



FOR IMMEDIATE RELEASE

**Peoria Regional Human Rights Authority
Report of Findings
Case #10-090-9004
Choices Behavioral Health Services, Ottawa Regional Hospital**

The Peoria Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning behavioral health services provided by Ottawa Regional Hospital:

1. The hospital violates patient confidentiality with regard to outstanding bills.
2. Hospital staff harass patients about outstanding bills when they arrive for treatment.
3. The hospital provides inadequate services with regard to clinician services when a clinician falls asleep during therapy sessions.
4. The hospital provides an inadequate grievance process when there is a lack of response to patient grievances.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS), the Mental Health and Developmental Disabilities Confidentiality Act and regulations that govern hospital licensure.

Choices Behavioral Health Services offers an array of inpatient, outpatient and partial hospitalization services to individuals residing in Central Illinois. On a yearly basis, Choices serves approximately 300 individuals in the inpatient unit, 200 persons in the partial hospitalization program and 1200 outpatient clients.

To investigate the allegations, an HRA team met with hospital and Choices representatives, toured the outpatient and inpatient programs, and reviewed pertinent policies.

COMPLAINT STATEMENT

According to the complaint, clerks aggressively attempt to collect co-pays and resolve bills in an open area of the outpatient clinic and within earshot of other service recipients. Recipients with outstanding bills are reportedly refused treatment. The complaint also alleges confidentiality breaches with regard to the inpatient behavioral health unit when a visitor must announce into an intercom located in a public hallway, his/her own name along with the name of the patient in the inpatient unit. The complaint states that a clinician falls asleep during sessions

with clients and when the hospital has been informed of the clinician's behaviors as well as other issues, there have been minimal changes; thus, there is a concern that the hospital's grievance process is inadequate. The complaint also questions the hospital's ability to charge co-payments.

FINDINGS

Interviews

An HRA team met with hospital administrative staff, including representatives of the behavioral health unit, financial/billing office, and risk management. Staff began by sharing information about the behavioral health services offered at the hospital. The outpatient program serves individuals of all ages and offers a range of therapy services. There are two inpatient units that include services for both adults and adolescents; however, there has been a recent limit on the number of admissions because the inpatient program is under construction. There are 5 psychiatrists on staff; the inpatient program is staffed by psychiatric nurses, a master's level and licensed mental health therapist, mental health counselors, an activity therapist and unit assistants. The inpatient program provides acute care and the average length of stay is 7 days. A partial hospitalization program offers services from 9 a.m. to 3 p.m. for both adults and adolescents.

With regard to confidentiality, staff stated that confidentiality is a requirement and breaches of confidentiality result in termination. Verbal and written consents are used before disclosing patient information. All employees are trained on the Mental Health and Developmental Disabilities Code and the Confidentiality Act and confidentiality measures are included in hospital policies and procedures. Annual staff training addresses confidentiality as well.

The administration acknowledged that staff relayed patient billing information in a manner and location that could have allowed others to overhear. The hospital responded by moving the location of the check-in and a patient's billing balance is now put in writing with staff pointing to the balance due versus verbalizing the balance. If the patient has questions or disputes concerning the balance, the patient is referred to a patient representative located in a private office. Billing staff receive training on confidentiality and audits are conducted to review staff access to records. Staff reported that they did receive a complaint regarding the billing process and a manager met with the patient; an agreement was made in which the patient will receive a phone call regarding his/her balance. Staff also reported that a newly constructed building which will open in a few months will promote a flow that will enhance confidentiality and the hospital is moving toward electronic records which will also promote confidentiality.

According to the staff interviewed, the billing process, costs and co-payments are discussed as part of new patient information. Insurance is reviewed and three consents are secured: 1) a consent to bill insurance; 2) a patient responsibility consent; and 3) a consent for treatment. Co-payments are based on a sliding scale. Staff stated that if a patient falls behind in co-payments, services would still be provided and the patient would meet with the patient representative to review a payment plan, secure needed benefits, etc. Before services would be refused for non-payment, the patient would receive a 30 day notice of service termination and during this time, the patient would still receive services. Staff stated that a patient would actually

receive 3 notices before services are terminated and there would be no "on the spot" termination. Also, before refusing services, a clinician is involved and must release the patient. Even when services are terminated, the patient can still access the emergency room if in a crisis and staff attempt to link the patient to community services. Confidentiality practices with regard to accessing the inpatient unit were discussed next. Staff reported that visitors gain entry by using a doorbell with an intercom. Staff respond to visitors over the intercom by asking, "May I help you?" Visitors are only required to state the patient's first name and code number which would have only been provided to the visitors by clients on the unit. If the code number is correct, entry is allowed. There is no requirement that the patient's last name be provided. If the visitor does not have a code number, staff will respond by stating that they cannot confirm or deny that the patient is on the unit and then, if the patient is on the unit, staff would check with the patient whether or not visitor entry should be allowed. Staff reported that there are no other services offered on the floor of the inpatient unit so that if a patient's last name was used it is unlikely that anyone else would overhear.

Discussion then ensued regarding the clinician who was reported to have fallen asleep during therapy sessions. Administration verified that receipt of similar concerns and the hospital's stepladder disciplinary process has been implemented although staff discipline issues are not discussed with patients. A corrective action plan is in place for 12 months with any further incidents resulting in dismissal although some disciplinary matters, such as unauthorized absences, are rolled over from year to year. Administrators indicated that patients can ask to be reassigned whenever dissatisfied with a therapist. Of two patients who voiced concerns about the therapist, one patient requested a new clinician and the other did not. Therapists typically see six patients per day for 45 minute to one hour sessions. A psychiatrist and an administrator provide supervisory oversight for each therapist and all patients see both a therapist and a psychiatrist. Administrators reported that they just became aware of the complaints about the therapist in the past year.

The hospital stated that it maintains a grievance process that begins with whoever receives the initial grievance; an attempt is made to resolve a complaint immediately. If unresolved, the issue is given to a manager who seeks a resolution with the patient; such concerns are also documented in the complaint system. A patient would typically get a written response although for the two patients who voiced concerns regarding the therapist, the concerns were discussed over the telephone and there was no written response or record. If a matter is still unresolved after reaching a manager, it is then referred to the patient representative in the hospital or a hospital administrator. And, the final stage of the grievance process is a referral to the hospital's internal quality committee. Manager names and pictures, rights information and Human Rights Authority information is part of the new patient packet, and manager names/pictures and HRA information is posted. Also, contact information is made available for the Illinois Department of Public Health and the hospital's accreditation agency.

Staff differentiated between a complaint and a grievance stating that complaints are documented on a complaint form, resolved on the unit and require no written response while grievances are handled by the patient representative and result in a written response. Besides the reviews conducted by the quality assurance committee, another quality measure used by the hospital is the distribution of surveys to patients although behavioral health services are not

addressed in the surveys and the Centers for Medicare and Medicaid (CMS) do not require the inclusion of behavioral health service recipients in patient satisfaction surveys. Staff reported that a request has been made in the hospital budget to fund surveys for behavioral health services.

Tour

The HRA team toured the inpatient and outpatient areas of the hospital. In touring the inpatient unit, the team observed the doorbell/intercom entry arrangement. The entire floor was dedicated to the behavioral health program. Upon exiting the elevator, individuals could walk toward the inpatient unit or an office area that houses offices for the partial hospitalization program. The team encountered only hospital staff before entering the inpatient unit. While on the unit, the team observed the posting of Guardianship and Advocacy Commission information, a rights statement and administrative staff contact information. Visiting hours were posted as being between 1 p.m. and 2 p.m. and then again from 7 p.m. to 8 p.m.

In touring the outpatient unit, the team observed a window just inside the front door where check-in had previously occurred and then the new location of the check-in located in the lobby area. The team also observed the private office of the billing representative. Patient rights were posted in the lobby area of the outpatient unit.

Policies and Forms

The HRA team examined policies and forms pertinent to the allegations. The behavioral health confidentiality policy is designed "To establish guidelines regarding confidential communications between patients, their families and staff" which comply with state and federal mandates. Staff are expected to be familiar with confidentiality mandates, to only release information if there is a signed release and to only use releases that comply with state and federal requirements. A separate policy addresses the means for reporting breaches of confidentiality as well as patient abuse/neglect. This policy describes confidentiality breaches, abuse and neglect and requires all staff to be oriented on related hospital requirements upon hire. Any breaches or abuse/neglect allegations are to be reported to the staff person's supervisor who will then make reports to administrative staff. External agencies may also be notified. A human resources manager will investigate the matter and a decision, including possible discipline, will be considered. The employee will be informed of the investigation results; however patients will be informed of the investigation procedure but patient/employee confidentiality will be maintained. A privacy notice issued to patients describes Health Insurance Portability and Accountability Act (HIPAA) provisions and requirements, the means of exercising privacy rights and contact information for filing a privacy complaint.

The team examined a patient rights statement which includes information about the rights to reasonable treatment, respectful care, rights information, and confidentiality.

The complaint/grievance procedure calls for immediate resolution by the person receiving the complaint whenever possible. If not resolved, staff are to send the complaint as documented on a complaint form to a Department Manager who investigates and provides the patient representative with the complaint form. Higher level administrators are to be informed of complaints related to abuse or safety. Hospitalized patients are to receive a verbal report of any

investigation within 24 hours. For clinical issues of discharged patients or outpatients, a verbal report is to be provided within a week. Billing issues are to be documented, reviewed and resolved within two weeks. A report on complaints is to be provided to the Director of Quality Management, Administration and the Governing Board each month.

A safety statement issued to patients provides contact information for hospital administrators should there be a patient care or safety concern. In smaller print, the statement includes contact information for the accreditation body and the Illinois Department of Public Health.

A sample behavioral health registration form allows for the documentation of guarantor information, insurance information, treatment consent and any outstanding balance. A consent form allows staff to release information to the insurance company; however, specifics about the information to be released and other details such as expiration date are not included in the consent form. The consent also indicates that the patient agrees to pay the behavioral health clinic's rates and collection fees within allotted time frames although specific rate information is not provided.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to "...adequate and humane care and services...."

The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/3) requires the confidentiality of all recipient communications. Section 110/5 states that communications can only be disclosed with written consent except in a few prescribed circumstances. Consent forms are to specify the agency to whom disclosure is to be made, the reason for disclosure, the nature of the disclosure, the right to inspect information to be disclosed, the consequences for refusing consent, the expiration date unless consent only applies to the day of the consent and the right to revoke a consent.

The Hospital Licensing Act (210 ILCS 85/6.14) states that:

Confidential medical, social, personal, or financial information identifying a patient shall not be available for public inspection in a manner which identifies a patient....No member of a hospital's medical staff and no agent or employee of a hospital shall disclose the nature or details of services provided to the patient....

Federal hospital regulations pertaining to participation in Medicare and Medicaid funding (42 C.F.R. 482.13) require the following with regard to patient grievances:

The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process must include a mechanism for

timely referral of patient concerns regarding quality of care....At a minimum: (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital. (ii) The grievance process must specify time frames for review of the grievance and the provision of a response. (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

CONCLUSIONS

Complaint #1: The hospital violates patient confidentiality with regard to outstanding bills.

The complaint states and the hospital verified that the manner in which bills are discussed and the location of the discussion was not conducive to confidential communications as required by confidentiality mandates that protect client privacy and require written consents for the disclosure of communications. Prior to the HRA's visit, the hospital amended its approach for discussing outstanding bills by pointing to the outstanding bill and deferring any detailed discussion to a meeting with a billing representative in a private office. **While the HRA substantiates the complaint based on the hospital's report of its past practice, it finds the resolution with regard to the hospital's amended approach of discussing billing details in private to be appropriate. Therefore, the Authority issues no recommendations.** However, the HRA would like to offer the following comments and suggestions. In a tour of the outpatient unit, the hospital explained that the check-in area was moved from a reception window located inside the entry door to a desk located in the lobby/waiting room of the outpatient facility. The HRA questions whether or not this change promotes increased confidentiality when anyone in the waiting area is privy to any check-in discussions. The HRA suggests the following:

1. Continue to review various means of promoting patient confidentiality, including confidentiality during the check-in/check-out process. Review new construction in terms of enhancing patient confidentiality.
2. Revise the use of verbal consents as described by staff when the Mental Health and Developmental Disabilities Act requires written consents.

Complaint #2: Hospital staff harass patients about outstanding bills when they arrive for treatment.

The complaint states that staff harass patients about outstanding bills to the point of threatening service termination. Furthermore, co-payments are required for services. Staff reported that services would not be terminated without advance notice and only after three such notices have been sent. And, services would not be terminated if clinically contraindicated and individuals in crisis could still access emergency room services. Also, fees are based on a sliding scale.

The HRA did not find policies or practices related to the described process of service termination for non-payment. A consent form makes a general statement related to patient

responsibility for clinic rates. The HRA did not have a release to examine a specific record. The Mental Health Code guarantees the right to adequate and humane treatment.

Based on the available evidence, the HRA does not substantiate the allegations but offers the following suggestions:

1. Consider the development of a written policy and procedure to guide the termination process for non-payment.
2. Provide new patients with more specific information regarding co-payment expectations.
3. The HRA noted that the consent forms used by the behavioral health program to bill insurance were not consistent with Confidentiality Act requirements and strongly suggests that the releases be revised to conform with the Act.

Complaint #3: The hospital provides inadequate services with regard to clinician services when a clinician falls asleep during therapy services.

Hospital staff acknowledged the receipt of similar complaints and indicated that the disciplinary process was being followed.

The Mental Health Code guarantees the right to adequate and humane services.

Based on the hospital's report, the HRA substantiates the allegation and recommends the following:

- 1. Ensure the provision of adequate services as required by the Mental Health Code and monitor the therapist. Respond appropriately to any further complaints.**

The Authority lacked a consent to examine any specific client records but notes that the complaint received indicated that therapist concerns date back further than indicated in staff's reports. The following suggestions are also offered:

1. Taking into account any timelines associated with the disciplinary process, the HRA strongly suggests that concerns related to the adequacy of service provision be handled in a timely manner.
2. Document time frames for receiving and responding to complaints or grievances.

Complaint #4: The hospital provides an inadequate grievance process when there is a lack of response to patient grievances.

The complaint contends that repeated complaints have rendered few results. While the HRA acknowledges timelines associated with a disciplinary process, it questions the manner in which complaints were handled. Staff reported that complaints regarding the billing issues resulted in changes and complaints regarding the therapist prompted action although specifics are confidential as per personnel privacy protections. At the same time, staff reported that phone calls were made to the complainants to discuss results. Staff also differentiated between complaints and grievances indicating only grievances require written responses to complainants.

However, the Centers for Medicare and Medicaid (CMS) require as part of Medicare/Medicaid participation, a clear grievance policy with timelines and written responses to grievants/complainants.

Due to the variant methods of responding to complaints/grievances that do not always follow the CMS mandated approach of a written response, the HRA substantiates the complaint and makes the following recommendations:

- 1. Follow the CMS requirements for patient grievances/complaints. Provide a written response.**
- 2. Revise the grievance/complaint policy to ensure consistency with CMS requirements.**

The HRA also offers the following suggestion:

1. As part of quality assurance measures, extend surveys to patients who use behavioral health services.
2. The one hour of visitation allowed twice per day on the inpatient unit seems very limited, especially for the weekend. The HRA suggests that the unit review the visitation hours to determine if they could be extended, at least for the weekends.

The Human Rights Authority acknowledges the full cooperation of the hospital and its staff during the course of the investigation.

RESPONSE

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



Ottawa Regional
Hospital & Healthcare Center

June 16, 2010

James Runyon, Chairperson
Human Rights Authority
5407 N University, Suite 7
Peoria, IL 61614

Re: #10-090-9004

Dear Mr. Runyon,

We are in receipt of your letter dated May 20, 2010. We have reviewed the findings of your investigation and recognize that there are opportunities for improvement.

Ottawa Regional Hospital & Healthcare Center strives to be compliant with all regulations and thanks you and your team for the recommendations and suggestions. The plan listed below focuses on staff education, compliance monitoring and updating of written materials.

The Hospital's "complaints/grievances patient or family" policy and procedure has been reviewed. The behavioral health staff members are in the process of being in-serviced. The management team and psychiatrists completed this (sheet attached). The remainder of the staff will be completed by 7/9/10.

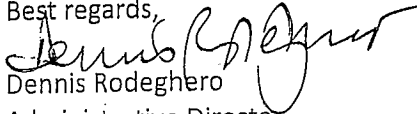
The issue with the clinician who fell asleep in therapy sessions has been addressed by placing the staff member on a corrective action plan. If this were to occur again, the clinician's employment will be terminated. The psychiatry and management staff are monitoring for compliance.

A new building which will house the outpatient behavioral health service is near completion. We plan to occupy it by August 2010. The space was specifically designed to use for this service with special emphasis on safety and ensuring patient confidentiality.

We have recently migrated our method of documentation of clinical services from paper to an electronic medical record. We have updated several of our forms. The consent forms used to bill insurance will be updated by 7/23/10.

Thank you for your time and attention to this matter. The feedback and additional suggestions provided is appreciated and will be utilized in our continuous improvement efforts.

Should you have any questions or need additional information, please feel free to contact me at 815-431-5449.

Best regards,

Dennis Rodeghero
Administrative Director
Behavioral Health Services

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JUN 22 2010

GUARDIANSHIP &
ADVOCACY COMMISSION
PEORIA REGIONAL OFFICE

Ottawa Regional Hospital and Healthcare Center
Behavioral Health Services
Quiz on Complaints/Grievance Patient or Family Policy & Procedure

Name: _____

Date: _____

<p>How are patients/families informed of the process for filing a complaint/grievance?</p>	<ol style="list-style-type: none"> 1. Patient handbook 2. Posted notices 3. Discussion/questions with any staff member 4. All of the above 5. None of the above
<p>Who is responsible for resolving the patient/family concern?</p>	<ol style="list-style-type: none"> 1. All concerns should be resolved by the person receiving the concern, whenever possible. 2. In situations when the concern cannot be resolved by the person who received the complaint, a form will be initiated by the patient and/or staff member and given to the Department Manager or designee as soon as possible. 3. All of the above 4. None of the above
<p>Who will investigate and follow-up after receiving a patient complaint/grievance?</p>	<ol style="list-style-type: none"> 1. The Department Manager (or designee) will investigate and follow up whenever possible. 2. If a complaint cannot be resolved at the department level, the Patient Representative may be asked to continue the process. 3. Documentation will be placed in the Midas system. 5. All of the above 4. None of the above
<p>What are the time frames to respond to the patient/family?</p>	<ol style="list-style-type: none"> 1. Immediate investigation and follow up by the Manager, Hospital Supervisor, Patient Representative or other Management Personnel is required in situations that place the patient in immediate danger or are related to abuse. The Director of Quality Management, Director of Nursing or the Chief Operating Officer is to be notified of these situations as soon as possible. 2. Clinical issues involving hospitalized patients must be investigated and a verbal report given to the patient or legal representative within 24-hours of receipt of the complaint. The result of the investigation, steps taken to resolve the issue and the name of the hospital contact person must be provided to the complainant in writing by the end of a one-week period. 3. Clinical issues involving <u>discharged patients</u> or outpatients must be investigated and a verbal report given to the patient or legal representative within one week of the complaint. The result of the investigation, steps taken to resolve the issue and the name of the hospital contact person must be provided to the complainant within one month. 4. In situations where the complainant is unable to be reached, a card/letter will be sent giving the name of the person to

Ottawa Regional Hospital and Healthcare Center
 Behavioral Health Services
 Quiz on Complaints/Grievance Patient or Family Policy & Procedure

	<p>contact and the hours of availability.</p> <p>5. Issues involving <u>billing</u> are to be documented, investigated and resolved <u>within two weeks</u> of receipt. Follow up is to be provided at the time of resolution of the issue.</p> <p>6. Complaints involving the <u>Emergency Department physicians</u> will be given to the <u>Physician Director of ED</u> after follow up on <u>nursing concerns are completed by the Nurse Manager and/or Patient Representative</u>.</p> <p>7. Complaints involving other <u>physicians</u> will be given to the <u>Director of Quality Management</u> after investigation has been completed by the appropriate Manager and/or Patient Representative.</p> <p>8. A report of patient complaints is given to the Director of Quality Management, Administration and the Governing Board on a monthly basis.</p> <p>6. All of the above</p> <p>9. None of the above</p>
Who is the OHR Patient Representative?	<p>1. Susan P at extension 5324</p> <p>2. None of the above</p>

Reviewed by: _____ Date: _____

Ottawa Regional Hospital and Healthcare Center
 Policy Review & Quiz – Patient Complaints/Grievances

6/15/10

Staff Member	Policy Reviewed	Quiz
Dennis Rodeghero, Administrative Director	<i>Dennis Rodeghero</i>	Passed
Michael Glavin, MD Medical Director	<i>Michael Glavin</i>	Passed
Joseph Chuprevich, DO Psychiatrist	<i>Joseph Chuprevich</i>	Passed
James Dyers, DO Psychiatrist	<i>James Dyers</i>	Passed
Craig Kestenberg, DO Child/Adolescent Psychiatrist	<i>Craig Kestenberg</i>	Passed
Rena Bute-Winner, RN OP Manager	<i>Rena Bute-Winner</i>	Passed
Marcy Perkunas, RN Inpatient Manger	<i>Marcy Perkunas</i>	Passed
Wendy Navarro, LCSW Social Services Supervisor	<i>Wendy Navarro</i>	Passed
Frank Duttlinger OP Business Supervisor	<i>Frank Duttlinger</i>	Passed

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