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**HUMAN RIGHTS AUTHORITY- CHICAGO REGION**

**REPORT 09-030-9012**  
**Swedish Covenant Hospital**

**INTRODUCTION**

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Swedish Covenant Hospital. It was alleged that the facility did not follow Mental Health Code procedures when it did not allow a recipient to be seen by a physician for several days after her admission, and denied her a request for discharge. If substantiated, these allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et. seq.) and hospital policies.

Swedish Covenant Hospital is an independent, nonprofit teaching hospital under the auspices of the Evangelical Covenant Church, and it incorporates a 31-bed Behavioral Health Unit.

To review these complaints, the HRA conducted a site visit and interviewed the Assistant General Counsel, the Behavioral Health Nurse Manager, and the Director of Nursing. Relevant program policies were reviewed as were the recipient's records upon written consent. The recipient is an adult.

**FINDINGS**

The record shows that the recipient was receiving mental health treatment in the community when her therapist petitioned her for involuntary admission to Swedish Covenant Hospital on 10/26/07 at 1:30 p.m. She was taken by ambulance to the emergency department with the petition which stated, "The client reports that she has slept less than 7 hours in the last week. She reports that she stays up all night tearing at her skin with tweezers. She reports that she has been off meds (Zoloft and Adderall) for five days. The client has also been driving under the influence of Oxycontin. The client is a danger to herself and others and in need of immediate hospitalization." The first certificate, completed by the social worker, is included with the petition and states, "The client is a danger to self or others due to driving under the influence of pain medication and appearing incoherent. She is self-injuring for several hours - has slept 7 hours in the last week." The Intake Face Sheet states, "Client recently moved from Los Angeles to Chicago. She says she suffers from depression, anxiety, and has OCD [Obsessive Compulsive Disorder], which makes her 'germ phobic' and 'agoraphobic' under stress.

Her appetite and sleep are poor. No thoughts of hurting her self or others. History of hospitalization: several hospitalizations from 1996 through 2002 in Pasadena, CA for SI [Suicide Ideation], depression, self-injury, and OCD."

On 10/26/07 at 7:40 p.m. while still in the emergency department the recipient signed an application for voluntary admission. Attached to this application is the form titled, Rights of Voluntary Admittee, informing recipients that they have the right to be discharged within 5 days after a written request. Also included in the record is the Rights of Individuals Receiving Mental Health and Disabilities Services form and an RN has certified that these rights were explained to the recipient and that she was provided a copy of them. The recipient also signed this form. There is also a general consent for services form that is signed by the recipient and another form that indicates that the recipient has received the Statement of Patient Rights and Responsibilities, Patient Health and Safety, and Procedure for Initiating a Concern Regarding Quality of Care, which is also signed by the recipient.

Hospital representatives were interviewed regarding the admission process. They stated that there is a separate section of the emergency department for those who may need psychiatric assessment and the decision to order this assessment is completed by the crisis team physician. For those patients who are taken to the emergency department on a petition and certificate, the psychiatrist from the Behavioral Health Unit always completes the second certificate. Staff from the Behavioral Health Unit are called to the emergency department and offer the recipient the option to sign in voluntarily if they are deemed to be suitable for voluntary admission. At this time, staff explain the rights of recipients both verbally and in writing, and they are given a copy of their admission forms. Should recipients decide they no longer wish to remain on the unit, recipients are able to ask any staff on duty for a request for discharge at any time.

Hospital representatives also presented documentation of physician visitation for the recipient's period of hospitalization. It showed that the recipient was seen by the Emergency Medicine physician on 10/26/07, evaluated by her Psychiatrist on 10/27/07, and seen by her Psychiatrist each day she was hospitalized except for 10/28/07, when her physician called in and spoke with her nurse regarding the recipient. All the patient's visits with her physician are documented in Psychiatrist Progress Notes which were presented to the HRA with written permission of the recipient.

Progress Notes from 10/29/07 indicate that the recipient had signed a request for discharge: "Pt. has spent most of shift in her room. Claiming to be unable to be around peers or attend groups because she is higher functioning. Pt. focused on discharge. Signed request for discharge. Dr...aware...." The following day, 10/30/07, the physician includes in his notes the discussion of discharge, "Discussed with Dr...and the staff. I also called her social worker and therapist over at .... The patient eluded to the fact that her therapist was in full support of her leaving immediately, that our unit was only causing some problems or harm for her, and she did not need to be here: this was not for her. However, on speaking with her therapist, this is not the case. The patient tends to portray herself as a victim. There is splitting involved. She was very labile when the social worker saw her, she felt that she was about ready to decompensate and she is not ready for discharge at this time." The record contains a Request for Discharge form signed by the recipient on 10/29/07 at 10:25 a.m.

According to the record the recipient was discharged to her home on 10/31/07.

### STATUTORY BASIS

The Mental Health Code states that when a person is asserted to be in need of immediate hospitalization, any person 18 years of age or older may complete a petition (5/3-601). The petition is to be accompanied by the certificate of a physician, qualified examiner, or clinical psychologist stating that the recipient is in need of immediate hospitalization. It must also contain the examiner's clinical observations and other factual information that was relied upon in reaching a diagnosis, along with a statement that the recipient was advised of his right to not speak to an examiner (3-602). Upon completion of one certificate, the facility may begin treatment, however at this time the recipient must be informed of his right to refuse medication (3-608).

The Mental Health Code mandates that within 72 hours after the recipient's admission, a mental health facility shall provide or arrange for a comprehensive physical examination, mental examination, and social examination (3-205.5). These examinations are to be used to determine whether some program other than hospitalization will meet the needs of the recipient.

The Mental Health Code also allows for voluntary admission for those recipients who are suitable (5/3-400). The voluntary application must contain in large, bold face type a statement in simple terms that the recipient may be discharged at the earliest appropriate time, not to exceed 5 days, after giving written notice of her desire to be discharged. The recipient can only be held for more than 5 days if a petition and certificate are then filed with the court (3-401).

### HOSPITAL POLICY

Swedish Covenant Hospital provided policy regarding psychiatric care from their Medical Staff Rules and Regulations. In this set of policy it states that "All patients with an acute psychiatric disorder (causing the patient to be dangerous to self, dangerous to others or incapable of safe self-care) admitted for emergency care or those who develop such a disorder while hospitalized for other reasons will be managed as follows: ...A psychiatric consultation shall be requested immediately." It also states that "A primary care physician or AHP with appropriate privileges shall perform a history and physical examination within 24 hours from admission unless previously done by an Emergency Medicine physician. The attending psychiatrist shall perform an initial psychiatric assessment within 24 hours from admission."

Swedish Covenant Hospital provided hospital policy titled "Request for Discharge for Voluntary Patient" #63 which states, "The Voluntary patient may request discharge at any time during hospitalization. The Voluntary patient has the right to either be released by the attending psychiatrist within 5 working days from the time the patient puts the request in writing or the psychiatrist begins the commitment procedure."

### CONCLUSION

The recipient in this case was properly petitioned and certified for involuntary admission to Swedish Covenant Hospital. Later, while still in the emergency department, she was deemed suitable for a voluntary admission and she completed this form along with other procedural documents that indicated she was informed of and understood her rights as a recipient. We

cannot determine from the record when the recipient requested the form for her request for discharge, however her signed Request for Discharge is dated 10/29/07 at 10:25 a.m., the same day that it is referenced in the Progress Notes and her psychiatrist's notes. Since she was discharged on 10/31/07, her rights appear to have been honored. The record also substantiates that she received her evaluation and daily visitation from her psychiatrist in accordance with the Mental Health Code and hospital policy.

The HRA does not substantiate the complaint that the facility did not follow Mental Health Code procedures when it did not allow a recipient to be seen by a physician for several days after her admission, and denied her a request for discharge.