



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
NorthShore University HealthSystem
HRA #10-100-9006

Case Summary: It was determined that the patient did not meet the criteria for admission; it was concluded that patient rights were not violated. 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 NorthShore University HealthSystem. In August 2009, the HRA notified NorthShore of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that the hospital denied admission to a mentally ill person who was a danger to others. If found substantiated the allegation would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-503).

Background

Headquartered in Evanston, Illinois NorthShore University HealthSystem, (NorthShore), is a fully integrated, healthcare delivery system that serves the greater North Shore and northern Illinois communities. NorthShore includes four Hospitals – Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital. The system has more than 2,000 affiliated physicians, including a multispecialty group practice with over 75 office locations under NorthShore Medical Group. The focus of this investigation is Evanston Hospital.

Method of Investigation

The HRA requested masked (identifiable data removed) clinical records for all recipients that presented to Evanston Hospital's Emergency Department (ED) during a specific period; two records were received and reviewed. Also reviewed were hospital policies specific to the allegation. A site visit was conducted in October 2009 at which time the HRA interviewed a Crisis Coordinator, an ED Physician, the Psychiatrist on-call, the ED Director and the Administrative Director of Psychiatry.

Findings

The complaint reported to the HRA that a young woman had been taken to Evanston Hospital after she had been aggressive toward her mother. It was reported that once at the hospital, the young woman denied the altercation and subsequently she was not admitted.

Record #1 describes a young man who had been taken to another NorthShore University HealthSystem Hospital. Thus, the HRA will not address this record.

Record #2 revealed data on a 16-year-old female who presented to the ED accompanied by the Evanston Police Department and her mother. The ED Physician documented that the patient has a history of bipolar disorder and was at the hospital after the mother called the police for aggressive behavior. He noted that he reviewed the history and physical findings and personally examined the patient. He documented that the patient was cooperative; she denied any homicidal, suicidal, mania or depression symptoms. He wrote that the plan was to have the patient evaluated by the crisis team as the mother is refusing to take the patient home.

The Crisis Intervention Evaluation document indicated that the mother called the police after having an argument with the recipient in which the recipient pushed the mother down the stairs. The recipient denied pushing her mother down the stairs purposefully, but stated that her mother was pulling her and the recipient was struggling to get away from her when her mother fell on her bottom. The recipient reported that her mother did not fall down the stairs. The recipient reported that the argument started because she had not returned home the previous night. The documentation goes on to say that the recipient's mother does not want the recipient to return home and she plans on filing a police report due to the incident that occurred. It was documented that the recipient was not homicidal or suicidal; she was organized, calm and cooperative.

The Crisis Intervention Evaluation noted that the mother believed that the recipient is dangerous and wanted her out of the home. After consulting with the on-call psychiatrist, the ED physician, the ED resident and the Crisis Coordinator, it was determined that the recipient was not experiencing a psychiatric emergency and that she should be discharged to her home with community referrals, linking a referral for partial hospitalization. It was documented that the mother refused to take the recipient home and had decided to have her arrested for assault. The recipient was taken into custody.

At the site visit it was explained that patients are assessed to determine whether or not the patient is at risk of harm to self or others or unable to care for his/her basic needs and is in need of psychiatric hospitalization. The hospital provides crisis personnel that are available 24 hours a day, 7 days a week to evaluate all patients with psychiatric and/or chemical dependency complaints. The ED Physician told the HRA that he spoke with the 16-year-old female patient and found her to be cooperative and reasonable. He stated that this was a "she said, she said" situation. The on-call Psychiatrist told the HRA that the hostility exhibited by the patient was not a result of an underlying psychiatric condition and therefore admission was not warranted. It was stated that the situation was found to be a case of domestic violence. The Crisis Coordinator told the HRA that the mother entered the hospital saying that she would not take her daughter home that night. Once the daughter's disposition was determined, the crisis team gave the mother referral information (to follow-up with her established community mental health provider) but no alternative to taking her home. It was then that the mother enlisted the police.

The hospital's Emergency Department Evaluations policy states (in part) that a psychological assessment is conducted to determine whether or not a patient is at risk of harm to self or other or unable to care for his/her basic needs and is, therefore, in need of psychiatric hospitalization. If a patient is not in need of hospitalization, the evaluating clinician/MD determines an appropriate outpatient disposition; this may include contacting outpatient treatment providers, scheduling following-up appointment(s) whenever possible to do so, developing a safety plan, and providing comprehensive referral information.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 5/3-503, "Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment." It was determined that the patient did not meet the above criteria for admission; it is concluded that patient rights were not violated.

RESPONSE

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