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HUMAN RIGHTS AUTHORITY - PEORIA REGION  
REPORT OF FINDINGS

Case # 10-090-9026  
Methodist Medical Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Methodist Medical Center on the Behavioral Health Unit. Complaints alleged the following:

1. Abuse and inhumane care in the form of bullying by younger patients. Examples of this bullying include a wheelchair being hidden, items being taken from the wheelchair, a patient entering a room that was not theirs and using a patient's hairbrush, verbal confrontations in front of other patients, and male patients intimidating and degrading a female patient who was medicated.
2. Confidentiality was breached when a patient repeated information regarding another patient's diagnosis.
3. The hospital has an inadequate grievance process.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5), the Hospital Licensing Act (210 ILCS 85/6.14B), the Medical Patient Rights Act (410 ILCS 50/3), the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100, 112, 102, 104), Hospital Licensing Regulations (77 Ill. Admin. Code 250) and the Centers for Medicare and Medicaid Conditions of Participation for Hospitals (42 CFR 482.13).

The Methodist Medical Center covers a 4-county area which consists of Peoria, Tazwell, Woodford, and Fulton Counties, but the Behavioral Health Unit receives patients from 22 or 23 counties due to the close of Zeller Mental Health Center. The Behavioral Health Unit has 2 adult units consisting of 44 beds and an adolescent unit which consists of 22 beds. The Behavioral Health Unit employs approximately 120 staff which consists of nurses, Masters level clinicians, mental health associates, nurse's aides, activity therapists, and psychiatrists. The Methodist Medical Center also offers other mental health programs such as a partial hospitalization and an outpatient clinic for children and adolescents.

To investigate the allegations, HRA team members met and interviewed Methodist Medical Center staff members and reviewed documentation that is pertinent to the investigation.

## COMPLAINT STATEMENT

The complaint alleges that a patient was bullied by younger patients in the behavioral unit. Purportedly, a patient had her wheelchair hidden and items taken from her wheelchair and thrown into her room. Also, it was alleged that food was taken from elderly patients, clothes were thrown at elderly patients, and clothes were thrown into the dryer room. The complaint also states that a patient entered a room that was not his/hers, went into the room's drawers, took out a hairbrush, and used it on another patient. Another concern states that a younger patient shared personal information about an older patient during a group meeting. The older patient said that she had shared the information in confidence with the younger patient and did not want the information shared with the group. It was also said that male patients were intimidating and degrading a female patient who was medicated by making her dance against a glass window. The final complaint claims that the hospital has an inadequate grievance process. The complaint alleges that a patient called a hospital CEO who did not take action regarding the patient's complaint. The patient making the grievance never received any information stating that the complaint was opened or that the complaint had been closed. It was also said that the hospital advocate was contacted and did not take action regarding the complaint.

## FINDINGS

### Interviews with staff (9/3/2010)

The staff began by explaining that they have no record of the incidents in the complaint happening. They stated that the individual cited in the complaint suffered from major depression and post traumatic stress disorder. The individual was admitted on 5/3 and then transferred on 5/5 to the medical unit because of seizures. From there, the patient was taken out of the hospital by her husband against medical advice. The patient came from another hospital as an inpatient and was sent to the Methodist Behavioral Health Unit because she was having delusions. A doctor had been counseling her at the other hospital. The patient signed into the unit voluntarily. The staff could not say for certain but they thought that the Unit was at full capacity at the time that the patient was there. The staff also explained that the patient used a wheelchair for balance as she walked and did not use the wheelchair to sit in but rather to walk behind. The staff also explained that when the individual was moved from the Behavioral Unit to the medical unit, the seizures became the primary focus.

The staff stated that the individual had no contact with the hospital regarding any complaints or grievances. They stated that the individual that is named in the complaint as the CEO is actually the hospital advocate and the advocate did not receive any grievances regarding the complaints in the report. They did say that the hospital was contacted regarding some missing items but they discovered that it was the other hospital that the patient was transferred from where the items were lost. That was the only contact that they had with the patient since she left the hospital.

The staff explained that the adult unit is separate from the adolescent unit with no access to each other. There are two individuals to a room; all the rooms house same sex patients. The

males and females do have rooms next to each other though and are not segregated from one another on the floor. The staff did explain that, although the sexes are mixed, they are never completely alone and there are always staff members around. The staff can always see the patients and there is no situation in which a patient would be alone. Also, the unit has cameras situated in different areas of the units. The staff also do rounds throughout the units.

The staff said that the patients in the Behavioral Health Unit have a structured day and they are always with staff during programs. They stated that some patients may not participate and stay in bed or that some elderly patients choose not to participate, but most of the patients do participate in the day's programs. The staff stated that patients would go to group session on the same day that they are admitted into the unit. The average length of stay in the unit is only 6 ½ days so they start the patients on a program immediately. They stated that when a patient is admitted, they have immediate interaction with the other patients. They said that when someone is admitted into the unit, the discharge planning starts the same day. The staff explained that group is split between two units and there are several of different groups to go to throughout the day. Psychiatrists meet with the patients on a daily basis. The patients also have clinicians who meet with them and they can have family therapy, if their family chooses to participate.

The staff said that all patients are taught that what is said within the unit or within group has to stay within the unit or group, but they cannot control what happens. The staff and the unit discuss keeping issues confidential in group and patients are told that they are not supposed to bring up others' problems, but sometimes patients do.

The staff said that the patient did not complain while she was at the Behavioral Health unit. If there were any complaints while she was on the floor, they would have been handled while she was there. They explained that the patient could have gone to a staff member and patients also have opportunities to voice a concern at the morning community meeting. The staff were unaware of the issue because the patient did not voice a concern. They said that anyone can go into the room of the same sex and they can just walk in; there is no check in to go into someone's room. Males may not visit female rooms and vice versa. They said that it is possible that someone could go into a room and use a person's brush but there are also very few things in the room so no one would be using or losing items of great value. Staff do try to redirect and discourage people from going into each other's rooms or using each others' items. The staff only safeguard personal items that the patient may have. The patients have things like toiletries, shampoo, make-up, and clothes in their rooms. The staff can store some items behind the nurse's station. The unit discourages the patients bringing in suitcases to try and keep items in the room at a minimum.

The staff explained that the grievance policy is in the handbook. The unit has an orientation group in place when the patient is admitted to the unit. During the community meeting they ask if anyone has any complaints or concerns. They like to resolve the complaints in the unit first. The patients can go to a nurse, the lead nurse, the unit manager, or the unit director. They can also call the patient advocate. There is also another step after the patient advocate of going to the review committee. If the review committee cannot resolve the situation, the patient is given the number of an outside agency that they can contact. The staff explained that the patients know they have options. The staff also explained that the patient advocate has a

formal policy for dealing with grievances. When the patient goes directly to the unit staff with a complaint and they try to deal with the complaint on the floor, there is no written resolution. The complaint is not considered a formal grievance. When the patient uses the patient advocate, they receive an initial letter about the grievance and, when the grievance is resolved, they will receive another letter. When there is a formal grievance, the hospital has a 30-day turnaround for the grievance process. The entire grievance process is not spelled out to the patients by the unit. The patients do get the patient advocate's phone number and she will meet with them and explain the formal grievance process. If the grievance gets to the review committee, and the patient still is not satisfied, they will receive a letter with outside agencies where they can take the grievance. The Illinois Guardianship and Advocacy Commission (GAC) is one of the agencies as well as the Joint Commission. The GAC address is also given to them on admission in the handbook. The staff stated that they are transparent regarding grievances. They seek out complaints at the meeting with the patients. The staff stated they are focused on patient satisfaction and a safe environment. Clinicians meet with the patients privately and can bring up grievances and complaints.

The staff discuss retaliation concerns if a patient brings up the subject. They stated that they feel that the patients are comfortable enough to bring up complaints and grievances without fearing retaliation. They said sometimes they have conflict on the floor and experience them while in group. The patients feel comfortable enough to bring the complaints up at group with no retaliation.

The staff stated that there are no issues with bullying. Patients may be a bit aggressive but staff split up people when they become aggressive. The nurse to patient ratio is 5:6. The staff is sensitive to those who may be vulnerable and to those who could bully. They try to manage both types of people.

### Facility Tour

The HRA took a tour of the unit and saw that the rooms were all in one long hallway and the nurse's station is located in the middle of that hallway. Group rooms where people may go have cameras located in them and, while touring the unit, most of the floor was in group and we saw that they were supervised by staff while in the group situation.

### Record Review

The HRA reviewed documents related to the complaints cited in this case. In regard to the first complaint that patients were abused and treated inhumanely in the form of patient to patient bullying and intimidation, the HRA reviewed the patient's discharge summary, treatment plan, admission documentation, and medical records including progress notes and physician progress notes. The patient's discharge summary states that the patient was admitted on 5/3/10 and discharged on 5/5/10. The summary states that the patient was apprehensive about staying on the psychiatric floor and was initially going to be admitted involuntarily, but then was allowed to sign a voluntary admission form (The HRA viewed a petition for involuntary admission and then a voluntary admission form signed by the patient). In reviewing the patient's

records, the HRA saw no evidence of an incident with the patient or the patient reporting an incident to the staff.

The HRA reviewed Methodist Medical Center's patient rights and responsibilities policy, which states that "The patient has the right to personal dignity." The policy also states that patients should "expect reasonable safety with regard to MMCI practices and environment" and that a patient should be considerate of the rights and properties of other patients, personnel and the facility.

The patient handbook for the behavioral health services does suggest limiting the amount of clothing and personal items while at the hospital, and also states that the hospital is not responsible for lost, misplaced or stolen items. The hospital does have baskets behind the nursing station for certain items (sharps, glass, aerosol, belts, Ipods, etc.) and does restrict some items (cell phones, lap tops, cameras, etc.). In the "Patient Safety" section of the handbook, it reads "For patient safety, staff will be accounting for all patients' whereabouts every 30 minutes or more often depending on patient condition." The handbook states that only patients of the same gender are allowed in the same patient room together and this action needs to be observed at all times. The handbook also states that patients have the right to "care in a safe and secure setting" and "protection from all forms of abuse or harassment." The handbook reiterates that patients should be considerate of the rights of other patients and hospital staff.

The HRA reviewed Methodist's abuse and neglect policy. The policy defines the different forms of abuse (physical, sexual, emotional, neglect, etc.) and the different age categories in which abuse can occur (child, elder, and abuse between the ages of 19-59). The document defines procedure for suspected cases of abuse. The patient in this instance is 61 years of age which would fall under the procedure for suspected cases of abuse or exploitation of the Elderly or Disabled as defined in the document. The procedure illustrated in the policy states that the State of Illinois Elder Abuse and Neglect Act requires mandated reporters to report any suspected abuse within 24 hours to the Department on Aging Elder Abuse and Neglect Program. The procedure also states that "Nurses, physicians or other hospital personnel are to screen for signs of abuse, neglect or exploitation through routine patient care and/or daily contact with patient." The procedure requires that if abuse is suspected, the hospital should provide for the patient's immediate safety. The staff member is then to contact social work service and then they are to call the area Department on Aging Elder Abuse and Neglect Program. If the patient who is suspected of abuse lives at a nursing home or shelter care facility, the report should call the Illinois Department of Public Health hotline and also contact the state Long-Term Care Ombudsman program. From there the social work program at the facility will follow-up with the referral and all correspondence regarding the complaint will be added to the patient's file. The abuse policy did not directly mention a procedure if suspected abuse occurs within the hospital or a procedure dealing with patient on patient abuse. The policy seemed to focus on abuse reporting when there is suspected abuse outside of the hospital.

The HRA also reviewed the hospital's incident reporting policy which is part of the patient safety plan. The "Reporting of Events" section of the document deals with the reporting of medical/health care errors but does not deal with the reporting of abuse or neglect incidents.

In regard to the complaint that confidentiality was breached when a patient repeated information regarding another patient's confidential diagnosis, the patient handbook's confidentiality statement says that the hospital staff is instructed to not acknowledge the patient's admission, release, room number, or phone number to anyone without permission. The handbook states that if family or friends inquire about a patient, the patient will be informed of the inquiry and decide what information, if any, will be provided. The handbook proceeds to say "By the same token, respect other patient's privacy and refrain from discussing them with family and friends." The handbook's section describing therapeutic sessions does not mention confidentiality or how to treat other patients within the sessions. In the patient responsibilities section of the handbook, it states that one of the patient responsibilities is "Consideration of the rights of other patients and hospital personnel." The patient rights and responsibilities policy makes statements regarding the patient's confidentiality but does not make any statement regarding patient to patient confidentiality.

In regard to the complaint that the hospital has an inadequate grieving process, the patient handbook, in a section titled "Speak Up," reads "We encourage you to voice your opinion. You may voice your concerns/opinions to your nurse, the lead nurse, the nurse manager, or the director about your rights or treatment. In addition, if you feel you need further assistance, you may contact the hospital patient advocate at 309-671-8209." In the patient rights and responsibilities section of the handbook, the patient advocate number is given again, and then there is a section titled "Complaint/Grievance Procedure" that illustrates that patient grievance procedure. The grievance section states that any concerns, that cannot be resolved by available staff, can be addressed by contacting the "Pride Line" which is the same number as the patient advocate. The document proceeds to state that any staff member can contact the Pride Line on a patient's behalf. The response to the Pride-Line is the same day even if a further investigation of the concern is required. The procedure also states the patient can contact the Illinois Department of Public Health's Central Complaint Registry, and gives the phone number and the address of the Department.

The HRA also reviewed the patient complaints and grievances policy. The policy differentiates between a concern/complaint and grievance, stating that a concern/complaint is something that is resolved by staff present. If the patient concern/complaint cannot be taken care of by staff present, and must be postponed for a later resolution, then it is considered a grievance. If the concern/complaint cannot be taken care of, the unit based care team is to forward the complaint to the Patient Advocate, Patient Safety Coordinator, or House Supervisor. All calls regarding a complaint will be responded to on the same day the complaint is made. Within an average of 7 days of receiving the grievance, the patient or representative making the grievance, will receive written communication acknowledging the concerns or a resolution. If the grievance is not resolved in this timeframe, additional communication will follow to keep the complainant informed of the complaint status. Grievances will also be added into a database. The policy states that the patient handbook will have the number and address for the Illinois Department of Public Health.

In the patient rights policy, it states "Patients can freely voice complaints or grievances and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services." The policy indicates that the "Pride"

program (which is the same number as the Patient Advocate) is the number for patients to call and that the call will result in a day's turnaround for a call back. The policy also states that the patient has the right to make a written or verbal request for the facility to review the concern. The policy states that the patient will receive written notice on the steps taken and the investigation as well as the results and date of completion. The policy also gives the phone numbers for the Illinois Department of Public Health and the Joint Commission.

## MANDATES

The HRA reviewed mandates dealing with the complaints raised with this report. In regard to the complaint stating the a patient was abused and treated inhumanely, the HRA reviewed the Mental Health and Developmental Disabilities Code which states " Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect" (405 ILCS 5/2-112) and also "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" (405 ILCS 5/2-102). The Hospital Licensing Act states "(b) Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this Section" (210 ILCS 85/9.6).

In regard to the complaint that confidentiality was breached when another patient repeated personal patient information, the Mental Health and Developmental Disabilities Confidentiality Act states "All records and communications shall be confidential and shall not be disclosed except as provided in this Act" (740 ILCS 110/4). The Hospital Licensing Act states the hospital will respect the patient's confidentiality and will only divulge a record on a patient's death and then it will only be disclosed to a relative or guardian as permitted by law or under judicial proceedings (210 ILCS 85/6.14b). The Medical Patient Rights Act states that it is the patient's right to have privacy in healthcare (410 ILCS 50/3). The HRA found no specific regulations regarding patient to patient confidentiality.

In regard to the complaint that Methodist Medical Center has an inadequate grievance process, the HRA reviewed the Federal regulations which state "(2) 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 grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. 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" (42 CFR 482.13).

## CONCLUSION

**Complaint #1 - Abuse and inhumane care in the form of bullying by younger patients. Examples of this bullying include a wheelchair being hidden, items being taken from the wheelchair, a patient entering a room that was not theirs and using a patient's hairbrush, verbal confrontations in front of other patients, and male patients intimidating and degrading a female patient who was medicated.**

The complaint states that younger patients are being bullied by the older patients in the behavioral health unit at the Methodist Medical Center. Among examples of the behaviors, a patient had her wheelchair hidden, items were taken from her wheelchair and thrown into her room, food was taken, clothes were thrown at patients, items from patient's rooms were being used without permission, and clothes were thrown into the dryer room. The complaint also states that male patients were intimidating and degrading a female patient who was medicated. The hospital staff explained that they did not have any complaints regarding incidents such as these on the record and did not receive any grievances from the patient named in the complaint. The staff also explained that the adult unit and the adolescent unit are completely separate and also that patients of the same gender are not allowed in each others rooms. The staff also explained that the patients are never completely alone and have a structured day and they are always with staff during the days programs. Also, during the tour, the HRA saw that there were cameras located in the rooms where people could go and also that the patients were all being supervised while in group. In reviewing the facility records, the staff did see that, in the patient rights handbook, it is stated that the patients have a right to personal dignity and, in the patient safety section of the handbook, each patient is being accounted for every 30 minutes. The HRA reviewed this patient's records and saw no evidence of the patient having any incidents or making a complaint or grievance with the hospital. Due to the fact that there is no evidence that incidents occurred as stated in the complaint, and the facility has policy and procedure in place to prevent such incidents, the HRA finds the complaint **unsubstantiated** but offers the following suggestions:

- The hospital incident reporting policy does not mention reporting abuse to the Illinois Department of Public Health as stated in the Hospital Licensing Act (210 ILCS 85/9.6). The written policy only addresses medical errors and does not address abuse claims. The HRA suggests that the policy be reviewed to address how to handle reporting items to the Department of Public Health per the Licensing Act.
- The hospital abuse policy describes procedure for dealing with abuse that has occurred outside of the hospital and does not address abuse that may happen within the hospital. The HRA suggests reviewing the abuse policy procedure to include instances of abuse within the hospital as well as reporting abuse to the Illinois Department of Public Health per the Hospital Licensing Act (210 ILCS 85/9.6).
- Although the handbook does address personal belongings and valuables, there is no mention in the handbook asking other patients to be respectful of others' belongings (eg. No taking others belongings, no using others belongings without asking). The HRA suggests that a section documenting respect of others belongings is added to the handbook or documented in some way that it reaches the patients.



**Complaint #2 - Confidentiality was breached when another patient repeated information regarding your diagnosis that was confidential.**

The complaint states that a patient breached another patient's confidentiality during a group therapy session. The patient had shared personal information with another patient and the information was publicly repeated at the session. The Methodist Medical Center staff stated that they teach the patients to not talk about what is discussed in group and that the issues are to be kept confidential within group, but sometimes confidential issues are still brought up. The patient handbook also states that the patients should respect the other patients' confidentiality and not talk about issues with family and friends and also, in another section of the handbook, it states to be considerate of the rights of patients in the hospital. The HRA reviewed regulations regarding confidentiality and saw no requirement specific to confidentiality between patients. Due to the facts that the hospital had no evidence of reported confidentiality concerns, the hospital does address the confidentiality issue in its handbook, and because there are no regulations safeguarding what one patient says to another patient, the HRA finds this complaint **unsubstantiated**.

**Complaint #3 - The hospital has an inadequate grievance process.**

The complaint states that the hospital has an inadequate grieving process. The complaint states that the hospital CEO was called and did not take action regarding the complaint, and also that the complainant never received any information stating that the complaint was opened or that the complaint had been closed. The complaint also states that the hospital advocate was contacted and took no action regarding the complaint. The staff stated that they have no record of any calls to the hospital regarding complaints listed in this report. The staff stated that there was a call from the patient involved in the complaints but it dealt with issues unrelated to this complaint. The staff also stated that the individual would not have called the CEO but rather the hospital advocate. In reviewing the documents related to the hospital grievance process, there is a grievance process in place and the facility makes this process available to patients. Due to the fact that there is no evidence that the hospital grievance process was used, the HRA finds this complaint **unsubstantiated** but offers the following suggestions:

- In the patient handbook, the "Pride Line" is actually the phone number for the patient advocate. This could get confusing for patients calling the phone number. The HRA suggests giving the line one name to limit confusion for the patients utilizing the service.
- The complaint and grievance policy differentiates between a concern/complaint and a grievance and the policy does not indicate that a concern/complaint be documented in writing. The HRA recognizes that a concern/complaint may be something as minute as a patient being uncomfortable because of the room temperature, and realizes that those types of complaints may not need documentation, but there are also other complaints that may be made at the concern/complaint level that do justify being documented. The HRA suggests that the policy be reviewed to include documentation at the concern/complaint level of the grievance process.