



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Elgin Mental Health Center
HRA #09-100-9004

Case Summary: The HRA did not substantiate the allegations presented. 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 Elgin Mental Health Center (EMHC), Forensic Treatment Program, Unit H. In August 2008, the HRA notified EMHC of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The following complaints were accepted for investigation: a consumer was not receiving proper medication, in that the dosage of the medication was not correct and the inhaler did not dispense the medication correctly. It was also reported that the consumer requires six small meals a day to help manage her diabetes, but she must abide by the three large meals a day.

The rights of consumers receiving services at EMHC are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

To pursue this investigation, the HRA reviewed, with written authority, a portion of the clinical record (June and July 2008) of the consumer whose rights were alleged to have been violated. An on-site visit was conducted in October 2008, at which time the allegations were discussed with the consumer's Physician. The consumer was also interviewed via telephone; she had been discharged by the time of the site visit.

Background

Consumers receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

Findings

The consumer reported that she has Lupus and needs 10 mg. (milligrams) of Prednisone and that she is only receiving 5 mg. She also reported that the inhalers were defective, in that most of the medication went into her mouth and not her lungs. Lastly, the consumer reported that she requires six meals a day due to her diabetes, and she receives three large meals a day instead.

According to the clinical record, the consumer is a 69-year-old female admitted to EMHC's Forensic Treatment program on June 26, 2008. She had previously been diagnosed with Bronchial Asthma and Chronic Obstructive Lung Disease (COPD). At admission, this status was confirmed by a chest X-Ray and pulmonary function tests. The record noted that she had a history of Diabetes Mellitus (DM), and had a mastectomy of the right breast. The record also noted chronic Lupus Disease, a questionable history of seizures, chronic dry skin (ichthyosis) on her legs and she had undergone abdominal surgery on her pancreas.

At the time of admission, the consumer's medication regime included: Metformine (treatment for Type II diabetes); Prednisone 5 mg. (oral steroids) for asthma and Lupus, an oral inhaler for asthma, and an oral inhaler for the COPD.

At the site visit, the physician stated that he continued her on the medication that had been prescribed prior to admission. The physician explained that if the pharmacy at EMHC did not have the proprietary medication that she had been taking prior to her admission, he would substitute the same medication from a different company – or a generic medication – according to what was on the facilities pharmacy drug list. He said that he used the “Medication Reconciliation Form” to check that she was receiving the appropriate medication. (This is a standardized method used by medical professionals to reconcile the medications that the patient is taking with the current needs of the patient.)

The physician recalled that he had prescribed an inhalation medication – Beclomethasone – for her asthma; the inhaler was to be used twice a day. In addition she received Ipratropium Bromide inhalations four times a day for her COPD. In addition, Vaseline Ointment was ordered for the skin lesions on her legs. The physician stated that he also performed blood tests – ANA (antinuclear antibody test used to diagnose autoimmune disorders such as systemic lupus), C-reactive protein (blood test that measures the amount of C-reactive protein) and RBC sedimentation rate (a blood test that measures the red blood cells) to determine the activity of her Lupus. These tests showed that the Lupus was in remission and controlled on the Prednisone; thus he maintained her on the 5 mg dosage.

Regarding her DM, the physician stated that this was managed by monitoring her blood sugar and by checking her Hemoglobin (HbA, C). The blood sugar gives an instant check on the sugar level in the blood and the HbA, C gives a record of how the sugar level has been maintained over time. The physician stated that he controlled her blood sugar by means of an oral hypoglycemic agent – Metformin - and a sliding scale of Insulin. Until he was able to control her DM with the Metformin 500mg orally, the amount of Insulin given was determined by the current level of the blood sugar. It was explained that there was also a need to balance the amount of steroids – which has a side effect of raising the blood sugar - with the amount of the Metformin used to keep her blood sugar low. The above verbal information is confirmed in the record.

With regards to the complaint that the inhaler was not working correctly, the physician explained that when the consumer takes these inhaled medications, she is given the inhaler by the nursing staff who then observe the consumer taking the medication. And, had any malfunction occurred, the staff would have recorded it. The HRA notes that there is no documentation of any

malfunction in the medical record, and the physician did not recall the consumer ever complaining to him about any such difficulties.

The physician stated that the consumer did request six small meals a day instead of the three that is typically given. He said that her DM could be managed on the three meals a day regime, but that he did supplement them with two snacks – one in the morning and one at night. In his opinion, it was easier to manage her DM on the three a day meals, but he nevertheless ordered the snacks. The chart contains the orders from the physician for the additional snacks and the chart documented that the consumer received nutritional counseling shortly after admission.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, a recipient of services shall be provided with adequate and humane care and services in the least restrictive environment. Based on the information obtained, the HRA concludes that rights were not violated.

RESPONSE

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

Rod R. Blagojevich, *Governor*



Carol L. Adams, Ph.D., *Secretary*

Division of Mental Health - Region 2
Elgin Mental Health Center — Singer Mental Health Center

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

November 24, 2008

Mr. Dan Haligas, Chairperson
North Suburban Regional Human Rights Authority
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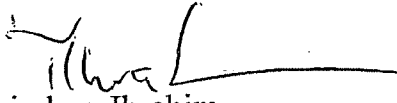
RE: HRA #09-100-9004

Dear Mr. Haligas:

Thank you for your thorough review of this allegation. I am pleased that your review concluded that no possible rights were violated. As always, our goal is to provide the highest possible medical care to our consumers.

I would request that this response be attached to the report and be included with any public release of your Report of Findings.

Sincerely,



Tajudeen Ibrahim,
Acting Hospital Administrator

TI/JP/aw

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