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North Suburban Human Rights Authority Report of Findings Centegra Health System HRA #10-100-9001

Case Summary: The HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Centegra Health System.

In August 2009, the HRA notified Centegra of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint alleged inadequate treatment in that there were no window coverings in a recipient's room; the recipient complained about the sun on his face and he was advised by staff to just lie at the opposite end of the bed. It was also alleged that the hospital does not secure private visitation, in that a Psychiatrist held a meeting with the recipient and visitors in the recipient's bedroom; the roommate was free to move about the room during the meeting. The rights of mental health recipients are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

The HRA conducted an on-site visit in September 2009. While at Centegra, the HRA interviewed a Psychiatrist, the Director of Behavioral Health, the Manager of Behavioral Health and a representative from Corporate Counsel.

Background

According to the Centegra Health System web-site, "Centegra Health System was formed when Memorial Medical Center in Woodstock and Northern Illinois Medical Center in McHenry joined forces. Centegra serves the greater McHenry County region of northern Illinois and is the county's largest employer with over 3,100 Associates, 450 Physicians, and nearly 500 Volunteers. Centegra Health System has Level II Trauma Centers and Level II nurseries at both of its medical centers. In addition to Emergency Services and Obstetrics, Centegra has over 30 sites and is recognized for cardiac care, cancer care, rehabilitation services, occupational health, behavioral health services, and Centegra Health Bridge Fitness Center." The focus of this investigation was the inpatient hospital located in Woodstock. The inpatient program is a 24-bed adult unit that offers individual, group and family therapy as well as education related to medication and psychiatric disorders.

Findings

At the site visit, hospital personnel explained that the program serves adults 18 years and older and the average length of stay is about 5 to 7 days. It was stated that approximately four

years ago, the inpatient unit was redesigned by a mental health professional; one emphasis was making the unit brighter with natural sunlight. Regarding the window coverings, it was stated that the windows have blinds that are encased between the window panes. The unit is T-shaped, thus the windows face all directions. It was stated that some rooms have three windows, with the middle window being the only window with the blind. A staff member must open or close the blind as the window is secured for safety reasons. Should a recipient request a change of room due to the sunlight, accommodations would be made - but no such request has been made. The Unit Manager stated that she received a call from a visitor who expressed a concern about a recipient lying on the opposite end of the bed due to unwanted sunlight. The Manager stated that she then spoke to the recipient who stated that he was lying on the opposite end of the bed to get out of the direct sunlight, but that he had done this on his own. He had not complained to staff nor had staff told him to lie on the opposite end of the bed. The HRA interviewed two recipients receiving services; neither recipient had any problems with the sunlight in his/her room. The HRA toured the unit and noted that some rooms have blinds installed on each window.

Regarding the allegation that a Psychiatrist met with a recipient in his room, the Psychiatrist stated that when he meets with the recipient, he first needs to find him on the unit. If the recipient is found in his room, the recipient is asked to leave the room so that the meeting can occur in a private area. If the recipient chooses not to leave his bedroom and the roommate is present, the roommate is asked to leave - or typically, the roommate will simply leave. If the roommate does not want to leave and the recipient does not want to go to a private area the Psychiatrist explained that the session then does not take place. The Psychiatrist stated that he normally does not like to talk with a recipient in his/her room because the room's acoustics makes it difficult for him to hear the recipient. He stated that when the meeting does take place in a bedroom, the door is closed. He also stated that given the size of the room, it would be almost impossible to not notice someone entering the room. Should the roommate enter the room during a meeting, all talk stops. It was stated that if a visitor is present when the Psychiatrist wants to meet with the recipient, the recipient must say that it is o.k. for the visitor to be present during the meeting, and only when approval is given would someone be allowed to partake in the meeting. All staff members present were very cognizant of confidentiality matters. It was stated that recipients receive information about the importance of confidentiality at the time of admission and hospital staff members are orientated about the importance of confidentiality. Hospital personnel stated that the unit has two meeting rooms for private meetings, a dayroom is used for meetings and the ends of the hallways also provide private areas.

In discussing this matter with the recipients, both recipients stated that staff members are very mindful of confidentiality and that meetings with hospital personnel are conducted in the rooms located on the unit. Neither recipient recalled meeting with his/her psychiatrist in the bedroom.

The hospital's Confidentiality and Access to Information policy states (in part) that, "It is the policy of Centegra Health System (CHS), that all individuals maintain confidentiality with respect to all patient and confidential business information. In order to fulfill the intent of this policy, CHS also limits access to protected health information (PHI) to only information which is required to perform assigned duties. This policy identifies the extent to which individuals may require access to PHI for treatment, payment or health care operations. Individuals, who have access to confidential information, are expected to maintain confidentiality of the information at all times. Confidential information includes, but is not limited to, PHI and Associate records; paper-based and computer-stored data and information; conversations; company investigations

and financial and billing records. Upon commence[ment] of employment, all individuals must read this policy and sign an acknowledgement form confirming their understanding of this policy. All individuals will be informed and given a copy of this at their initial orientation meeting. The original will be stored in the Associate's file located in HRD(human resources). At a minimum, department leaders will assure that the importance of confidentiality, the permitted access to PHI or other confidential information, and all requirements of this policy are reviewed on an annual basis, with each individual, at the time of the annual performance appraisal. All individuals are prohibited from discussing confidential information outside CHS premises, or within CHS premises except on an <u>authorized</u> "need to know" basis, which is required in order to perform assigned duties. All discussions of PHI will incorporate the minimum necessary amount of PHI. All business, Associate, Volunteer and patient records, computerized data and related information is the property of CHS. Individuals may not look up, copy, alter or modify such records, materials, computerized data or information unless authorized to do so."

Conclusion

Pursuant to Section 5/2-102 of the Mental Health Code, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." The HRA found that the windows have adequate coverings; should a recipient wish to move to another room due to excessive sunlight, arrangements will be made. The HRA found no evidence to support the claim that a staff member told a recipient to move to the opposite end of the bed to avoid the sunlight; it was reported that when asked, the recipient said that he moved to the opposite end of the bed willingly; it is concluded that rights were not violated.

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act (Act). Section 3," All records and communications shall be confidential and shall not be disclosed except as provided in this Act." Section 4 states that "The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof: the guardian of a recipient who is 18 years or older..." Section 5 of the Act states that "Except as provided in Sections 6 through 12.2 of this Act, records and communications may not be disclosed to someone other than those persons listed in Section 4 of this Act only with the written consent of those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act." The HRA does not discount the claim made that the hospital did not secure private visitation between a recipient and his Psychiatrist, however no evidence was found to support it; the allegation is unsubstantiated.