



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Behavioral Health Hospital
HRA #09-100-9025

Case Summary: the HRA substantiated 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 Alexian Brothers Behavioral Health Hospital (ABBHH). In January 2009, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that recipient bedrooms are not adequately cleaned subsequent recipient discharge. For example, a recipient left confidential papers in his room post discharge, and the next recipient to use that bedroom found the confidential papers. The rights of mental health recipients are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA conducted an on-site visit in February 2009. While at ABBHH, the HRA interviewed a representative from the Risk Management/Recipient Advocacy Department. The HRA requested to interview the Director of Facility Operations, but he was unable to attend the scheduled meeting. Also reviewed were hospital procedures relevant to the allegation.

Background

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

Findings

The complaint that was reported to the HRA was that a recipient did not take his admission/discharge information from his bedroom at the time of discharge. The next recipient assigned to that room found this information and took it home with her - this recipient's mother then contacted the first recipient's mother to say that confidential information had been left in the room and that she was looking at it. It was reported that the hospital was in breach of confidentiality.

At the site visit, the HRA learned that the representative from Risk Management believed that she had received the same complaint (prior to receiving the HRA complaint) and that as a result of that call, new procedures were put into place.

It was stated that the Risk Manager spoke with unit staff and found out that a "relief" housekeeper, who was not as thorough as their regular one, was the reason for the patient's material

not being removed. However, to ensure a better result in the future, a post-discharge cleaning policy was initiated. In addition to the housekeeping procedures, a "dual-check" was implemented which would have nursing staff also inspect the bedroom post-discharge for any remaining personal items.

The HRA toured a typical recipient room to ascertain areas where personal items might be left. There were many drawers and other storage options that could be repositories of personal items that might be forgotten or left intentionally. During the tour, we found a magazine that had been left on the top of a tall armoire from a previous occupant of the room.

The HRA received written materials pertaining to cleaning the in-patient units. One document is a New Employee In-service daily task list that notes twenty-two tasks that are to be performed by custodial staff on a daily basis, unless directed otherwise by the Director of Facilities/Construction. One task is to "clean and sanitize patient bathrooms, showers, wash sinks, mirrors, counters, furnishings, windowsills, interior windows, and door handles. Alert clinical nurse if there are patient belongings or equipment that needs to be secured prior to cleaning the room." A Memorandum, dated August 2005, notes that cleaning cannot proceed until clinical staff has removed patient belongings and/or equipment owned by the patient from the room.

Conclusion

Pursuant to Section 5/2-102 of the Mental Health and Developmental Disabilities Code, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." The HRA realizes that anyone receiving a call from a stranger saying that they are looking at a family member's mental health discharge papers would be startling and very disconcerting. But, once a recipient is given any paperwork that might contain confidential information, it becomes his/her responsibility to protect (or not) that information.

The focus of the investigation was the hospital's housekeeping practices. The hospital had procedures in place to ensure that cleaning a bedroom post-discharge does not occur until all personal items are removed; it is concluded that this did not occur in this situation, the allegation is substantiated. And, the HRA did find an item left in a room from the previous recipient after the new procedures should have been implemented.

Recommendation

This matter was addressed by implementing a procedure whereas both nursing and housekeepers inspect the room for any left items. To further ensure that all personal items are removed from the bedroom post-discharge, a list for housekeepers and nursing staff that spells out the potential areas to look for personal items is recommended.

RESPONSE

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



ALEXIAN BROTHERS
Behavioral Health Hospital

May 27, 2009

Mr. Dan Haligas, Chairperson
North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

RE: HRA #09-100-9025

Dear Mr. Haligas,

Thank you for your letter, dated May 6, 2009, of the findings of the investigation into the above referenced case. Our response to the recommendation by the Commission is explained below.

The suggestion made by the Human Rights Authority (HRA) was to create a list of potential areas to look for personal items in the patient's room at the time of discharge to ensure no items were left behind for another patient to find. This list would be utilized by nursing and housekeeping. In response to the site visit and recommendation, the departments of nursing and facilities have reviewed their current procedures for cleaning the discharge unit and have made changes to their current procedures/processes.

The Nursing Department is providing re-education to staff on where and what to look for in discharge rooms as well as designating who is responsible for checking discharge rooms each shift. The Nursing Managers will be conducting random checks of discharge rooms.

The Facilities Director is updating the checklist utilized for training to include areas to check for belongings left behind in rooms. He is also in the process of adding stepstools for the housekeepers to check the tops of armoires.

We would like to thank you for your recommendations and welcome the opportunity to work with the Commission to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Patricia Getchell

Patricia Getchell
Director Risk Management/Patient Advocacy/Patient Safety
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