



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Linden Oaks at Edward
HRA #08-100-9023

Case Summary: The HRA found nothing to support the claim that a consumer was threatened by another consumer and harassed by staff members for not taking her medications; the allegation was unsubstantiated. It was concluded that consumers' 1-3 received emergency medication and were placed in restraints to prevent harm to self or others; the allegation that an adult recipient of services was unjustly placed in restraints and, without cause given an injection of medication was unsubstantiated. The HRA's public record on this case is recorded below.

Introduction

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 was threatened by another consumer and harassed by staff members for not taking her medications. 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 5/2-201).

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.

Investigative Methodology

The HRA conducted an on-site visit in June 2008. While at Linden Oaks, the HRA discussed the allegations with the Manager of the Inpatient Program, the Director of Risk Management and an attorney who represents the hospital. The HRA requested masked (identifiable data removed) clinical records for all adult females restrained during a specific period; four records were received and reviewed. Also reviewed were policies specific to the allegations.

Findings

In record #1, the consumer was admitted on January 11, 2008. She was placed in restraints at the time of the admission Intake. Progress notes documented that she became assaultive to the Case Worker, she pushed her Mother into a wall and she banged her head against the wall causing a nose bleed. She was in restraints for less than an hour and during that time she willingly took medication to help her calm down. The chart contained a physician's order for the restriction and a completed Restraint Flow sheet. The completed Restriction of Rights Notice had a section to indicate the consumer's emergency preference - it was documented that no preference was indicated since the initial nursing assessment had yet to be completed. The Notice documented that the consumer did not want anyone notified of the restriction.

About a week later, this consumer was again placed in restraints. Progress notes documented that during a family session, the consumer was kneeling in front of her mother holding her and refused to let go; once she let go of her mother it was documented that she began to yell, thrash her legs and arms, she started to bang her head and she spit at staff. The consumer was then given medication intramuscularly after refusing to take medication orally. She was subsequently placed in restraints for about an hour and fifteen minutes. The chart contained a physician's order for the restriction and a completed Restraint Flow sheet. The Restriction of Rights Notice for the restraint restriction documented that the emergency preference was not used because it had not been stated on the initial admission form; the treatment plan did not contain the consumer's emergency intervention preference. The Notice documented that the consumer did not want anyone notified of the restriction. This record indicated that the consumer was medication compliant during her hospitalization. There was no documentation indicating that during the hospitalization, the consumer was threatened by another consumer and was harassed by staff members for not taking her medications.

In record #2, the consumer was admitted on January 22, 2008. When she arrived at the unit it was documented that she attempted to jump off the gurney; she was screaming and physically and verbally assaultive toward staff members. She was given medication intramuscularly (without choice) and placed in restraints. The chart contained a physician's order for the restraint restriction and a completed Restraint Flow sheet. The Restriction of Rights Notice did not contain a Section to indicate the consumer's emergency preference; it did show that the consumer wished no one to be notified of the restriction. The treatment plan did not contain the consumer's emergency intervention preference. There was no documentation indicating that during the hospitalization, the consumer was threatened by another consumer and was harassed by staff members for not taking her medications.

In record #3, the consumer was admitted on January 19, 2008. On January 22, 2008, progress notes documented that the consumer was in the cafeteria and cut herself with a plastic knife, breaking the skin. She was placed in restraints for a little over an hour. The chart contained a physician's order and a completed Restraint Flow sheet. The Restriction of Rights Notice for the restraint restriction was in the chart; the section regarding the consumer's emergency intervention preference was blank. The consumer wished that no one be notified of the restriction. The treatment plan did not contain the consumer's emergency intervention preference. There was no documentation indicating that during the hospitalization, the consumer was threatened by another consumer and harassed by staff members for not taking her medications.

Record #4 revealed data on a female admitted on January 28th, 2008; the discharge summary document indicated that she did not require any "as needed" medication or restraints

during her hospitalization. There was no documentation indicating that during the hospitalization, the consumer was threatened by another consumer and harassed by staff members for not taking her medications. There was no indication on this consumer's treatment plan that her emergency preference was documented.

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 consumer reestablish control of his behavior.

The hospital's policy for the Administration of Emergency Medication without Consumer Consent states (in part) that its purpose is to provide a safe and secure environment for the consumer 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 consumer is at risk of serious harm to self or others.

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 once 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.

Regarding the allegation that staff members harassed a consumer about taking medication, hospital personnel reviewed with the HRA the response when a consumer refuses to take medication. It was explained that the staff will talk to the consumer to discuss the reason for the refusal and staff will attempt to convince the consumer to take the medication. If the consumer still refuses, then the refusal is documented in the consumer's record and the consumer's physician is informed. When asked what would happen when the consumer was due for the next dose of medication that they had previously refused, the staff stated that as long as the physician had not cancelled the order, they would again ask the consumer if they were now willing to take the medication – and again inform the physician if the consumer refused. Hospital personnel stated that it was up to the physician to cancel the medication order and/or try other medical therapies. The staff stated that each consumer has the right to refuse medication and the refusal is honored unless the medication is necessary in an emergency situation.

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 2-201 states (in part) that "Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefore to the recipient."

The HRA found nothing to support the claim that a consumer was threatened by another consumer and harassed by staff members for not taking her medications; the allegation is unsubstantiated.

It is concluded that consumers' 1-3 received emergency medication and were placed in restraints to prevent harm to self or others; the allegation that an adult recipient of services was unjustly placed in restraints and, without cause given an injection of medication is unsubstantiated.

But, 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 medications. 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 suggested 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 Consumer Consent policy should also state this procedure.

Comment

The HRA realizes that staff members must offer the consumer the prescribed medication until that medication has been discontinued by the physician. The consumer might have repeated refusals of the medication and might well consider the continued offers as "harassment". Although the Physician is informed of medication refusals, Physicians should be made aware of the potential for the repeated offers causing more harm than good, and that a cancellation of the order and another approach may well be indicated sooner than later.