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**HUMAN RIGHTS AUTHORITY- CHICAGO REGION**

**REPORT 10-030-9001  
Swedish Covenant Hospital**

Case summary: The HRA did not substantiate the complaint that a recipient, who had been struck in the face by his roommate, was prevented from calling the police because staff said that the police would not respond due to the time of the incident, and because the phones on the unit were turned off.

**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 in Chicago. It was alleged that a recipient was struck in the face by his roommate but was prevented by the facility from calling the police who they said would not respond due to the time of the incident. Also, the facility phones were turned off, preventing the recipient from being able to call the police. 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 25-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 mental health worker on duty at the time of the alleged incident. Relevant program policies were reviewed as were the recipient's records upon written consent. The recipient is an adult.

**COMPLAINT SUMMARY**

The complaint states that on 7/10/09 the recipient, a resident on the behavioral health unit of Swedish Covenant Hospital, awakened at approximately 4:00 a.m. to use the restroom in his room. While coming out of the restroom, the recipient thought his roommate was shadow boxing in the mirror. When the recipient walked past the roommate the man hit the recipient six times in the face and the recipient fell to the floor. The complaint alleges that the recipient then asked hospital staff to call the police but they said that the police did not come out that early in

the morning. The recipient was unable to call the police himself because the phones were turned off at the time, and thus the incident went unreported.

## FINDINGS

The hospital record (Patient Notes) contains an entry for 7/10/09 indicating that at 4:37 a.m. "Pt. got punch [sic] by roommate on the face and head. He was seen by resident doctor [no time given]. Alert oriented x 3. Pt. denies any dizziness or any pain at this time. Pt. was transferred to quiet room and pt. condition is stable at this time." The record also contains an entry on the same day [no time given] made by the attending physician which states, "Overnite event of another patient hitting him in L eye noted. CT head Ø [negative] for fx [fracture] and blurry vision in L eye... Clinically stable, follow vision, will be blurry for @ least 24 hr. s/p [status post]." The next entry is made in the progress notes at 9:02 a.m. on the same day and states, "C/O dizziness and teary in the left eye after being hit by roommate. Advised bedrest and careful in getting up." The final entry in the progress notes on the same day and entered at 9:25 a.m. states, "Left eye redness noted. Instructed to avoid rubbing left eye."

The record (attending physician notes) indicates that on 7/12/09, "Blurry vision in L eye subjectively improving. Told pt. often takes at least 48 hours for vision to improve. Otherwise, pt. with no complaints...if worsens, ophtho consult on Monday AM." The progress notes for the same day state, "...Slight swelling and redness of left eye. C/O dizziness and left eye teary. Advised to stay in bed...." The patient's Subjective Statement recorded on the Psychiatric Assessment on 7/12/09 states, "I feel dizzy and my left eye is teary. I was hit 6 times."

The following day, 7/13/09 the record indicates that an order was entered for an ophthalmological exam for "corneal abrasion" and eye drops. Since the recipient was planning to be discharged on 7/14/09 the discharge planning included instructions for the eye exam to be completed after discharge and the recipient was amenable to this plan.

Hospital staff on duty at the time of the incident were interviewed regarding the event. They stated that the mental health worker was monitoring the hallway on the morning of the incident when the call light for the recipient's room went on. The mental health worker then approached the recipient, seated on his bed, and he stated that his roommate had hit him on the head as he was coming out of the bathroom. The staff person on duty did not notice any abrasions or bleeding as a result of the incident, however the staff then called the attending physician for an examination of the recipient and took the recipient in a wheelchair for the CT scan (which staff reported is a routine procedure for a head injury). The nursing manager was notified by phone and an Incident Report completed. The staff on duty at the time of the incident stated that the recipient did not ask to report the incident to the police. He stated that the phones are usually turned off from 10:00 p.m. until 7:00 a.m. however if a recipient requests a call, the phones will be turned on to accommodate them and this is stated on the Patient Phone Usage sign posted near the phones. There are 4 phones available for 21-25 recipients. The patient was placed in a room separate from the aggressor and there were no further incidents of confrontation.

Hospital staff indicated that a Patient Care Quality Report was immediately submitted to the Quality Improvement/Risk Management department concerning the incident; it was made available to the HRA for review at the site visit. The report is generated by the witnessing staff and then progresses to the Director of Nursing, Vice-President of Risk Management and the Medical Director. The hospital also provided photos of the recipient taken after the incident, which demonstrate some swelling and bruising of the left eye. They indicated that the record contains no indication that the recipient asked staff to inform police of the event or that he wished to report it himself. The recipient was not on any type of phone restriction and would have been given access to a phone at any time after the incident. Staff stated that it is not unusual for recipients to request to call the police and when they make a report the police will investigate regardless of the time of the call.

### STATUTORY BASIS

The Mental Health and Developmental Disabilities Code provides that residents of a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of their choice by mail, telephone and visitation (5/2-103). These rights may be reasonably restricted only in order to protect the recipients or others from harm, harassment or intimidation.

### HOSPITAL POLICY

Swedish Covenant Hospital provided policy regarding telephone usage. Policy #35 states that:

1. Communication by telephone, mail, or visitation is reasonably available in accordance with the Mental Health Code.
2. Communication by telephone, mail, or visitation is restricted if necessary to protect the patient or others from harm, harassment, or intimidation.
3. A physician's order is required to restrict communication.
4. When communication is restricted, staff notifies the affected individuals, if the patient requests.

Hospital policy #07 Patient Care Quality Reports (Occurrence Reports) defines "occurrence" as "any event which occurs or may have occurred within the hospital or on hospital property that is not consistent with routine patient care or with the routine operation of the hospital facility and that adversely affects or threatens to affect the health, life, and comfort of a patient or visitor." The policy states that if the occurrence is of a serious nature, i.e. if the patient or visitor has been seriously injured or there is a potential for serious injury, "the occurrence should be reported immediately by phone to the Vice President of Quality Improvement/Risk Management, Manager, Quality Improvement/Risk Management, hospital Legal Counsel or other member of the QI/RM Committee." Hospital policy indicates that the Vice President of Quality Improvement/Risk Management will evaluate significantly adverse patient occurrences for the need for root cause analysis and improvements to patient care.

Hospital policy describes the process for documenting the events associated with special incidents or occurrences:

"In the case of an actual occurrence, information regarding the facts of the occurrence should be recorded in the patient's medical record. The chart entry should include a brief description of the occurrence including what was observed, the condition of the patient after the occurrence, (including any changes in the patient's condition), documentation of what care was provided to the patient after the occurrence, and some indication of when the physician was notified and what instructions were received."

## CONCLUSION

The complaint in this case alleged that a recipient was struck in the face by his roommate but was prevented by the facility from calling the police who they said would not respond due to the time of the incident, and that the recipient could not report the incident due to the fact that the phones were turned off. There is no dispute in the fact that the recipient was struck by his roommate- the staff on duty at the time photographed the recipient, called the manager and the on-call physician, wheeled the recipient to the CT area, and wrote progress notes describing the events, all in keeping with hospital policy. The HRA was able to view the Incident Report at the site visit and the hospital provided the pictures of the recipient taken after the event. With regard to phone access, the signs posted near the phones (confirmed by HRA staff) show that the phones are turned off every night from 10:00 p.m. until 7:00 a.m. but that a recipient can request to have them turned on during this time if they feel they need to make a call. Staff reported that recipients have called police for various reasons (and also asked staff to call for them) and that police will go to the unit to investigate no matter the hour of the night or day. The recipient had no restriction on his phone usage, so he was able to request to make the call for a police report, or request that staff make the call for him. There is no documented evidence in the record to indicate that the recipient requested to make the call or requested that staff make it for him.

The HRA does not substantiate the complaint that the recipient was struck in the face by his roommate but was prevented by the facility from calling the police who they said would not respond due to the time of the incident, and that the recipient could not report the incident due to the fact that the phones were turned off.

## SUGGESTION

1. Although the written physician notes are dated, there are no times given for when they are written. Additionally, the electronic notes indicating that the physician was notified of the incident in question do not indicate at what time he was notified, which the hospital policy states should be indicated in the record. Remind staff of the need to indicate the time of their notes, along with their signature and date.