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North Suburban Human Rights Authority
Report of Findings
Advocate Good Samaritan Hospital
HRA #09-100-9023

Case Summary: the HRA did not substantiate the allegations presented. 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 Advocate Good Samaritan Hospital. In January 2009, the HRA notified Good Samaritan Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints accepted for investigation were that staff members were rude and abusive; a recipient fell and she received insufficient medical attention; and that recipients on the unit seem to be unduly encouraged to receive ECT (electroconvulsive therapy.)

If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Background

Advocate Good Samaritan Hospital is a leading provider of health care services in DuPage County. Good Samaritan is part of Advocate Health Care, one of the top health care systems in the country and the largest fully integrated health care delivery system in Illinois according to its website. Advocate Good Samaritan, located in Downers Grove, is a 340-bed hospital. The focus of this investigation was the in-patient Behavioral Health program which has 36 beds and a nine-day average length of stay.

Investigative Methodology

The HRA conducted an on-site visit in March 2009. At the visit, the HRA discussed the allegations with the Director, Behavioral Health and Professional Services; a Clinical Nurse Specialist, Behavioral Health Services; the Manager of In-patient Behavioral Health Services; the Manager of Out-patient Behavioral Health Services and a Clinical Nurse Specialist for ECT. The HRA requested and reviewed the entire clinical record of the adult whose rights were alleged violated, with written consent. Also reviewed were hospital policies specific to the allegations. The HRA interviewed three persons receiving in-patient services.

***Allegation: some staff members were rude and abusive*.**

Findings

The clinical record revealed data on an adult female voluntarily admitted to the hospital on August 8, 2008. It was documented that the recipient had a long-standing history of schizophrenia.

At the site visit, staff members described the recipient as delusional and that the staff spent a lot of time trying to orient her to reality. It was also stated that the recipient was unduly concerned with the care of other patients, in that she would interject herself into hallway conversations between other patients and professional staff. Staff members would need to interrupt the recipient at these times or instruct her not to get involved in certain things and sometimes limits would be set. It was explained that sometimes staff would need to be firm with the recipient in these “setting limits” situations. The staff at the site visit suggested that this firmness was a reason why the recipient might have perceived them to be rude or abusive. A review of the chart showed nothing to indicate that this recipient was getting into the business of others.

In response to an HRA question about staff training, it was offered that staff members receive annual CPI training. Crisis Prevention Institute is an international training organization that specializes in the safe management of disruptive and assaultive behavior. CPI provides safe behavior management, best practices and innovative resources to professionals who are committed to creating safe and respectful work environments. Crisis prevention training includes setting limits and deescalating conflict situations.

Should a recipient wish to file a grievance during the hospitalization, the hospital has a consumer and family advocate on the behavioral health unit and a patient advocate for the general hospital. The unit holds twice-daily community meetings that provide patients with the opportunity to bring up issues of concern. During the site visit, the HRA asked that the advocate department be contacted to see if this recipient had contacted them during her stay; she had not contacted anyone within the hospital to voice her concerns.

In discussing this allegation with the recipients receiving services, each recipient gave staff members' high praise. Each recipient stated that they were treated with respect and that staff members try to accommodate each request made by the recipient promptly and without prejudice.

The hospital's **Conflict, Resolution of Patient Care** policy states that it is the policy of Advocate Good Samaritan Hospital to assist patients and their surrogates, families, physicians, and other members of the health care team in efforts to resolve conflicts that arise in the course of patient care. The primary obligation of Advocate Good Samaritan physicians and employees is quality patient care. Patient rights, as enumerated in the Advocate Statement of Patient Rights and the integrity of the physician-patient relationship are primary values that guide the conflict resolution process.

The hospital's **Ethics Statement** states that hospital personnel will "care for patients throughout the continuum of care on the basis of medical judgment and with due consideration for their personal preferences, without regard to how we are compensated. We will safeguard the patient's right for access to protective services, including guardianship, advocacy, conservatorship, and child or adult protective services."

The hospital's **Conflict, Resolution of Patient Care** policy states that the hospital seeks to facilitate effectively the resolution of conflicts that arise in the course of patient care. The policy lists both internal and external resources for conflict resolution.

<u>Conclusion</u>

Pursuant to the Mental Health and Developmental Disabilities Code, Section 5/2-112, every recipient of mental health services shall be free from abuse and neglect. The HRA cannot discount the statement made that some staff members were rude and abusive. However, based on the verbal and written information received, no evidence was found to support the claim; the allegation is unsubstantiated.

The HRA was quite surprised to hear that this recipient was often bothersome or intrusive to others on the unit. The chart gave no indication that this was happening. The HRA takes this opportunity to say that all observed behaviors relevant to a recipient's diagnosis or behaviors considered inappropriate or troublesome by staff must be documented.

Allegation: the recipient fell and received insufficient medical attention.

Findings

A review of the clinical record showed no documentation of the recipient having fallen during her stay at the hospital. There was one entry, written on August 8th which documented that *"in a very controlled way, put herself on the floor in front of a male pt who was in the lounge at the time. Responded to staff who asked her to get up and go back to her room."* The recipient was on fall precautions. At the site visit, when asked why the recipient was on the fall precaution, it was stated that this precaution is typically initiated when patients are on psychotropic medication. There was no knowledge by staff members of a fall occurring during her stay. The chart notes no "physical findings" at the time of admission or at discharge.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 5/2-112, every recipient of mental health services shall be free from abuse and neglect. The HRA cannot discount the statement made; however, based on the verbal and written information received, no evidence was found to support the claim; the allegation is unsubstantiated.

Allegation: recipients on the unit seem to be unduly encouraged to receive electroconvulsive therapy.

Findings

At the site visit, it was stated (and the record confirms) that this recipient was not considered a candidate for ECT. It was explained that the typical ECT candidate is a geriatric patient suffering from depression, possibly suicidal, who is not responding to medication. Treatments may be provided in both an inpatient and outpatient setting. Treatments are administered under anesthetic, and may involve six to ten sessions. Decisions to treat with ECT are jointly made - privately - with the patient, physician, and where appropriate- the family.

Again, the HRA interviewed three recipients, two of which were candidates for ECT. One recipient was receiving treatment; she stated that she had received the treatment in the past and it had been beneficial. She stated that her physician had thoroughly explained the risks and benefits and she provided the informed consent for the treatment. The second recipient stated that ECT had been offered as a treatment option; he was given literature about the treatment and discussed it with his physician. He stated that he refused the treatment and that was the end of the discussion. Neither of the two recipients gave any indication that they had been pressured on the matter.

The hospital's five-page ECT policy states (in part) that the policy is to provide guidelines for administering ECT to patients. The purpose of ECT is to effect changes in mood and behavior which result in clinical improvement of the patients. The attending psychiatrist orders a pre-ECT work-up and a second opinion by a psychiatrist is to be obtained for patients' receiving ECT for the first time. The policy states that both written and verbal education must be provided about the procedure, including the risks and benefits involved; informed consent must be obtained.

Conclusion

Pursuant to Section 2-110 of the Mental Health and Developmental Disabilities Code, no recipient of services shall be subjected to any unusual, hazardous, or experimental services or psychosurgery, without his written and informed consent. Pursuant to Section 2-107, 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.

The HRA concludes that this allegation is unsubstantiated.