



FOR IMMEDIATE RELEASE

**East Central Regional Human Rights Authority
Report of Findings
Case 10-060-9016
Carle Physician Group**

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning health services at Carle Physician Group located in Urbana, Illinois:

1. The service provider did not consult the guardian in treatment and decision making.
2. A recipient is unable to have copies of her records.

If found substantiated, the allegations represent violations of Medicare/Medicaid Conditions of Participation for Hospitals (42 C.F.R. 482.13) and the Illinois Probate Act of 1975 (755 ILCS 5/11a-23).

Per Carle's website www.carle.com, "Carle hospital is a 325 bed teaching hospital and the region's only level one trauma center. Carle Physician Group has 320 physicians at locations in central Illinois. As of April 1, 2010 Carle Hospital, Carle Physician Group, and Health Alliance Medical Plans officially united as one organization." Regarding Carle Physician Group it further states: "Carle Physician Group, the outpatient practice serving more than 200,000 unique patients annually, is comprised of more than 300 physicians dedicated to providing the highest quality care in 50 specialties located in nine communities across central Illinois."

Per interviewing staff at Carle, Carle Foundation is composed of Carle Physician Group (formerly named Carle Clinic Association), Carle Foundation Hospital and Health Alliance (a Carle Foundation managed healthcare program). At the time of the interview there were 5,739 employees of Carle Foundation. There are currently 482 physicians and 167 nurse practitioners, physician assistants and certified nurse midwives. The average inpatient length of stay at Carle Foundation Hospital for fiscal year 2010 is 4.29 days when you include newborn babies and 4.57 days without the inclusion of newborn babies. All age groups are served from a large geographical area that covers from Kankakee to Coles Counties. Most patients reside in Champaign and Urbana which is the location of Carle Foundation Hospital.

COMPLAINT STATEMENT

According to the complaint, a patient was denied the ability to obtain services at Carle Physician Group because of poor communication between her and the provider. This patient has a dual diagnosis of mental illness and developmental disability and she has a court-appointed guardian. Carle Physician Group notified the patient by certified mail of the decision to no longer provide services in a specific department. The patient's guardian was not notified. The complaint also states that the patient could not obtain her records.

The HRA proceeded with the investigation having received a signed release from both the patient and the patient's guardian. This patient's parents were appointed as co guardians upon reaching the age of majority. At a later date the court transferred guardianship to a state agency.

FINDINGS

Complaint #1.: The service provider did not consult the guardian in treatment and decision making.

Interviews

To investigate the allegations, a HRA investigation team met with and interviewed the Director and General Counsel for Carle Risk Management Company. It was explained to the HRA that from previous interactions with the patient, it was the patient, not the guardians, who made the decisions regarding medical care. It was known that the parents of the ward were the “guardians” throughout her OB (obstetrics) care in 2007. Attached to the July 13, 2009 request for records from a state agency, Carle was provided with a copy of the Plenary Order for Guardianship of the Person regarding this patient, identifying a state agency as the court appointed guardian. Carle Physician Group had not been provided with Letters of Guardianship of the Person of this ward at the time of service. Any and all guardianship information was presented to Carle Physician Group with respect to requests for release of information.

The HRA inquired about reasonable accommodations regarding a patient with a mental health disability. The Carle Physicians Group representative responded that if this patient needed mental health service or hospitalization that service would be provided. The patient would be protected; there is a psychiatrist on staff and the emergency room physicians could assess her if she came through the emergency room. She would not be denied services. The only service that is not available to her is through OB/GYN providers with the exception of an emergency. It is also Carle's policy to provide services through the follow up post partum date even if the clinic has decided to provide "no more service the patient." This service was available to her though her last pregnancy and six weeks of follow up, post partum.

The HRA was informed that it is Carle Physicians Group's practice to work with the guardians themselves in regard to treatment. They did not know why the patient's guardian was not notified. It was a miscommunication. At this time, the Group has no policy regarding guardianship.

The HRA questioned the lack of adequate guardian notification and the subsequent impact on a recipient's treatment and timely receipt of medication. The HRA was told that when

a patient is no longer being served in one department it would not affect her receiving services in another department or receiving prescription medications.

The HRA asked how the decision to stop serving a patient with a mental illness comes about and the HRA was advised that there is not a separate policy. At this time there are no complaints filed by the patient or her guardian through patient relations.

The HRA was provided with information about quality assurance at Carle Physician Group and was informed that Carle has numerous quality improvement plans that were developed by different departments. Copies of relevant general policies for both the inpatient and outpatient sides of the entire Carle organization were sent to the HRA as well as copies of patient surveys that would be sent to current patients requesting feedback. It was explained that Carle Physician Group has an excellent electronic record keeping system which has allowed Carle to excel in honoring a patient's advance directives and Do Not Resuscitate orders.

Record Review

The Authority examined the record of the patient, with consent from both the patient and the guardian, and reviewed pertinent policies and related facility mandates. Per the record of this patient's history in the obstetrics and gynecology department of Carle Physicians Group, the recipient claimed that she was a victim of rape and was very traumatized by the experience and her first pregnancy. She had made a decision to have the child but would only allow very limited prenatal care from the provider. She insisted that no laboratory tests be drawn from her which would require being pricked by a needle. Nor would she allow any vaccines to be given to her. She had no problem when the baby was born to have laboratory tests involving needles performed on the baby, because she indicated that the baby would forget the tests. This was respected by the provider. Per the co-guardians there was no history of her having a needle phobia until this pregnancy. Record consent was documented from the co-guardians for treatment and care of her first pregnancy.

Per the discharge summary and clinical history of the first pregnancy, it states:" The patient is a 21-year old white female, gravida 1, par 0, who presents at 39 weeks gestation for elective C-section in the a.m. The patient has a history of developmental delay, bipolar disorder, fetal alcohol syndrome and has refused needles, lab draws or any invasive procedures throughout this pregnancy and the patient has been admitted to the ... [mental health treatment facility] for lack of coping with her situation at all. Patient's parents are her guardians and patient herself is not decisional. The patient was initially under the care of the Midwifery Service who actually transfers further care to Obstetrics as patient had difficulty dealing with usual prenatal care and it was everyone's feeling including the doers that were taking care of the patient that patient would not tolerate the pain of labor as she has not learned any of her relaxation techniques was basically refusing needles at all cost and had threatened bodily harm to other people every time they would happen to mention anything along this. A decision by risk management, parents, doers and myself was made that the best delivery option would be in terms of safest for the baby and the patient would be to undergo caesarean-section. Patient has been living with her boyfriend, although the child is product of rape with a different father. The patient was given the options of the caesarean-section along with oral sedation and refused. The patient was brought in the night before, as it was thought unlikely that she would be actually n.p.o. [nothing by

mouth] prior to the caesarean-section and was admitted and observed and after a period of time she ultimately allowed people to do external fetal monitoring on the baby. She became quite agitated and yelled insults to the hall at staff and everyone, although two security guards stood by and she screamed rapist at both of the security guards and occasionally fag at them. The patient began contracting due to all of her agitation and she started having mild every 3 minute contractions and during middle of her contractions she screamed at the baby to quit it, that the baby was hurting her and threatened the baby that she would kill the baby because of pain baby was causing her etc and after psychiatric discussion seemed reasonable, the next day to try oral Haldol, which patient ultimately took with little effect and ultimately the patient had to be wrestled down and given IM Ketamine in order to gain cooperation and under general anesthesia underwent low transverse caesarean section with delivery of viable male weighing 6 pounds 9 ounces. The patient was much more reasonable post operatively and was breast-feeding the baby and completely appropriate although she apparently prior to her section had a death threat against the nurse who was taking care here of her in the night before as well as myself. The patient was very appropriate from this point on and on third postoperative day the patient was ultimately discharged to home as she was eating, voiding well and seems to have no major complaints. She was discharged to home on oral analgesics and given a follow-up appointment with us in two and six weeks. Her parents have gotten temporary custody of the baby and she was discharged to home of either her parents or her significant other's parents with a follow-up care for the baby in a day or two."

Per the record when she went to Carle Clinic Carle Physicians Group for her second pregnancy she was insisting once again that no laboratory tests be taken. This time the patient informed the provider she would have this baby at home with a doula or a midwife. There is documentation that there was phone contact with the patient on 08/19/09 informing her that none of the providers of OB/GYN will assume her care because of her recent decision not to follow recommended standards of care. It was documented that the patient understood and sought care through a different provider. There was documented follow-up from the provider about forwarding the patient's records to ensure good care with her new provider of OB/GYN services. It was six weeks after this pregnancy that the "no more services" letter was sent on 03/19/10. The letter stated "The best doctor/patient relationship is dependent upon good communication between the people involved. When either party cannot communicate sufficiently or the communication is not adequate, the relationship suffers. In reviewing the documentation from previous visits with our providers in the OB/GYN Department, I fear that this is the situation that we are dealing with. Therefore, 30 days from the date of this letter, no further appointments will be scheduled for you with the providers in the OB/GYN Department of Carle Clinic. Please make arrangements to see an alternative provider for this type of need."

This letter was sent to the patient but not to her parents, who were her previous co-guardians, or her current guardian.

The patient was still seen in this department of Carle Physician Group on 03/30/10. The "no more service" letter was discussed with her again.

Policy

The HRA was provided with a copy of patients' rights and responsibilities. These hand outs were located where patients would check in for services and by the elevators as well as posted throughout Carle facilities. Carle Clinic Outpatient Rights and Responsibilities Policy and Carle Physician Group's Patient Rights and Responsibilities are available for all patients on Carle's external website www.carle.com. Here are some the Rights and Responsibilities of Carle Physician Group:

"Carle Physician Group is committed to providing treatment and services that are safe, timely, and patient-centered. The following patient rights and responsibilities support and promote a partnership that encourages you to be an active and informed member of the team managing your health.

As a patient, you have the right to:

- Care, treatment and services for health needs without discrimination due to age, race, color, religion, sex, national origin, sexual orientation or disability; and within organization capability;
- Have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected;
- Access, request amendment to, and receive an accounting of disclosures regarding your health as permitted under applicable law;
- Be involved in decisions about the care, treatment and services provided. This right must not be construed as including provision of treatment or services deemed medically unnecessary or inappropriate;
- Have family, (as appropriate and allowed by law) with permission of the patient, Health Care Power of Attorney, or surrogate decision maker, involved in care, treatment and service decisions;
- Information about diagnosis and prognosis;
- Give or withhold informed consent for care, treatment and/or services;
- Refuse care, treatment and services in accordance with law and regulation;
- Be informed about the outcomes of care, treatment and services that have been provided including unanticipated outcomes that relate to sentinel events;
- Effective communication tailored to age and language, and in a manner that is understood, including interpreter services as necessary;

We ask that our patients and families accept certain responsibilities, including:

- Ask questions when care, treatment or services are not understood or when they do not understand what is expected;
- Follow the care, treatment and services plan developed;
- Accept consequences/outcomes if the care, treatment and services plan is not followed;
- Be respectful and considerate of the organization's staff and property, as well as other patients and their property;

If you have quality of care concerns, you or a representative of your choice may contact Patient Relations."

The HRA reviewed the *Quality and Safety program of 2010*. On page two, section 2, "Committee responsibilities" are:

- Providing oversight for and coordinate the work of the Patient Safety, Environment of Care Safety, and Employee Safety Committees.
- Reporting Clinic quality and safety concerns, status of quality improvement initiatives and measurements to the Board Quality and Safety Committee quarterly and as deemed necessary.

The HRA reviewed "*The Carle Foundation Hospital Patient Rights Policy CFH200*." This policy defines patient complaints and patient grievances in reference to federal standards 42 C.F.R. 482.13. The policy describes the process for handling both. Under item #4, it states: "To ensure effective access to this grievance process, Foundation/Hospital will inform all patients of the grievance process, including whom to contact to file a grievance. The information will advise the patient that he or she may lodge a grievance with the appropriate State agency directly, regardless of whether he/she has first used this grievance process." Carle's grievance process has different policies depending upon where the grievance originates and whether it concerns a physician or non-physician.

The HRA also was provided with blank patient surveys so that patients could comment on the admission process, the quality of the room they were in, including cleanliness, room temperature, noise level and how well things worked such as the call button. There were also questions about how staff treated the patient with respect to privacy and sensitivity. Further in the document there were questions about pain management, information about medications provided to the patient as well as patient safety.

The HRA reviewed Policy #6203 "No More Services (NMS)". It states under this policy:

1. "It is acceptable for a professional staff member to discontinue service to a patient for the following reasons:

- A. Missed appointments (3 no-shows in a 12 month period)
- B. Non-compliance
- C. Unacceptable behavior by the patient, thus making it impossible to establish a reasonable physician/patient relationship."

4. "While professional staff have the right to refuse to see a patient outside an emergency setting, it is essential that this refusal not be construed as abandonment. Therefore it is essential to work closely with Patient Relations to coordinate this process. Professional staff may contact the No More Service Line with questions about this policy. "

In this same policy under Procedures: 4. Unacceptable Behavior: B. it states: "Professional staff will contact Patient Relations for assistance to NMS a patient for unacceptable behavior. Patient Relations will be responsible to:

- Review each situation on a case-by-case basis.

- Provide instruction on EMR documentation and if necessary, seek input from the Senior VP and Chief Medical Officer to determine the extent of the NMS.
- Receive the original signed letter and envelope for processing and notification of patient.
- Complete and send out the NMS letter for patients to be No More Serviced to all of Carle Clinic.

STATUTES

The Probate Act of 1975 (755 ILCS 5/11a-23) states, " (a) For the purpose of this Section, "guardian", "standby guardian", and "short-term guardian" includes temporary, plenary, or limited guardians of all wards.

(b) Every health care provider and other person (reliant) has the right to rely on any decision or direction made by the guardian, standby guardian, or short-term guardian that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward. Any person dealing with the guardian, standby guardian, or short-term guardian may presume in the absence of actual knowledge to the contrary that the acts of the guardian, standby guardian, or short-term guardian conform to the provisions of the law. "

The Probate Act of 1975 defines a successor guardian as follows (755 ILCS 5/11a-15), " § 11a-15. Successor guardian. Upon the death, incapacity, resignation or removal of a guardian of the estate or person of a living ward, the court shall appoint a successor guardian or terminate the adjudication of disability. The powers and duties of the successor guardian shall be the same as those of the predecessor guardian unless otherwise modified."

According to Medicare/Medicaid Conditions of Participation for Hospitals (42 C.F.R. 482.13),

"A hospital must protect and promote each patient's rights.

(a) Standard: Notice of rights.

(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.

((b) Standard: Exercise of rights.

(1) The patient has the right to participate in the development and implementation of his or her plan of care.

(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or

her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate."

SUMMARY

This provider did follow an appropriate policy on the "no more service" letter. However it is a patient's right at Carle Physicians Group or any other medical provider to give or withhold informed consent for care, treatment and/or services. If a patient has a substitute decision maker or a guardian, that representative needs to be informed of treatment issues. The patient's responsibility to "Ask questions when care, treatment or services are not understood or when they do not understand what is expected" is a reasonable expectation of someone who has a sound mind, but when a person has a court appointed guardian, the guardian accepts this responsibility. Carle Physicians Group did just this in working with the co-guardians during the birth of the patient's first child. Carle Physicians Group failed this responsibility when the "No More Services" letter was sent to an adjudicated patient rather than to the guardian who could assist this patient to make an informed decision regarding her health care choices as they were being offered. When Carle Physicians Group makes decisions that could directly affect a patient's ability to obtain services, it would seem that part of the goals for quality and safety, would be to have a plan in place for guardian notification when patients have a guardian. Based on the evidence that Carle Physicians Group chose to provide no more service to this patient in the OB/GYN department and without notifying the patient's guardian when they were aware that the patient had a guardian, the HRA substantiates the following complaint: **Complaint #1. The service provider did not consult the guardian in treatment and decision making, is substantiated.**

Recommendation:

Follow the Illinois Probate Act, Federal Regulations and the Mental Health Code with regard to guardian participation in treatment decisions and health care provider reliance on guardian decisions that are not contrary to the law. Carle Physicians Group should have a system in place for guardian notification, consultation, consent to treatment and participation in treatment planning for patients that have guardians.

Suggestion:

When the HRA interviewed the Director and General Counsel for Carle Risk Management Company, it was explained that Carle Physicians Group has an excellent electronic record keeping system which has allowed Carle to excel in honoring a patient's advance directives and Do Not Resuscitate orders. The HRA suggests that this same system be used to alert staff that a patient has a guardian. Even though the focus of the investigation concerned of the patient's medical treatment, this patient is also guaranteed the right to guardian participation for mental health services. This electronic record keeping system would also protect the patient's rights to receive mental health treatment and have the guardian available to help formulate the plan for these services.

Chapter 405. Mental Health, Act 5. of the Mental Health and Developmental Disabilities Code Chapter II. Rights of Recipients, Article 1. Rights state: "2-102. (a) 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 Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan."

**Complaint#2.: A recipient is unable to have copies of her records.
Interviews & Record Review**

The Director and General Counsel for Carle Risk Management Company explained that a signed release was needed to access person's health information and sent verification that this actually happened. The following documentation was provided to the HRA:

- a. On May 3, 2007 a co-guardian requested that the patient's Carle Clinic mental health records be copied for pick up. He indicated that he wanted another provider to receive the mental health records.
- b. On June 24, 2007 a co-guardian requested that the patient's Carle Clinic, Carle Foundation Hospital and Carle Foundation Physician Services medical records be copied. She indicated that she wanted another provider of obstetrics services to receive the medical records.
- c. On August 28, 2007 a co-guardian requested that the patient's mental health records from Carle Clinic be copied for pick up. He indicated that he wanted an attorney for a guardianship proceeding to receive the medical records.
- d. By authorization received May 14, 2008, a co-guardian requested that the patient's medical records be released to a worker for the Department of Human Services (DHS)/Division of Rehabilitation Services. The purpose of the disclosure was "to determine appropriateness for services." This request was processed on May 19, 2008.
- e. On August 25, 2008 a co-guardian requested that the patient's Carle Clinic, Carle Foundation Hospital and Carle Foundation Physician Services medical records from December 1, 2006 through July 17, 2007 be copied for pick up. The purpose of the request was "Patient request." This request was processed on August 26, 2008.
- f. On September 19, 2008 a co-guardian requested that the patient's Carle Foundation Hospital and Carle Foundation Physician Services medical records from May 2008 to the present to be copied for him to pick up. The purpose of the request was for "continuation of care." This request was processed on September 26, 2008.

- g. On October 10, 2008 a co-guardian requested that the patient's mental health records from January 2006 to the present be copied for pick up. The purpose of the request was "Patient request." This request was processed on November 7, 2008.
- h. By letter dated July 13, 2009, a state agency with a release requested all Emergency Room visit records for the patient from July 1, 2008 to the present. This request was processed on July 29, 2009.
- i. On September 2, 2009, the Carle Clinic Association received a request from another obstetric clinic for prenatal care and previous prenatal records. The request was signed by the patient. This request was processed on September 11, 2009.
- j. On approximately March 15, 2010 Carle received a number of requests for release of medical records (all signed by patient on 3/4/10 and also signed by the guardian on 3/15/10) as follows: (1) Requested that patient's Carle Clinic Association, Carle Foundation Hospital and Carle Foundation Physician Services records be sent to another hospital for the purpose of medical follow-up. (2) Requested that patient's Mental Health records be provided to a Mental Health provider. (3) Requested patient's health records are provided to DCFS.
- k. In April 27, 2010, a state agency requested that the patient's medical records from Carle Physician Group and Carle Foundation Hospital be provided to that agency for the purpose of "guardian's knowledge for consents." The date range requested was January 1, 2010 through April 27, 2010.

STATUTES

Mental Health records are accessible to all recipients 12 years of age and older and to any guardian pursuant to the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110). Medical records are otherwise accessible under the Medicare/Medicaid Conditions of Participation for Hospitals where it states that the patient has the right to the information contained in his or her clinical records within a reasonable time frame (42 C.F.R. 482.13).

There is clear and convincing evidence that records were provided repeatedly to the patient, guardians and other providers upon appropriately authorized requests. The HRA finds **Complaint#2: A recipient is unable to have copies of her records, unsubstantiated.**

The HRA acknowledges the full cooperation of Carle Physicians Group during the course of its investigation.

RESPONSE

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



Risk Management Company

611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3461 Fax: (217) 326-2310

March 3, 2011

**Sent Via Facsimile (217) 278-5588 and
U.S. Regular Mail**

Mr. Thomas Larison Phillips, Chairperson
Regional Human Rights Authority
East Central Regional Office
2125 South First Street
Champaign, IL 61820

Re: HRA Case #10-060-9016

Dear Mr. Phillips:

I received your letter dated January 31, 2011 on February 7, 2011. Thus, this response is timely as it is being sent within 30 days of receipt of your findings. I appreciate the opportunity to provide a response to you.

This response is sent to address the findings regarding **Complaint #1: The service provider did not consult the guardian in treatment and decision making.** The **Recommendation** was to "Follow the Illinois Probate Act, Federal Regulations and the Mental Health Code with regard to guardian participation in treatment decisions and health care provider reliance on guardian decisions that are not contrary to law. Carle Physicians Group should have a system in place for guardian notification, consultation, consent to treatment and participation in treatment planning for patients that have guardians."

RESPONSE: In general, Carle Physician Group follows the relevant Acts cited in the Recommendation. This particular case was unique in that the patient often attended appointments by herself without her guardian present. Thus, it was not obvious from a cursory glance at the records that the patient had a guardian.

Mr. Thomas Larison Phillips, Chairperson

March 3, 2011

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Even prior to this Complaint, Carle Foundation Hospital and Carle Physician Group were looking for ways to better identify when a guardian or other health care representative is making decisions for a patient. I believe that we have the necessary processes in place to ensure that guardians are notified of important treatment decisions, including notification of "no more service" decisions. Prior to and since the receipt of the Complaint, however, changes to our processes have occurred that will allow us to meet the Recommendation even in unique and unusual circumstances.

At the present time, Carle Physician Group and Carle Foundation Hospital operate two different electronic medical record ("EMR") systems. Since Carle Foundation Hospital and Carle Physician Group are now owned by the same parent corporation, a decision has been made to change Carle Physician Group's EMR to the same platform that Carle Foundation Hospital uses. The transition will occur in the summer or fall of 2011. Thus, no changes are being made to the EMR that Carle Physician Group currently uses. Carle Foundation Hospital, however, has (and has had for a couple of years) a section in its EMR to assist staff in recognizing when a guardian is involved in a patient's care and treatment. When a patient is admitted to Carle Foundation Hospital, the nurse admitting the patient is required to complete an "Admission Navigator." During this process the nurse asks questions whether the patient has advanced directives, etc. Included in those questions is whether the patient has a guardian. I have enclosed a "screen shot" to show what is included in the questioning about guardians. This information is then available to all people providing care to the patient.

Once Carle Physician Group migrates to the same EMR that Carle Hospital uses, changes will be made to ensure that information regarding court appointed guardians is available in the ambulatory EMR as it is in the Hospital EMR.

In addition, Carle Physician Group has revised its "No More Service" policy to include a requirement that the EMR be reviewed to determine if Carle has notification that a guardian has been appointed for the patient. If correspondence regarding a "no more service" is sent and Carle has guardianship paperwork, the correspondence will be sent to the guardian. I have enclosed a copy of the revised policy.

As I understand the Report of Findings, no response is required to the second Complaint as it was not found to be substantiated.

Carle Foundation Hospital and Carle Physician Group are committed to providing patient-focused, quality care for our patients. I believe that the changes set forth above meet the Recommendations as set forth by the East Central Regional Human Rights Authority of the

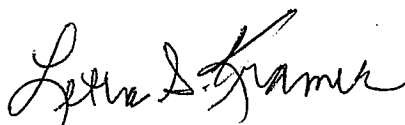
Mr. Thomas Larison Phillips, Chairperson

March 3, 2011

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Illinois Guardianship and Advocacy Commission and serve to further Carle's commitment to our patients and the community. If you require additional information or if you have questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Letha S. Kramer".

Letha S. Kramer,
Director & General Counsel

Enclosures

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 10-060-9016

SERVICE PROVIDER: Carle Physician Group

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

No response is included.

Richard S. Kramer
NAME

Director + General Counsel
Carle Risk TITLE Management Co.

3/3/11
DATE

Court Appointed Guardian

Do you have a court appointed guardian?



Yes

No



Last Filed Value:
Yes taken at 02/25/11 12:37 by Nurse Emar, RN

Do we have a copy of the court order?

Court Appointed Guardian



Copy unavailable at this time

Web document available



Copy placed in paper chart

Hospital document available

Last Filed Value:
Yes taken at 02/25/11 12:37 by Nurse Emar, RN



Policy 509

Subject	No More Services
Category / Section	Provision of Care, Treatment, & Services / Discharge/Continuum of Care
Owner	Director of Risk Management
Stakeholder/ Reviewer(s)	Risk Management; Medical Directors Group; Division Vice Presidents
Approver(s)	Executive VP/Chief Medical Officer
Review Frequency	3 Years
Effective Date	06/07/04
Review Date	02/28/11
Revision Date	12/02/08; 04/15/09; 02/28/11

Scope of Policy (Identifies the entities that are covered under the policy)					
	All Carle Locations		Caring Place, The		SurgiCenter, LLC - Champaign
	Carle Hospital		Health Alliance		SurgiCenter - Danville
X	Carle Physician Group	X	Home Health		SurgiCenter Recovery Centers
X	Carle Foundation Physician Services	X	Home Infusion	X	Therapy Services
	AirLife	X	Hospice	X	Therapy Services - MTCH
	Arrow Ambulance		Medical Supply & Arabella Boutique		Windsor Court
	Auditory Oral School		Risk Management Company		Windsor of Savoy
X	Cancer Center/Mills Breast Cancer Institute	X	Rx Express		
Scope Exclusions					

Purpose

A. To create consistency and to assure appropriateness of terminating patients from services at Carle.

Definitions

A. Approved Terminology – AD100A (future link) is a glossary of common terms that can be used in P & P's without defining them in the document.

Statement of Policy

A. It is acceptable for a professional staff member to discontinue service to a patient for the following reasons:

1. Missed appointments (3 no-shows in a 12 month period)
2. Non-compliance
3. Unacceptable behavior by the patient, thus making it impossible to establish a reasonable physician/patient relationship.

B. Letters will be prepared by Patient Relations for missed appointments and for no more service (NMS) to all of Carle Physician Group.

C. Professional staff members/designee will prepare letters for non-compliance and unacceptable behavior. All such letters will be forwarded to Patient Relations to be sent out.

D. While professional staff have the right to refuse to see a patient outside an emergency setting, it is essential that this refusal not be construed as abandonment. Therefore it is essential to work closely with Patient Relations to coordinate this process. Professional staff may contact the No More Service Line at 383-3505 with questions about this policy.

Procedure

A. Missed Appointments *Primary Care Physicians (Adult Medicine, Family Medicine, Pediatrics, Geriatrics):*

1. Patient Relations will send a No More Service (NMS) letter to the patient if *all* of the following criteria have been

met:

- a. Patient has missed three (3) appointments with the same professional staff member (includes physicians and advance practice providers) in a twelve (12) month period.
 - b. Patient was sent a no show card for the first missed appointment and this is documented in the EMR. Documentation should read "No show card sent."
 - c. Patient was sent a warning letter for the second missed appointment and this is documented in the EMR. Documentation should read "Warning letter sent."
 - d. Professional staff member documents in the EMR his/her request to NMS the patient.
2. If all of the above criteria have been met, an email should be sent to: NMS@carle.com. Patient Relations will:
 - a. Check documentation in the EMR to make sure patient does not have a guardian.
 - b. Send a certified NMS letter to the patient or the patient's legal guardian.
 - c. Forward a copy of NMS letter to HIM for scanning into EMR.
 - d. See that the appropriate message is put on the scheduling system.
 - e. Maintain a copy of the NMS letter in their office for future questions.
 3. If there is a second instance of three (3) missed appointments with another professional staff member in the same division (department within a branch clinic), a NMS letter to an entire division may be generated.
 - a. The professional staff member requesting the NMS to the entire department or branch will be responsible to document in the EMR.
 - b. The Division Head/Physician Branch Coordinator will be responsible to document his/her approval in the EMR. Documentation should read "Agree that patient should be NMS to _____" and electronically signed and dated.
 - c. For appointments missed during a twelve (12) month time frame and a no-show card and warning letter previously sent, Patient Relations will be responsible to complete the NMS letter.
 - d. The NMS will be effective thirty (30) days from the date of the letter in cases where a patient is being NMS due to missed appointments.
 4. If all of the above criteria have been met, an email should be sent to: NMS@carle.com for processing by Patient Relations as outlined in A2.
- B. Missed Appointments *Medical Specialties, Pediatric Subspecialties, OB-GYN, Surgical Specialties:*
1. Patient Relations will send a No More Service (NMS) letter to the patient if *all* of the following criteria have been met:
 - a. Patient has missed three (3) appointments with the same professional staff member (includes physicians and advance practice providers) in a twelve (12) month period.
 - b. Patient was sent a no show card for the first missed appointment and this is documented in the EMR. Documentation should read "No show card sent".
 - c. Patient was sent a warning letter for the second missed appointment and this is documented in the EMR. Documentation should read "Warning letter sent".
 - d. Professional staff member documents in the EMR his/her request to NMS the patient.
 2. If all of the above criteria have been met, an email should be sent to: NMS@carle.com. Patient Relations will:
 - a. Check documentation in the EMR to make sure patient does not have a guardian.
 - b. Send a certified NMS letter to the patient or the patient's guardian.
 - c. Forward a copy of NMS letter to HIM for scanning into EMR.
 - d. See that the appropriate message is put on the scheduling system.
 - e. Maintain a copy of the NMS letter in their office for future questions.
 3. If the above criteria has not been met, the professional staff member may still NMS a patient but the professional staff member must generate the letter. Managers may access a series of template letters which may be used as a guideline. The professional staff member/designee is responsible to send the original signed letter and envelope to ALPR. Patient Relations will be responsible to:
 - a. Review for content.
 - b. Check documentation in the EMR to make sure patient does not have a guardian.
 - c. Send the certified NMS letter to the patient or to the patient's legal guardian.
 - d. Make and distribute the appropriate copies.
 - e. Ensure that the appropriate message is placed on the scheduling system.
 - f. Maintain a copy of the NMS letter in their office for future questions.
 4. If there have been numerous no-shows with several professional staff member in the department or branch clinic, a NMS letter to an entire department or branch may be generated.

- a. The professional staff member requesting the NMS to the entire department or branch must document in the EMR.
 - b. The Division Head/Physician Branch Coordinator must document his/her approval in the EMR. Documentation should read "agree that patient should be NMS to _____" and electronically signed and dated.
 - c. For appointments missed during a twelve (12) month time frame and a no-show card and warning letter previously sent, Patient Relations will be responsible to complete the NMS letter. If not, the Division Head/Physician Branch Coordinator will be responsible to complete the letter. The original signed letter and envelope should be sent to ALPR for processing of the NMS.
 - d. The NMS will be effective thirty (30) days from the date of the letter in cases where a patient is being NMS due to missed appointments.
5. If all of the above criteria have been met, an email should be sent to: NMS@carle.com for processing by Patient Relations as outlined in B2.
- C. Non-Compliance:
1. Professional staff members/designees will be responsible for preparing letters to NMS patients for non-compliance.
 2. Professional staff members/managers may access a series of template letters which may be used as a guideline.
 3. Upon completion, the original signed letter and envelope will be sent to Patient Relations at ALPR for processing.
 4. The NMS will go into effect thirty (30) days from the date of the letter unless otherwise specified.
- D. Unacceptable Behavior:
1. Examples of unacceptable behavior include, but are not limited to:
 - a. Inappropriate sexual behavior or general harassment of staff
 - b. Forgery of medical documents (e.g. prescriptions, return to work slips)
 - c. Theft of Carle property (includes paper charts)
 - d. Drug seeking behavior
 2. Professional staff will contact Patient Relations at 383-3505 for assistance to NMS a patient for unacceptable behavior. Patient Relations will be responsible to:
 - a. Review each situation on a case-by-case basis.
 - b. Check documentation in the EMR to make sure patient does not have a guardian.
 - c. Provide instruction on EMR documentation and if necessary, seek input from the Senior VP/Chief Medical Officer to determine the extent of the NMS.
 - d. Receive the original signed letter and envelope for processing and notification of patient.
 - e. Complete and send out the NMS letter for patients to be No More Serviced to all of Carle Physician Group.
- E. No More Service Messaging:
1. If additional copies of the NMS templates are needed or for any questions related to the NMS process or wording of the NMS letter physicians/designees are responsible to call 383-3505.
 2. Patient Relations should not be cited in the body of the letter nor should they be shown as receiving a copy of the letter.
 3. For NMS messaging on the scheduling system followed by the number x. 3-3393 or x. 3-3461, the NMS (NMS initiated by Patient Accounts or Risk Management respectively), those departments should be contacted with any questions or concerns.

Attachments N/A

Other Related Links N/A

References N/A

Electronic Approval on File

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Executive Vice President/Chief Medical officer