East Central Regional Human Rights Authority
Report of Findings
Case 11-060-9011
Saint Mary's Hospital

The East Central Regional Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning behavioral health services at Saint Mary's Hospital.

Complaint: The provider did not consult the guardian regarding treatment and decision making for an individual with mental health disabilities.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1 et seq.), hospital regulations (42 C.F.R. 482.13), and the Illinois Probate Act of 1975 (755 ILCS 5/11a-23).

Per its website, "The mission of St. Mary's Hospital is to participate in the health care ministry of the Church. We commit our valuable resources to provide a family-centered approach in meeting the health care needs of all people in the community and surrounding areas—regardless of ability to pay—and to foster the values of respect, care, joy and competence in our interactions with you. "

COMPLAINT STATEMENT

According to the complaint a nursing home that serves individuals with a mental illness, sent a patient to the hospital, without contacting the guardians. The hospital did not contact the guardians in the admission process even though contact information was available on the face sheet sent with the patient. The hospital gave the patient psychotropic medication to which he had an allergic reaction. The guardians were not notified for several days that the patient was admitted to the hospital and, thus, they were not able to effectively advocate for the patient at the hospital because on going treatment had begun which included psychotropic medication. The psychotropic medication given at the hospital, Haldol, had strong side effects and the patient has reportedly not fully recovered from taking this medication. The staff, nursing and the physician refused to stop the medication when one of the guardians asked them to stop as per the complaint. The patient now has long-term side effects associated from that drug namely, drug induced Parkinsons.

The HRA proceeded with the investigation having received written authorization to review the patient's record. To pursue the matter, the HRA visited the hospital where the hospital and behavioral health representatives were interviewed. Relevant practices, policies and sections of the patient's record were reviewed.

INVESTIGATIVE INFORMATION

Interviews

The HRA met with staff at the hospital to discuss the complaint. The staff explained that there are 371 beds in the hospital, 24 are for acute adult behavioral health, and 18 are for the

behavioral health unit that serves children. The primary geographic area served is Macon County with outreach to Dewitt, Christian, Piatt, Moultrie, Shelby and Effingham Counties. The unit has a psychiatric intensive care program as per the hospital's website.

Staff explained that guardians are notified of changes in a resident's status and they attempt to determine if a patient has a guardian at admission. For an acute patient, it may take up to 48 hours. They may rely on the transferring facility to notify the guardians. Staff do ask the patients if they have a guardian and they also ask who can know if they are at the behavioral health unit. When they collect a social history, they ask if the patient has a guardian. Per the staff, they typically try to give the guardians a call. They contact the guardian when decisions are needed such as changing medication; for children, they obtain medication consents from their parents. With an adult they have the guardian sign consent for medication. If the patient refuses medication, they do not give the medication unless it is an acute situation in which they are at imminent risk of physically harming themselves or others.

The HRA asked when was this guardian informed of the hospital admission. Staff explained that the previous facility should have notified the guardian. He was admitted on 9/12/10 and on 09/13/10 the social assessment was completed. The patient was transferred to the hospital because he had become very aggressive and he was refusing his medication. He had become combative and increasingly paranoid and he had been at the nursing home for about 12 days. The same psychiatrist who treated him at the nursing home was the same psychiatrist who had treated the patient at the hospital. The face sheet was brought via ambulance from the nursing home and was used to inform the hospital staff that the resident had allergies. The medications listed on the face sheet included Seroquel, Thorazine, and Zyprexa. The co-guardians were listed. His admitting diagnosis was increased Psychosis. There was no information provided to the hospital that he was allergic to Haldol. Regarding the patient exhibiting signs of Parkinsons as a side effect of taking the Haldol, hospital staff stated the patient had Parkinsons' symptoms documented on his face sheet from his previous providers.

Staff explained that the hospital follows the Mental Health Code. As part of the patient protocol the nurses provided 15 minute observations. The patient was relaxing and showing no signs of allergies from the medication. The Haldol was injected only once on an emergency basis. There were no restraints and his behaviors became under control. The patient was given Ativan and Haldol with his permission. Reportedly he had been selecting certain residents to start conflicts with at his previous residence. After the medication, the patient was much calmer and was able to return to milieu. A history and physical was taken in the first 24 hours. His psychiatrist would have assessed his medication, allergies and decisional capacity. Haldol and Ativan were given as emergency medications without obtaining the guardians consent. When asked about his capacity to make the decision to take the psychotropic drugs if he was also delusional, staff explained that he was not delusional and he wanted something to help him calm down. The nurses explained to him the possible side effects of the medication. The patient or guardians were not given a rights restriction notice but would have if the patient had been refusing.

The patient was informed of his rights and was given a packet explaining appropriate information which included *Hospital General Information and Guidelines for Adult Behavioral*

Health Program. It provided information about the unit, visitation, clothing and personal items, schedule for the day, hazardous items, and who to contact if you have a complaint.

The HRA asked why was the medication not discontinued per the guardians wishes and staff explained that it was a one time medication and that his guardian wanted him to go back to a state operated facility. At the discharging facility, they did file a petition. One of the patient's issues was that he had quit taking his Depakote, because he was gaining weight. He had started to improve at the hospital. The guardian reportedly wanted him discharged against medical advice. The hospital was considered a less restrictive environment than the state operated facility. The plan was for the patient to return to the nursing home that had originally brought him to the hospital. The guardian called on the 16th and spoke to the social work counselor who was the senior counselor at the hospital, but the guardian did not visit the patient. The patient was taken out of the hospital against medical advice by his guardian. Per the discharge notes the guardian packed the patient's belongings and left with him at 21:11 on 9/17/10. His speech was a little garbled and he was still confused and disorganized as per staff.

The staff explained the hospital's grievance process to be used at any time that a patient may have an issue with care; the hospital makes every attempt to address concerns. Appropriate contact information for a grievance is given to the complainant. Other quality assurance measures include reviewing medication errors, hospital acquired infections, and direct observations of the units.

The HRA team was provided a tour of the facility which was partially under construction. Rights had been posted in all units. The HRA was able to see some of the progress in the adolescent unit. Of note was the investment of murals and one large room for the adolescents that was completely painted in a beautiful nature scene. Everything in the new wing under construction was in excellent condition.

Records Reviews

The nursing home face sheet that accompanied the patient documented that he had been previously diagnosed with Schizoaffective Disorder, Bipolar Type, Seborrheic Dermatitis, Ataxia, chronic residual symptoms and Dementia of Parkinson's type. Allergies to Thorazine, Zyprexa, and Seroquel were documented. It listed co-guardians, their addresses and phone numbers. For the guardian that lived closest to the resident, two different phone numbers were identified. It listed the patient's psychiatrist, who was the same psychiatrist who treated him in the hospital.

The following is a timeline based on the Saint Mary's hospital record of the patient:
9/12/2010

4:30p.m. The notes from ambulance paramedics documented that the patient had been sent to the hospital involuntarily, answered questions to the best of his ability, and did not want to be at the hospital. He appeared agitated and did not want to be touched. Reportedly the patient had been causing trouble the past three days with other residents, but there had not been medical complaints up to this point. The patient refused the vital signs assessment. A petition for involuntary/judicial admission was completed by the nursing home and the face sheet of the resident was sent with the paramedics.

Hospital Records

4:47p.m. The patient received a height and weight assessment.
4:48p.m. The patient's vital signs and triage were assessed. The patient arrived by ambulance from a nursing home that serves individuals with mental health disabilities. The patient was agitated and noncompliant with medications for 3 days. The patient was very inappropriate and rambling nonstop about the "anti Christ" while speaking in fragmented sentences that were not making sense. The patient was laughing hysterically one minute and then crying.
4:50 p.m The patient was triaged. A disposition assessment was completed on the patient's belongings.
5:00 p.m. A psychiatric assessment was completed stating that the patient was exhibiting aggressive behavior and non-compliance. He had been diagnosed with Schizoaffective Disorder by the psychiatrist.
4:51 p.m. The patient was assigned a location.
4:52 p.m. A comprehensive history assessment was taken.
4:57 p.m. An exam was completed.
5:15 p.m. The general reassessment of the patient documented he was sleeping on the cart.
5:20 p.m. The emergency room physician completed the certificate for involuntary commitment.
5:28 p.m. An examination was completed by the physician that documented that the patient was agitated, aggressive, and hearing voices. The patient had psychiatric needs and the goal would be to prevent harm to self and others.
5:35 p.m. A physical examination was completed. The patient was diagnosed with Depression, Acute Psychosis and Psychotic features. The patient was angry, anxious, hallucinating and hearing voices.
5:36 p.m. The patient was given Haloperidol Decanoate of 100 mg which was injected-intramuscular administration (IM) as a one time only medication in the right upper outer gluteal. The record was electronically signed by the physician and the nurse documented by a "Y" that the patient had agreed to take the medication on the electronic medical administration records (EMAR).
5:59 p.m The vital signs of the patient were assessed.
6:00 p.m. A general reassessment documented that the patient was lying on a bed resting and being cooperative.
6:12 p.m. The patient's admission was pending.
6:28 p.m. An inpatient room was assigned
6:35 p.m. The patient was transported to the receiving unit
6:46 p.m. The vital signs of the patient were assessed.
6:53 p.m. The patient was assessed for suicide risk and staff proceeded with 15 minute observations.
8:12 p.m. The patient was given Ativan 2 mg as an IM injection in the right upper outer gluteal muscle and Haldol 10 mg as an injection in the left upper outer gluteal muscle.
It was also documented on the same day (no time) the patient was given 2mg of Benztropine and Magnesium Hydroxide.

9/13/2010

A history and physical was completed.
1:27 a.m. The patient was given 10mg of Singulair, 2mg of Risperdal, and 250mg of Depakane syrup.

1:28 a.m. The patient was given 10mg of Ambient.
7:25 a.m. The patient was given 25MCG of Synthroid.
7:40 a.m. The patient's vital signs were assessed.
8:00 a.m. The psychiatrist completed an evaluation and a certificate for involuntary commitment. The patient refused Protonix and Depakane syrup.
8:06 a.m. The patient was given 1 Theragran tablet.
8:07 a.m. The patient was given 1GM of Carafate suspension and 1mg of Risperdal.
7:58 p.m. The patient was given 1GM of Carafate suspension and 3mg of Risperdal.
8:01 p.m. The patient refused the Depakane syrup.
9:00 p.m. The patient was given 10mg of Singulair.
10:02 p.m. The patient was given 50mg of Trazodone.
11:15 p.m. The patient was given 1000mg of Depakane syrup.

9/14/2010
12:15 a.m. The patient was given 50mg of Trazodone.
2:05 a.m. The patient was given 650 mg Tylenol for an aching head.
2:45 a.m. The patient was given 30ml of Maalox suspension.
8:11 a.m. The patient was given 1GM of Carafate suspension.
8:12 a.m. The patient was given 1000mg of Depakane syrup.
8:13 a.m. The patient was given 1 Theragran tablet and 3mg of Risperdal. He refused taking Protonix.
8:37 a.m. The patient's vital signs were assessed.
9:21 a.m. The patient given 650 mg Tylenol for an aching head.
10:23 a.m. The patient was given 10mg of Haldol as an injection in the left upper outer gluteal and 2mg of Ativan as an injection in the left upper outer gluteal.
8:02 p.m. The patient was given 1GM of Carafate suspension, 250mg of Depakane syrup and 3mg of Risperdal.
10:02 p.m. The patient was given 10mg of Singulair.

9/15/2010
8:12 a.m. The patient's vital signs were assessed.
8:17 a.m. The patient was given 1 Theragran tablet, 3mg of Risperdal and 40mg of Protonix.
8:18 a.m. The patient was given 1GM of Carafate suspension.
8:24 a.m. The patient refused Depakane syrup.
7:22 p.m. The patient was given 1GM of Carafate suspension and 250mg of Depakane syrup.
7:25 p.m. The patient was given 10mg of Singulair and 3mg of Risperdal.

9/16/2010
Hospital notes documented that the patient's guardian was contacted and very upset that the hospital had not contacted her to tell her of the admission. She was supportive of the patient returning to a state-operated facility, but questioned the need of a court hearing since as the guardian, she would be agreeable. She was referred to a senior counselor. The patient's other guardian was also called and wanted to be notified after court.
8:00 a.m. The patient had refused Protonix and 3mg of Risperdal.
8:05 a.m. The patient's vital signs were assessed.
8:26 a.m. The patient was given 1 Theragran tablet.

8:27 a.m. The patient was given 1GM of Carafate suspension.
9:31 a.m. The patient was given 2mg of Ativan as an injection in the right upper outer gluteal.
9:37 a.m. The patient was given 10mg of Haldol as an injection in the right upper outer gluteal.
4:17 p.m. The patient was given 650 mg Tylenol for a headache.
8:00 p.m. The patient was given 3mg of Risperdal.
8:06 p.m. The patient was given 1GM of Carafate suspension.
8:07 p.m. The patient was given 50mg of Trazodone and he refused 250mg of the Depakane syrup.
8:55 p.m. The patient was given .05mg of Catapres.
10:07 p.m. The patient was given 10mg of Singulair.
10:17 p.m. The patient was given 30ml of Maalox suspension.

9/17/2010
8:00 a.m. The patient refused Depakane syrup.
9:00 a.m. The patient given 3mg of Risperdal.
9:34 a.m. The patient's vital signs were assessed.
10:00 a.m. The patient was given 1GM of Carafate Suspension.
4:12 p.m. The patient was given 10mg of Haldol as an injection in the right upper outer gluteal and 2mg of Ativan as an injection in the right upper outer gluteal.
5:27 p.m. The patient was given 650 mg of Tylenol for body aches.
5:30 p.m. A hospital representative documented that she spoke to one of the patient's guardians earlier that day and to the other guardian at a later time. The writer informed them of the court hearing on Tuesday stating that the patient would be referred back to the mental health nursing home or to the state operated facility. One guardian agreed to either option. The other guardian was concerned about adequate treatment at the mental health nursing home. She also expressed her wishes that the patient not be given any anti-psychotic medication other than Respiridol. She reported that the patient experiences drug induced Parkinsons on other medications which cause his tongue to swell and respiratory stress. His neurologist in another town thought that he should not be given these drugs because of having bad reactions in the past.
7:37 p.m. The patient was given 10mg of Ambien.
8:00 p.m. The patient was given 1GM of Carafate suspension and 3mg of Risperdal.
7:36 p.m. The patient was given 250mg of Depakane syrup.
7:37 p.m. The patient was given 10mg of Singulair.
9:11 p.m. The patient was discharged against medical advice to his guardian.

The HRA researched the psychotropic drug Haldol listed on US National Library of Medicine known as PubMed Health http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000604/ which included the following warning: "Studies have shown that older adults with dementia (a brain disorder that affects the ability to remember, think clearly, communicate, and perform daily activities and that may cause changes in mood and personality) who take antipsychotics (medications for mental illness) such as haloperidol have an increased chance of death during treatment.

Haloperidol is not approved by the Food and Drug Administration (FDA) for the treatment of behavior problems in older adults with dementia. Talk to the doctor who prescribed

this medication if you, a family member, or someone you care for has dementia and is taking haloperidol. For more information, visit the FDA website: http://www.fda.gov/Drugs"

Regarding treatment and uses it stated "Haloperidol (Haldol) is used to treat psychotic disorders (conditions that cause difficulty telling the difference between things or ideas that are real and things or ideas that are not real). Haloperidol is also used to control motor tics (uncontrollable need to repeat certain body movements) and verbal tics (uncontrollable need to repeat sounds or words) in adults and children who have Tourette's disorder (condition characterized by motor or verbal tics). Haloperidol is also used to treat severe behavioral problems such as explosive, aggressive behavior or hyperactivity in children who cannot be treated with psychotherapy or with other medications. Haloperidol is in a group of medications called conventional antipsychotics. It works by decreasing abnormal excitement in the brain."

Policies and Procedures

The HRA *Hospital General Information and Guidelines for Adult Behavioral Health Program (No Date),* which provides information about the unit, visitation, clothing and personal items, the schedule for the day, hazardous items, and who to contact for complaints which included the hospital's ethics committee. Patient rights and responsibilities were explained in detail. Included in the rights was the right to have an ethics consultation without charge to review the plan of care and discuss the right to attempt to settle ethical disagreements of conflicts with health professionals. It listed third party advocacy groups such as Public Health and the Joint Commission. It explained how a patient could obtain a copy of his/her records.

Under visitation it stated "Visiting is considered an important part of treatment. Therefore, visitors will be permitted or restricted according to your wishes. All visitors must check in at the nurse's station upon entering the unit. Staff must check any food, drinks or personal items brought to the unit." There were daily visiting hours and, for visitors unable to come at scheduled hours, special arrangements could be made by contacting the patient's nurse or other unit staff. These alternate times would be approved pre-visit.

The HRA was not provided policy on medication, consent and a patient's right to refuse medication. These topics were addressed in the patient rights statement.

MANDATES

The Probate Act of 1975 (755 ILCS 5/11a-23) states, " (a) For the purpose of this Section, "guardian", "standby guardian", and "short-term guardian" includes temporary, plenary, or limited guardians of all wards. (b) Every health care provider and other person (reliant) has the right to rely on any decision or direction made by the guardian, standby guardian, or short-term guardian that is not clearly contrary to the law, to the same extent and with the same effect as though the decision or direction had been made or given by the ward. Any person dealing with the guardian, standby guardian, or short-term guardian may presume in the absence of actual knowledge to the contrary that the acts of the guardian, standby guardian, or short-term guardian conform to the provisions of the law. "

According to the Medicare/Medicaid Conditions of Participation for Hospitals pursuant to 42 C.F.R. 482.13, "A hospital must protect and promote each patient's rights. The hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. The patient has the right to participate in the development and implementation of his or her plan of care. The patient or his representative has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment."

The Mental Health Code (405 ILCS 5/2-102) states that 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 Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient.

Under section (a-5) of the Code, "If 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. 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. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only pursuant to the provisions of Section 2-107 or 2-107.1 or (ii) pursuant to a power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act. If the recipient is under guardianship and the guardian is authorized to consent to the administration psychotropic medication pursuant to subsection (c) of Section 2-107.1 of this Code, the physician shall advise the guardian in writing of the side effects and risks of the treatment, alternatives to the proposed treatment, and the risks and benefits of the treatment."

Furthermore under section 5/2-107 of the Code regarding refusal of services; and informing of risks an adult recipient of services or the recipient's guardian, "If the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient'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 or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services."

Pursuant to the Code 5/2-113, "Upon admission, the facility shall inquire of the recipient if a spouse, family member, friend or an agency is to be notified of his admission to the facility. If the recipient consents to release of information concerning his admission, the facility shall immediately attempt to make phone contact with at least two designated persons or agencies or by mail within 24 hours."

SUMMARY

Per the Code, section 5/2-107 would have allowed psychotropic medication to be given if necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others when no less restrictive alternative is available. When this individual was brought to Saint Mary's emergency room on 9/12/10, staff stated the medication was given with the patient's permission because of his acute condition. A certificate was completed by the physician. However, since the hospital was seeking an involuntary commitment, had admitted the individual and the guardians' contact information was readily available, the hospital should have immediately attempted to make phone contact with the patient's guardians pursuant to the Code 5/2-113 under notification of admission. His guardians could have presented their concerns regarding the patient being treated with certain medications. After the psychotropic medication was given in the emergency room on 9/12/10, it was given 4 more times after the patient was admitted. This occurred later in the evening of 9/12/10, then on 9/14/10, 9/16/10 and 9/17/10. The guardians should have been consulted before more psychotropic medication was administered on a nonemergency basis. They were not contacted per the record until 9/15/10.

According to Hospital regulations (42 C.F.R. 482.13), "A hospital must protect and promote each patient's rights and must inform each patient or when appropriate, the patient's representative of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible." In exercising those rights in (b) (2) of the same section, "the patient or his or her representative has the right to make informed decisions regarding his or her care." In this case this patient's guardians were his representatives. The patient and his guardians should have been informed of his health status and been involved with his care planning and treatment, which includes being able to request or refuse treatment. The delay by the hospital in contacting the guardians resulted in their not having the opportunity to make informed decisions regarding the patient's care, his status, or treatment.

Per the interview with staff this patient was not delusional and was able to make an informed decision about taking the Haldol medication in the emergency room, but the HRA found no documentation that the physician or anyone else advised the patient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment. Since the guardians were not notified for several days, this information would not have been provided to them either before the medication was administered. A certificate was completed at admission and someone documented a (Y) by the Haloperidol Decanoate (Haldol) in the EMER, which meant that the patient agreed to take the medication. Regarding the patient's ability to understand the information communicated, the HRA was not provided any information that stated in writing by any physician whether the patient had the capacity to make a reasoned decision about the treatment per the MH Code under 5/2-102. Based on the evidence that the patient's guardians were not notified timely, when the hospital was aware that the patient had two guardians and had the contact information for both guardians at admission, the **Complaint: The**

service provider did not consult the guardian in treatment and decision making for an individual with mental health disabilities is substantiated.

The HRA makes the following recommendations:

1. Follow the Illinois Probate Act, Federal Regulations and the Mental Health Code with regard to guardian participation in treatment decisions and health care. Saint Mary's Hospital should have a system in place for guardian identification, notification, consultation, consent to treatment and participation in treatment planning for patients who have guardians.

2. Have a policy in place that does not rely on the discharging facilities to contact the guardian, power of attorney or any other third party, because as in this case, it may not have happened. The hospital should be proactive to ensure that appropriate third parties have been contacted in a timely manner per the Code.

3. Follow the Mental Health Code pursuant to 5/2-102 which states: "That the patient shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to that individual's care plan. The care plan should be formulated and reviewed with the participation of the patient to the extent feasible and the patient's guardian. If the services include the administration of psychotropic medication, the physician or the physician's designee should advise the patient, 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 patient's ability to understand the information communicated. The physician shall determine and state in writing whether the patient has the capacity to make a reasoned decision about the treatment. The physician or the physician's designee shall provide to the patient's guardian, the same written information that is required to be presented to the patient in writing."

The HRA takes this opportunity to make the following suggestion:

This hospital does have an electronic record keeping system which allows caregivers to accurately record the care of their patients. Typically an electronic system might alert a caregiver that an individual has allergies, their blood type and when the last medication was given as documented in the EMAR. The HRA suggests that this same system be used to alert staff that a patient has a guardian. The patient has the right to have guardian participation for health services. This electronic record keeping system might facilitate the protection of patient's rights by reminding the staff to work with the patient's guardian and have the guardian available to help formulate the plan for these services. Having the guardian's participation might make providing care easier for the caregivers of the hospital.

The HRA does commend Saint Mary's Hospital for the commitment to serve individuals with mental health disabilities and the construction of a new behavioral health unit. It is also commendable that the hospital would provide an ethics consultation without charge to review the plan of care and discuss the patient's rights to attempt to settle ethical disagreements of conflicts with that patient's health professionals.

The HRA would like to thank Saint Mary's Hospital staff for their cooperation with this investigation.