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North Suburban Human Rights Authority  
Report of Findings  
Linden Oaks at Edward  
HRA #08-100-9016

Case Summary: It was concluded that the consumer received emergency medication and was placed in restraints to prevent harm to himself or others; the allegation was unsubstantiated. The chart did not indicate a communication restriction; the allegation was unsubstantiated. 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 Linden Oaks at Edward. In February 2008, the HRA notified Linden Oaks of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint investigated was that an adult recipient of services was unjustly placed in restraints and, without cause given an injection of medication. It was also reported that the consumer received an unjust communication restriction. If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-108, 5/2-102, 5/2-107, 5/2-103).

To pursue this investigation, the HRA requested masked (identifiable data removed) clinical records for all male consumers placed in restraints during a specific period; one record was received and reviewed. Also reviewed were Linden Oak's communication, medication and restraint policies. The HRA conducted an on-site visit in June 2008. While at Linden Oaks, the HRA discussed the allegations with the Manager of the Adult Inpatient Program, the Director of Risk Management and the hospital's legal counsel

**Background**

Linden Oaks Hospital at Edward, located in Naperville, provides psychiatric care for adults and adolescents. They specialize in eating disorders, alcoholism, depression, self injury and anxiety in both inpatient and outpatient settings.

**Findings**

The clinical record revealed data on a male consumer admitted on September 23, 2007 due to suicidal ideation. On September 26, 2007, progress notes documented that the consumer was agitated, he was banging his head against the wall and he was threatening staff members. It was further documented that he threatened to throw a chair through a window, tipped a table over and he tried to leave the unit. According to the notes, staff members attempted to redirect the consumer and he was offered medication to help him gain control. He was also encouraged to walk to the Quiet Room to help de-escalate. He refused to walk to the quiet room and medication was

given intramuscularly. He was then placed in restraints due to being a danger to himself and others. The chart contained a completed Behavioral Restraint Flow sheet, indicating that the consumer was monitored as mandated by the Mental Health Code; he was released from restraints within two hours. The chart also contained a physician's order for the restraint and a Restriction of Rights Notice; it is noted that no one was designated to be notified. The chart did not contain the consumer's emergency preference and did not contain a Restriction of Rights Notice for the emergency medication.

The hospital's Restraint policy states (in part) that restraints are not to be used as a means of punishment, coercion, retaliation, discipline or for the convenience of staff. Restraints are used as a last resort to help the patient reestablish control of his behavior.

The hospital's policy for the Administration of Emergency Medication without Patient Consent states (in part) that its purpose is to provide a safe and secure environment for the patient and to protect him/her and others from harm. The policy states that medication may be given without consent in the event of an emergency when the patient is at risk of serious harm to self or others.

Regarding the allegation that the consumer was placed on an unjust communication restriction, the chart did not show any communication restriction. The hospital's Patient Telephone Use policy states (in part) that telephone use may be suspended with a physician's order or clinical indications and that it requires a restriction of rights notice.

At the site visit, hospital staff members stated that restraints are only used to prevent a consumer from imminent danger to self or others and that restraint use is about less than one per month. The restraint log is reviewed daily and each use of restraints is immediately audited. Regarding medication being given against the will of the consumer, it was stated that medication is given only in an emergency situation and the consumer receives a Restriction of Rights Notice.

In discussing the allegation that a consumer received an unjust communication restriction, hospital personnel could not recall the last time someone was placed on a communication restriction - it was stated that this is just something that does not happen often. Should a restriction be necessary, a physician's order must be obtained and the consumer would receive a Restriction of Rights Notice for the restriction.

### **Conclusion**

Pursuant to the Mental Health Code (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." Pursuant to Section 2-102 of the Code, "In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan." Section 2-107 of the Code states that "An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy." Section 2-103 of the Code states that "A

recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation."

It is concluded that the consumer received emergency medication and was placed in restraints to prevent harm to himself or others; the allegation is unsubstantiated. The chart did not indicate a communication restriction; the allegation is unsubstantiated.

The chart lacked essential documents as mandated by the Mental Health Code - specifically the consumer's emergency intervention preference, if any, and a Restriction of Rights Notice for the emergency medication. Thus, it is suggested that the hospital consider the views of the consumer concerning emergency interventions and note the preference in the consumer's treatment plan. It is also recommended that staff members ensure that when medication is given in an emergency situation, a Restriction of Rights Notice is completed. The hospital's Administration of Emergency Medication without Patient Consent policy should also state this procedure.