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**FOR IMMEDIATE RELEASE**

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North Suburban Human Rights Authority  
Report of Findings  
Northwest Community Hospital  
HRA #10-100-9015

**Report Summary:** The HRA found sufficient documentation to show that the parent and recipient were advised of the recipient's rights at the time of admission; the allegation was unsubstantiated. Based on the materials reviewed, the HRA did not substantiate the allegation that the recipient's parents were not given information about the program (i.e. visitation and telephone schedule). The HRA concluded that the recipient and parent were given verbal information regarding the prescribed medication and its risks and benefits; we found nothing to show that written information was provided. The HRA realized that safety must be maintained, it was suggested that some provision(s) be made should a recipient not be able to sleep due to the light. The HRA concluded that the food is nutritionally sound; the allegation was unsubstantiated.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Northwest Community Hospital. In April 2010, the HRA notified Northwest Community Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint investigated was that neither the parents nor the recipient were advised of recipient rights at the time of admission; the recipient's parents were not given information about the program (i.e. visitation and telephone schedule); the recipient and parent were not given verbal or written information regarding the prescribed medication and its risks and benefits; the bedroom contained lights that remained on throughout the night which made sleep difficult and the food is not nutritionally sound. Substantiated findings would violate rights protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Illinois Administrative Code (77 IL Adm. Code 250).

The HRA conducted an on-site visit in June 2010. While at the hospital, the HRA interviewed representatives from administration, physician personnel, and nursing personnel. The HRA interviewed a family member of the recipient whose rights were alleged to have been violated; and with written authority, the recipient's clinical record. Also interviewed were recipients receiving inpatient services. The HRA reviewed hospital policies/procedures relevant to the allegations.

In the opening letter to Northwest Community Hospital the HRA inadvertently excluded the parental portion of the allegation concerning the advisement of rights. It will however, be addressed in this Report.

**Background**

Northwest Community Hospital, located in Arlington Heights, is a 488-bed hospital that serves the northwest suburbs. Mental health services include adult inpatient programs, and

adolescent programs ranging from inpatient to intensive outpatient; these services are located in a separate building on the hospital campus. Treatments are specifically tailored to each patient's needs and coordinated by an interdisciplinary team of mental health and healthcare professionals. The focus of this investigation centers on the 12-bed inpatient adolescent mental health program that serves youth 12 to 18 years of age.

**Allegation:** neither the parents nor the recipient were advised of recipient rights at the time of admission; the recipient's parents were not given information about the program (i.e. visitation and telephone schedule).

**Findings**

The clinical record revealed data on a 14-year-old male who was hospitalized for making suicidal threats and threats to hurt his mother. He was admitted on March 12, 2010 and discharged on March 18, 2010.

The chart contained an Application By An Adult For The Admission Of A Minor form, which documented that the rights contained on the back of the form were explained to the person executing the application [mother] and to the minor (if age 12 or older), and a copy of the form was given to each person. The chart contained a Rights of Individuals Receiving Mental Health and Developmental Disabilities Services form which outlines recipient rights. The form is dated (3/12/10) and signed by the recipient's mother. The chart contained an Informed Consent Behavioral Management Intervention form, which explains the behavior management interventions that might be used during the course of the adolescent's stay. The form denotes that the program specifics are contained in the Program Manual. The form was dated (3/12/10) and signed by the recipient's mother.

At the site visit, it was explained that a person requiring services is first seen in the Emergency Department (ED). The person is medically examined by the ED physician; basic labs and drug screens are completed. The average time in the ED is about six hours. The ED has a psychiatric RN on duty 24 hours a day, seven days a week. Once a determination is made for behavioral health services, an assessment is conducted by the RN and a psychiatrist to determine further disposition. When hospitalization is recommended, various consents and forms are completed, one of which is the Voluntary Admission form. It is at this time that ED personnel explain patient rights. The patient is then transferred by ambulance to the unit, which is located in a separate building on hospital campus.

During the site visit, the ED RN that met with this patient stated that the mother was very insistent that her son needed to be admitted for inpatient services. The RN stated that she explained the rights to the mother and she received two copies of the form. It was explained that a signed copy of the rights of recipients form is placed in a packet that is sent to the unit.

Hospital personnel told the HRA that once on the unit, the unit staff members review the Parent Handbook with family members and give family members a copy of the Handbook. It was stated that this process could be anywhere from one to two hours. It was stated that they also give a sheet of paper with important telephone numbers of contacts. They explained that even though the numbers are in the Handbook, they had inquiries about the numbers and found that a separate sheet of paper has helped decrease this inquiry.

A review of the Handbook showed the daily telephone schedule as well as the visitation schedule. It is noted that the visitation schedule says that under special circumstances, arrangements for alternative visitation may be made by your psychiatrist.

The hospital's General Multidisciplinary Admission Procedure-Inpatient units policy states (in part) that admitting staff give a copy of Patient Rights of Recipient form to patients for review and discussion. A separate copy of Patient Rights form is signed, dated and placed in patient's chart.

### **Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-200, "Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient, as well as the recipient's guardian or substitute decision maker, and every recipient who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program. Every facility shall also post conspicuously in public areas a summary of the rights which are relevant to the services delivered by that facility."

Pursuant to the Mental Health and Developmental Disabilities Code, Section 3-505, "The application for admission under Section 3-503 or 3-504 shall contain in large, bold-face type a statement in simple nontechnical terms of the minor's objection and hearing rights under this Article. A minor 12 years of age or older shall be given a copy of the application and his right to object shall be explained to him in an understandable manner. A copy of the application shall also be given to the person who executed it, to the minor's parent, guardian or person in loco parentis, and attorney, if any, and to 2 other persons whom the minor may designate."

The HRA found sufficient documentation to show that the parent and recipient were advised of the recipient's rights at the time of admission; the allegation is unsubstantiated. Based on the materials reviewed, the HRA does not substantiate the allegation that recipient's parents were not given information about the program (i.e. visitation and telephone schedule).

**Allegation:** the recipient and parent were not given verbal or written information regarding the prescribed medication and its risks and benefits.

### **Findings**

The Psychiatric Evaluation (3/13/10) documented that the physician recommended a low dose of psychotropic medication (Seroquel) for the recipient's anger and well as the PTSD (Post Traumatic Stress Disorder) symptoms. It was documented that the *"risks, benefits, and side-effects for the medication were discussed with the patient's mom. The patient's mom gave me the permission to start the medication"*. The chart did not contain a written consent for the medication and upon further inquiry, one could not be found by hospital personnel. It is noted that the chart included a Youth Services Medication Worksheet that asks the purpose/benefit of the ordered medication (Seroquel), its side effects and any cautions. The form was accurately completed by the recipient.

At the site visit, the Physician explained that it is the physician's responsibility to educate the parent about any proposed medications and to get consent for the use of the medication(s). The physician recalled meeting with this parent and recipient and he stated that verbal consent was obtained. It is then unit staff members' responsibility to get the Informed Consent for Psychotropic Medication form signed by the parent. They are also to be given written information about the medications. Hospital personnel told the HRA that the pharmacy will not fill the order unless the physician has the parent's permission written on the order. It is noted that the physician's order stated "Mom consented to have meds."

According to the hospital's Informed Consent for Psychotropic Medication policy, personnel provide written information and verbal explanation to the patient and/or guardian if indicated, about the action and potential side effects of psychotropic medication prescribed during a patient's treatment course. The policy states that the nurse will complete and sign pertinent information on the Informed Consent for Medication Form and request patient, family if indicated, and physician signatures. If the patient is a minor or has a legal guardian, a nurse provides instruction information to both patient and guardian.

### **Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, " If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. The physician or the physician's designee shall provide to the recipient's substitute decision maker, if any, the same written information that is required to be presented to the recipient in writing."

The HRA concludes that the recipient and parent were given verbal information regarding the prescribed medication and its risks and benefits; we found nothing to show that written information was provided.

### **Recommendations**

- 1) The hospital must insure that when the services include the administration of psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated.
- 2) The hospital must ensure that written consent for the administration of medication is obtained according to program policy.

**Allegation:** the bedroom contained lights that remained on throughout the night which made sleep difficult

### **Findings**

The HRA toured the unit and observed the light, which is affixed to the wall about a foot from the floor. It was stated that the need for the light is for camera monitoring - no tape is being made of the monitoring. The cameras are installed to assist the night-shift personnel observations to ensure that safety is being maintained.

In some of the rooms it was noted that the recipient placed the waste basket in front of the light to block the light. The HRA interviewed two recipients who were in the partial hospitalization, but both had received inpatient services. One recipient stated that she put her chair to the side of the light to help block some of the light; the male recipient reported that he was not bothered by the light.

### **Conclusion**

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-102, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment..." The HRA does not dispute the assertion that the recipient identified in this case was bothered by the night light. However, since the lights have been installed to ensure safety, it is concluded that recipient rights were not violated.

The HRA realizes that safety must be maintained, yet it is suggested that some provision(s) be made should a recipient not be able to sleep due to the light.

**Allegation:** the food is not nutritionally sound

### **Findings**

According to the clinical record, the recipient was ordered a general diet/no caffeine.

At the site visit, hospital personnel relayed that this area is their biggest dissatisfaction among the younger population. However, it was stated that each meal is nutritionally sound. The hospital employs a Registered Dietician and meal planning per a procedure on Nutrition and Food Service Dept we received.

Each recipient gets a daily menu and the food items are chosen. The HRA was told that the food is transported from the general hospital kitchen. In the past few months, an effort has been

made to offer more choices for this population since the previous menus were on a one week menu cycle.

The hospital provided the HRA with a daily menu sample, the menu cycle and a menu selection that would be served to a recipient who had not selected menu choices. It is noted that this menu listed the serving size of each food item, along with the calories, carbohydrate, protein, fat, Cholesterol, low sodium, vitamins (K, A, C D), Calcium and Iron contents. Also the unit offers cereal bars, lite yogurt, string cheese and fresh fruit for snacks and there is a variety of juice available throughout the day.

The Nutritional Screening and Documentation policy states that in the behavioral health unit, the RN will complete an initial nutritional risk screening; unit staff will weigh patients weekly and notify the RD of weight changes. The Diet Order policy states that therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patient.

The two recipients we interviewed did not express that the food had improved. They both felt they got enough to eat. According to the young man, he could get extra portions but the food was hospital food and he didn't particularly like it so did not ask for extra portions. The HRA notes that overall the two individuals we interviewed liked the program and felt the staff were caring and helpful.

### **Conclusion**

The USDA *Dietary Guidelines for Americans* provide science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. By law (Public Law 101-445, Section 301), the Secretaries of the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) issue a report at least every 5 years that "shall contain nutritional and dietary information and guidelines for the general public." Every 5 years, an expert Dietary Guidelines Advisory Committee is appointed to make recommendations to the Secretaries concerning a revision of *Dietary Guidelines for Americans*. The recommendations are to be targeted to the general public age 2 years and older and based on the preponderance of scientific and medical knowledge that is current at the time of publication of the Committee's report. Key recommendations include: Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 1/2 cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level. • Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week. • Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains. • Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Pursuant to Section 250.1630 of the Illinois Administrative Code, "Menus shall be planned, and followed, to meet the nutritional needs of patients in accordance with physicians' orders and, to the extent medically possible, in accordance with the current recommended Dietary Allowances established by the Food and Nutrition Board, National Research Council. When changes in the current day's menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu."

Pursuant to Section 5/2-102 of the Mental Health and Developmental Disabilities 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 concludes that the food is nutritionally sound; the allegation is unsubstantiated.

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## **RESPONSE**

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

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September 20, 2010

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

RE: HRA #10-100-9015

Dear Mr. Haligas:

I am writing to you in response to the letter you sent to our CEO, Mr. Bruce Crowther on August 4, 2010. I understand from your letter that you have completed your investigation regarding HRA case #10-100-9015, and have submitted to us recommendations for improving our services to patients and families receiving care within Northwest Community Hospital's Adolescent Inpatient Mental Health Program.

I want to first take this opportunity to thank the Authority (HRA) and members of the investigative team for working with us regarding this case. Your professionalism and thoroughness by which you conduct yourselves is most appreciated.

The investigation your team conducted offered recommendations for the following allegation: The recipient and parent were not given verbal or written information regarding the prescribed medication and its risks and benefits. In your letter the HRA investigative team concluded that the recipient and parent were given verbal information concerning medication prescribed and its risks and benefits; however, there was no documentation to demonstrate that written permission was obtained.

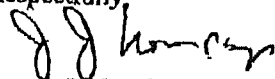
As I noted in my original letter to you on April 19, 2010, our policy is for staff to obtain both verbal and written consent for medication with the patient and parent/guardian. In this case we were not able to confirm that written consent was obtained. Based on your recommendations, we have reeducated staff about this process. I have attached for your review an education worksheet ("The Medication Parental Consent Worksheet") that was given to all staff on the Adolescent Inpatient Mental Health Unit. This worksheet was created and followed up by our Clinical Educator to ensure compliance with the Mental Health and Developmental Disabilities Code, Section 2-102.

A second concern the HRA investigative team commented on and offered suggestions was in regard to the need to keep the patient room night light on at all times. The HRA noted that there was no violation but suggested that provision (s) be made in instances where the recipient is not able to sleep due to the night light remaining on. Our team agrees with this suggestion and will make reasonable accommodations (while maintaining patient safety) in future cases should this issue arise.

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I hope the information provided in this letter is sufficient to meet the recommendations made by the HRA investigative team. Please feel free to contact me directly should you or the team require additional information or action from our hospital. I can be reached by telephone at [REDACTED] or by e-mail at [REDACTED]

Respectfully,



Joseph J. Novak, Psy.D.  
Director, Mental Health Network

cc: Bruce Crowther, CEO  
Dale Beatty, Chief Nursing Officer