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North Suburban Human Rights Authority
Report of Findings
Edward Hospital
HRA #08-100-9015

Case Summary: The hospital has policies and procedures in place that address the mandates for the employment of restraints as well as procedures to assess the needs/disposition of a person in need of mental health services. 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 Edward Hospital. In February 2008, the HRA notified Edward of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that while in the Emergency Department (ED), a recipient of mental health services was restrained without cause, that he was in a locked room for hours without staff monitoring and he was unable to use the restroom. It was also alleged that a subsequent admission to a behavioral health hospital was given under duress and without informed consent. If found substantiated the allegations would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-108, 5/3-400 and 5/3-401).

The HRA conducted an on-site visit in March 2008. While at Edward, the HRA interviewed the Director of Accreditation and Licensure and the Executive Director of Emergency Services. A subsequent visit was conducted at a nearby behavioral health hospital at which time the Director of the Intake Department was interviewed. The HRA was unsuccessful in its attempts to obtain an Authorization for Release of Information from the recipient identified in the allegation. The HRA reviewed hospital policies relevant to the allegations.

Background

According to the Edward Hospital web-site, Edward Hospital is a 311-bed, full-service medical center. It is located on a 50-acre campus just south of downtown Naperville. Edward Hospital offers everything from experienced primary care to the latest diagnostic and treatment procedures. The clinical services are delivered by physicians and staff who are leaders in their field. The emergency department has consistently scored in the top 5 percent in the country in patient satisfaction. It is a Level II Trauma Center with more than 70,000 visits a year.

Findings

According to the hospital's policy on restraints, restraint use is limited to those situations where there is appropriate clinical justification, based on the assessed needs of the patient, to protect the patient from harming himself/herself or others. In all cases, the least restrictive method of restraints will be used in a humane and therapeutic manner to preserve the patient's rights, dignity and physical and emotional well-being. The policy states that when observing a patient in behavioral restraints, the patient is to be monitored every 15 minutes or more frequently if the patient's

condition warrants. Circulation and skin condition are observed every 15 minutes, and the opportunity for range of motion is provided every 15 minutes. Patients in both restraint and seclusion will be continually monitored face-to-face by an assigned staff member. Patients requiring only seclusion will be continually monitored by staff. The patient's need for hydration, nourishment, and toileting as well as emotional support is assessed every 15 minutes, unless sleeping.

At the site visit, the Director of the ED stated that the hospital sees approximately 7-8 patients with behavioral health problems per day. It was stated that restraints are used only after alternate strategies (family member at bedside, strategies that have worked in the past), are explored. It was stated that a patient in restraints is monitored by an RN, PCT (Patient Care Technician), or Public Safety Officer. Either the RN or the PCT physically checks the patient every 15 minutes and documents the observation in the Restraint Record. The Public Safety Officer assists in the application of the restraints and has visual and auditory monitoring capabilities of the room at all times. There is also a video monitor at the nurse's station – although there is no specific person assigned to constantly monitor this.

It was stated that when the patient needs to use the bathroom, the Public Safety Officer and the PCT escorts him/her to and from the nearby facilities. The Director explained that such patients can generally be managed in the seclusion room without the need for physical restraints.

The HRA was given the following Emergency Department restraint statistics for January through December 2007:

Total ED visits	73,465
Total ED Behavioral Health Referrals (Services provided by Linden Oaks)	2,496
Total number of restraints	425
Restraint rate per 1000 ED Patient visit	5.8

The HRA also requested and received the education materials for the ED and the Security Department regarding caring for those with behavioral health needs. The hospital sent the HRA materials on the Emergency Department Skills Days conference, held February 28, March 3, 13 and 25, 2008. The training focus was treatment of those with mental illness, and included de-escalation education, restraints, seclusion and patient rights, maintaining safety, etc. Also sent were the CPI (Crisis Prevention Institute) Nonviolent Crisis Intervention Training Program workbook and the Basic and Advance Training Manual and Study Guide for Healthcare Security Officer. It was offered that the ED has ongoing training to equip caregivers with the necessary skills to care for the special needs of the behavioral health population. The security department also receives extensive training focusing on safety and effectively interacting with patients. Security staff are included in all ED training opportunities, and, all security staff are required to complete training to achieve basic certification from the International Association for Healthcare Security and Safety. All lead security officers are required to achieve advance certification from this association.

Regarding the allegation that a subsequent admission to a behavioral health hospital was given under duress, it was stated that the ED has a close relationship with Linden Oaks at Edward, which is their sister on-campus Behavioral Health institution, and the Behavioral Health professionals from that institution manage the transfer of these patients to their site when applicable.

In discussing this matter with the Intake Manager from the behavioral health hospital, he explained that when the Intake Department receives a call from Edward Hospital ED, the goal is to respond to the call within thirty minutes. It was stated that the Intake Department has thirty-two

trained intake staff workers. These workers see about six to eight patients a day in the ED at Edward Hospital.

When the Intake Worker arrives at the hospital he/she obtains information from the attending Medical Physician and attending RN. The Worker performs an assessment of the patient by talking with the patient and any family member that may be present- with consent obtained from the patient. The Intake Worker then calls the Psychiatrist to obtain treatment recommendations, which are then shared with the ED MD. If the recommendation is for in-patient hospitalization, a petition and certification for involuntary admission are completed since the ambulance service will not transport the patient without these completed documents. The Intake Worker will discuss the process with the patient - including the need for the petition and certificate and information is given regarding a voluntary admission. Once the patient reaches the behavioral health hospital, the admission process begins, which includes the opportunity to complete a voluntary application for admission. A review of the voluntary application showed that it contains the mandates set by the Mental Health Code and per the Director, a copy is given to the consumer.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-108, "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Restraint shall be employed in a humane and therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The qualified person shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others... A recipient who is restrained may only be secluded at the same time pursuant to an explicit written authorization as provided in Section 2-109 of this Code. Whenever a recipient is restrained, a member of the facility staff shall remain with the recipient at all times unless the recipient has been secluded. A recipient who is restrained and secluded shall be observed by a qualified person as often as is clinically appropriate but in no event less than every 15 minutes."

Pursuant to the Mental Health and Developmental Disabilities Code, Section 3-400, "Any person 16 or older may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director deems such person clinically suitable for admission as a voluntary recipient."

Pursuant to the Mental Health and Developmental Disabilities Code Section 3-401, "The application for admission as a voluntary recipient may be executed by: 1. The person seeking admission, if 18 or older; or 2. Any interested person, 18 or older, at the request of the person seeking admission; or 3. A minor, 16 or older, as provided in Section 3-502."

The written application form shall contain in large, bold-face type a statement in simple nontechnical terms that the 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 a 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."

Since the HRA was unsuccessful in its attempts to obtain an Authorization for Release of Information from the recipient identified in the allegations, there is no way to prove or disprove the allegations presented. The hospital has policies and procedures in place that address the mandates for the employment of restraints as well as procedures to assess the needs/disposition of a person in need of mental health services.

The HRA does take this opportunity to suggest that the restraint policy be amended to show that whenever a recipient is restrained, a member of the facility staff will remain with the recipient at all times unless the recipient has been secluded. It is also suggested that the Intake staff be cognizant that the admission process can create

confusion in the mind of the recipient as to whether they had a choice or not with regards to their Linden Oaks admission.