FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Elgin Mental Health Center
HRA #10-100-9013

Case Summary: the HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Elgin Mental Health Center (EMHC), Forensic Treatment Program, Unit H- which is an all female unit. In February 2010, the HRA notified EMHC of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints accepted for investigation are as follows: the patients are not being given their emergency treatment preferences, in that medication is automatically administered in an emergency; some patients are not being allowed to participate in their treatment staffings; some patients seem over medicated and sleep on the dayroom floor during the day; and a patient was unjustly placed on suicidal precaution.

The rights of patients receiving services at EMHC are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 5/2-107).

To pursue this investigation the HRA requested masked (identifiable data removed) documentation denoting all emergency treatments during a specific two-month period. The Center compiled a chart, which showed the emergency treatments given during the period requested. Five masked Interdisciplinary Staffing documents were requested, received and reviewed. Progress note documentation for all patients placed on suicidal precaution during a specific two-month period was also requested; the facility responded to this request by saying that no patients were placed on suicide precaution during the period requested. An on-site visit was conducted in May 2010 at which time the allegations were discussed with the unit's Nurse Manager and the unit's Psychiatrist. At this time, the HRA also interviewed two patients.

Background

Patients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

Allegation

The patients are not being given their emergency treatment preferences, in that medication is automatically administered in an emergency.

Findings

The complaint reported that upon reviewing court transcripts of court hearings, it appeared that patients are not being given emergency treatment preferences and that the administration of medication is automatic. The HRA obtained and reviewed portions of one of the above mentioned court transcripts.

The court transcript documents that the patient stated (paraphrasing) that in an emergency she chose to be isolated. However after becoming upset during a meeting, the patient reported that she left the room and when she closed the door it slammed. The patient reported that she then went to her room and security came in and injected her with medication.

The emergency treatment chart showed the date, time, treatment and reasoning for the emergency intervention; it indicated that twenty-one emergency treatments were rendered. Out of the twenty-one interventions, eighteen were the administration of medication. The reasons for the treatment included escalation, self injurious behavior, highly agitated, etc. The HRA then requested and reviewed the Restriction of Rights Notices for the emergency treatments. Most of the forms stated that the intervention preferred by the individual was used; a few were court-ordered medications, and a few noted that the preference was not used because medication was necessary due to the behavior. The treatment plan contains a Personal Safety Plan document in which the recipient is asked to define the preferred intervention in case of an emergency.

At the site visit, the Physician told the HRA that medication is not automatically given, and that emergency medication can only be given when there is a threat of imminent danger to the patient and/or others. It was stated that the unit does have a binder which lists each patients' emergency preference that can be used for quick reference. It was stated, however, that before a patient's behavior rises to the level of imminent danger, each patient would be asked to remove herself from the situation by going into the soothing room, going to her own bedroom, talking to a staff member, listening to music, etc. It was explained that in an effort to defuse a potentially dangerous situation, staff members would not necessarily go to the binder to obtain the preference because the above mentioned interventions are automatic. It was further stated that situations of imminent danger sometimes do not lend itself to attempting any other invention than medication. Center personnel explained that each month, the patient's Personal Safety Plan is reviewed with the patient, and at this time the emergency preference is continued or changed according to the patient's wishes.

Both patients interviewed stated that at the time of admission, a staff member asked about the emergency treatment preference, and both were able to state to the HRA which preference they choose; neither patient had needed an emergency treatment intervention.

The Center relies on the Illinois Department of Human Services policy and procedure directives regarding the administrative of psychotropic medication. The Directive (02.06.02.020) states that "An individual's refusal to take psychotropic medication does not in itself constitute an emergency. An individual's refusal to take psychotropic medication, as documented in the clinical record shall be honored except in the following circumstances. In an emergency, when treatment is necessary to prevent an individual from causing serious and imminent physical harm to self or others."

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-107, "An adult patient of services or the patient's guardian, if the patient is under guardianship, and the

patient's substitute decision maker, if any, must be informed of the patient's right to refuse medication. The patient and the patient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication. If such services are refused, they shall not be given unless such services are necessary to prevent the patient from causing serious and imminent physical harm to the patient or others and no less restrictive alternative is available. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

Based on the information obtained, the HRA concludes that patients are being afforded the right to preferred emergency treatment; the allegation is unsubstantiated.

Allegation

Some patients are not being allowed to participate in their treatment staffings.

Findings

The HRA requested and reviewed five masked (identifiable data removed) Interdisciplinary Staffing documents that denote patient participation. The document has a section entitled "Patient Participation in Treatment Planning" and there are five participation options: 1) unable; 2) refused; 3) present; 4) contributed; 5) aware of plan. Of the five documents reviewed, two patients were unable to attend for medical reasons (one was hospitalized at another hospital; the other patient was off the unit getting medical attention - it was noted on this patient's staffing that staff members spoke to her and updated her on the meeting results); the other three patients were noted to be present, contributed and aware of the plan.

Hospital personnel stated that patients are always invited to the treatment staffings. And it was stated that the meeting would be pointless if the patient was not involved in the treatment planning process. Personnel went on to say that not all patients attend and/or actively participate in the staffing, but the patient is always made aware of the meeting and is encouraged to attend. It was further explained that when a patient attends and does not participate, they do hear what is being said and even that can be beneficial for the patient.

The Center's Treatment Planning policy references the Department of Human Services policy, which states that individual's treatment should respect their choices, support their participation, and recognize their right to assume responsibility for their treatment. The patients interviewed were aware of and had attended their treatment staffings.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "a patient 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 patient to the extent feasible and the patient's guardian, the patient's substitute decision maker, if any, or any other individual designated in writing by the patient."

Based on the verbal reports and a sample of the written information obtained, the HRA has no evidence to substantiate the allegation that some patients are not being allowed to attend their treatment staffings.

Allegation

Some patients seem over medicated and sleep on the dayroom floor during the day

Findings

According to the court transcript, the patient reported to the court that other patients are sleeping on the floor and chairs because they are over-medicated.

Hospital personnel stated that the bedrooms are closed (doors locked) in the morning; the rooms are then open after lunch for about an hour or so. It was stated that some patients do sleep in the dayroom and this could be a side effect of medication. Staff members are instructed to observe any sleeping behavior and approach a sleeping patient to make sure everything is alright and to report this observation to a nurse. . It was stated that every morning during staff exchange, all sleeping observations are reported to the physician since this behavior is not to be ignored. Center personnel explained that some patients pretend to sleep, to try to demonstrate a medication side effect and/or to avoid unit activities. It was stated someone might see a sleeping patient and think that the patient is sleeping because of medication. But, the observer would not know what medication that patient is on, or even if that patient is taking medication.

While on the unit, the HRA did observe one patient sleeping on a chair in the dayroom. The HRA did not have the opportunity to see if the patient was approached by a staff member. It was noted that she was not there about an hour later.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "a patient of services shall be provided with adequate and humane care and services in the least restrictive environment…" Based on the information obtained, the HRA found no evidence to support the claim that some patients seem over medicated and sleep on the dayroom floor during the day; the allegation is unsubstantiated.

Allegation

A patient was unjustly placed on suicidal precaution

Findings

The HRA requested that the Center send progress note documentation for all patients placed on suicide precaution during a specific period; the response was that no patient had been placed on suicide precaution.

To summarize the discussion regarding this assertion, Center personnel essentially stated - better safe than sorry. Patients do not like to be on a precaution because it means that they are being closely monitored by staff members - 15 minute observation, one-to-one, etc. Once placed on a precaution, the patient is reassessed daily to determine if the precaution needs to continue or if it can be discontinued.

The Center utilizes the Department of Human Services Special Observation policy, which states that "a safe and therapeutic environment entails providing a level of observation for each individual served that is appropriate to the individual's clinical needs. In some instances, an individual's clinical condition requires enhanced levels of observation/monitoring to ensure the safety and well being of the individual and others."

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "a patient of services shall be provided with adequate and humane care and services in the least restrictive environment…" Because there was no one was placed on suicide precaution during the period identified by the HRA, the assertion that a patient was placed on unjust precaution is unsubstantiated.

RESPONSE

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

Pat Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler., *Secretary*

Division of Mental Health - Region 2
Elgin Mental Health Center – Singer Mental Health Center

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

August 23, 2010

Mr. Dan Haligas - Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA 10-100-9013

Dear Mr. Haligas:

Thank you for your thorough investigation. I am glad that this rights allegation was unsubstantiated. The staff at Elgin Mental Health Center make every effort to resolve consumer issues in a fair and reasonable manner.

I would request that this response be attached to the report and be included with any public release of your Report of Findings.

Sincerely,

Paul N. Brock, M.P.A., M.H.A.
Hospital Administrator

PNB/JP/aw

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