data removed) records were requested for all female recipients restrained in the emergency during a specific period; one record was received and reviewed. Also reviewed were hospital policies relevant to the allegations.

Background

According to the Centegra Health System web-site, "Centegra Health System was formed when Memorial Medical Center in Woodstock and Northern Illinois Medical Center in McHenry joined forces. Centegra serves the greater McHenry County region of northern Illinois and is the county's largest employer with over 3,100 Associates, 450 Physicians, and nearly 500 Volunteers. Centegra Health System has Level II Trauma Centers and Level II nurseries at both of its medical centers. In addition to Emergency Services and Obstetrics, Centegra has over 30 sites

and is recognized for cardiac care, cancer care, rehabilitation services, occupational health, behavioral health services, and Centegra Health Bridge Fitness Center."

Findings

The complaint reported that a recipient went to the hospital via ambulance and once there she did not want any medical treatment, thus she would not provide blood and urine samples. It was stated that when the recipient refused to provide the samples, the nurses became unruly and a struggle of wills ensued between the recipient and nursing personnel. The complaint stated that the recipient was so adamant about not giving the samples that she urinated in a sink.

According to the clinical record reviewed, the admission assessment documented that the recipient was transported to Centegra via ambulance. She entered the ED at about 2:30 p.m. on a gurney in restraints and it was documented that she was combative and verbally aggressive. It was documented that the recipient had apparently overdosed on alcohol and possibly unknown medications. A physician's order for restraints was immediately obtained (2:36 p.m.) which indicated that the recipient needed restraints because she was: 1) medically unsafe to be independently mobile; 2) unaware or forgetful of her own physical limitations, and 3) interfering with the vital treatments. At about 3:00 p.m., it was documented that the recipient's blood was drawn for lab work-ups and she tolerated the process well. About an hour later, it was documented that the recipient was stable but she continued to thrash and to be combative; a Foley catheter was inserted and it was documented that the recipient tolerated this procedure well. The HRA notes that the recipient was not given the option of providing the urine sample independently. The 15-minute monitoring chart indicated that during this time (3:00-4:00 p.m.) the recipient's behavior was noted to be either aggressive or restless. The recipient remained in restraints until she was transferred to a local mental health hospital at 6:00 p.m.

At the site visit, the Director stated that when an individual arrives at the ED and is obviously under the influence of drugs and/or alcohol, personnel must obtain blood and urine so that they know what is in that person's system and treat accordingly. It was stated that they will do what ever is necessary to obtain the samples. It was further stated that restraints are only used pursuant to a physician's order as a means to prevent the recipient from harming himself or others. It was pointed out that in the clinical chart reviewed for this case, the recipient entered the hospital in restraints due to her combative behavior, and the combative behavior continued once she entered the hospital.

The hospital's General Guidelines for Obtaining Consent policy states (in part) that, "It is the responsibility of the attending physician (or the physician explaining a contemplated procedure) to obtain informed consent. Obtaining documentation of the consent by patient signature on a consent form may be delegated to nursing personnel." The general rule for an adult is that a signed informed consent must be obtained from the decisional adult patient 18 years of age or over. The policy goes on to say that the exceptions to the general rule for adult patients is "if a patient is mentally or physically incapacitated such that the patient is unable to understand the significance of the medical treatment and give meaningful consent, then informed consent should be obtained from one of the following (in order of preference); guardian of the person, health care agent designated with appropriate authority, Healthcare Surrogate Act protocol. If the patient is mentally or physically incapacitated such that the patient is unable to understand the significance of the medical treatment and give meaningful consent (whether incapacitated permanently or temporarily due to medical condition or other event e.g. severe intoxication) and the incapacitated patient's health might be seriously impaired or his/her life endangered should the proposed medical care not be rendered in the immediate future, no consent is necessary for essential medical treatment, provided: that the nature and details of the medical emergency are specifically outlined in the patient's medical

record by the physician and; if there is reasonable opportunity to contact any living legal guardian or health care agent, Healthcare Power of Attorney, adult child, or spouse to make such efforts and thoroughly and clearly document those efforts in the patient's medical record and; consultation as to the necessity for rendering immediate care has been obtained where thought advisable by the attending physician."

According to the hospital's Restraints/Restraint Alternatives policy, restraint is used with a physician's order as a measure to prevent a patient from harming himself or others after all other less restrictive alternatives have been exhausted. Regarding the care of a patient in restraints, the policy states that staff are to offer a bedpan and/or urinal every two hours and as needed.

Regarding nurses being engaged in a power struggle, it was stated that staff members are to treat each recipient with respect and dignity. To monitor this, the hospital sends out surveys to its consumers to see how the stay was; should the person send back an unsatisfactory response, the hospital personnel will contact the person to follow-up. It was stated that of late, the ED has not had any complaints of nursing misconduct. It was pointed out that about five years ago, the hospital underwent a major change regarding consumer services based on one nurse's inappropriate conduct.

Conclusion

Pursuant to Section 5/2-102 of the Code, a recipient of services shall be provided with adequate and humane care and services in the least restrictive environment. Although the HRA cannot discount the allegation that the nurses were unruly, in that they engaged a recipient in a struggle of wills, no evidence was found to support the claim.

Pursuant to Section 2-108 of the Code, restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Based on the clinical record, the recipient was restrained because she was medically unsafe, she was unaware or forgetful of her own physical limitations, and she displayed combative and aggressive behavior; the HRA concludes that although she was (probably) restrained against her will, the restraints were necessary to prevent harm to the recipient and/or others; this part of the allegation is unsubstantiated.

Pursuant to the Mental Health and Developmental Disabilities Code, 5/2-107, a recipient shall be given the opportunity to refuse generally accepted mental health services, including but not limited to medication. If the services are refused, it can only be given in an emergency situation to prevent harm to the recipient or others. Pursuant to hospital policy, if the patient is mentally or physically incapacitated such that the patient is unable to understand the significance of the medical treatment and give meaningful consent (whether incapacitated permanently or temporarily due to medical condition or other event e.g. severe intoxication) and the incapacitated patient's health might be seriously impaired or his/her life endangered should the proposed medical care not be rendered in the immediate future, no consent is necessary for essential medical treatment, provided: that the nature and details of the medical emergency are specifically outlined in the patient's medical record by the physician and; if there is reasonable opportunity to contact any living legal guardian or health care agent, Healthcare Power of Attorney, adult child, or spouse to make such efforts and thoroughly and clearly document those efforts in the patient's medical record and; consultation as to the necessity for rendering immediate care has been obtained where thought advisable by the attending physician.

The HRA concludes that the physician's order, simply saying that the recipient was *medically unsafe and a treatment risk*, did not show documented evidence that the patient was unable to understand the significance of the medical treatment and give meaningful consent. And, documentation did not provide the nature and the details of the medical emergency, proving that the patient's health might be seriously impaired or his/her life endangered should the proposed medical care not be rendered in the immediate future.

Furthermore, the recipient was subject to two invasive procedures without at least one documented attempt at getting her consent, any documentation to show her apparent inability to provide consent for these procedures, or any documentation to show that an attempt was made to

contact a legal agent for the consent. And, we cannot dismiss the ED Director's statement that nursing personnel will do whatever is necessary to obtain the necessary bodily fluids. The allegation is substantiated.

Recommendations

1. The ED must understand that mental health patients are not automatically rendered incapable of making treatment decisions and that they still drive their treatment course based upon informed consent, unless it is determined that there is an emergency and the person lacks decisional capacity. Documentation must state the same.
2. Hospital Administration must instruct all physicians and other hospital personnel that the record must clearly reflect the emergent to override treatment refusals, and hospital policy must be followed in those situations.

RESPONSE

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

April 4, 2008

Via Certified Mail: 7006 3450 0001 5883 2923

Kori Larson – Chairperson
North Suburban Regional Human Right Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016

RE: HRA #08-100-9004

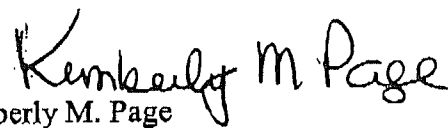
Dear Ms. Larson,

Centegra Medical Center – McHenry has received the report of findings resulting from your investigation in February 2008. We respectfully request that our response herein be made available to the public.

Documentation is recognized as a critical component of patient care and to this end, we dedicated our January 2008 staff meeting to a presentation on same by our Quality/Risk Department. We will specifically address the issue of documentation of consent, decisional capacity, and refusal of treatment/consent at the March 2008 staff meeting with specific education regarding the recommendations brought forth in your report. We will provide this same information to our Medical Staff at the April 2008 meeting.

Please feel free to contact me should you need any further information.

Very truly yours,


Kimberly M. Page
Administrative Affairs
Centegra Health System