



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - NORTHWEST REGION

REPORT 11-080-9008
H. DOUGLAS SINGER MENTAL HEALTH CENTER

Case Summary: the HRA found no violations of the patient's rights. Details of the investigation follow as does the facility's response.

INTRODUCTION

The Human Rights Authority opened an investigation of potential rights violations in the services provided to a recipient at Singer Mental Health Center. Allegations state that the recipient was transferred to a stricter facility without appropriate reasons. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Singer is a state-operated hospital located in Rockford; it has just over seventy beds for adult civil and forensics based treatment. We visited the facility and discussed the matter with representatives from social work and administration. Relevant sections of the recipient's file were reviewed with authorization.

FINDINGS

It was explained that in general the decision to move a recipient from Singer to a more restrictive setting for behavioral purposes is made by a psychiatrist and treatment team members. Documented events, attempts at redirection, violence history, the degree of threats and potential for harm are major factors of consideration. Transfers can occur on a voluntary or emergency basis. A psychiatrist typically discusses the situation with social work, and once a request for transfer form is completed, the state's forensics director is responsible for final approval. In non-emergency instances, a recipient is notified of the impending transfer and is immediately given information about his appeal rights. In emergency instances, he is transferred immediately and given his appeal information once at the receiving facility.

Safety is the primary rationale for transferring anyone with violent tendencies. A maximum security facility provides heightened structure and observation, there are more security

personnel on hand to manage aggressions, and individual rooms are locked unlike at Singer where recipients can roam the units freely.

In this case, we were told that the recipient's transfer was an emergency and quite appropriate. At Singer for just a few days, his chart documents well his repeated threats of harm to the staff including threats to kill a nurse. This large, intimidating man was not in control of his anger and was often seen alternating between talking and singing; showing the effects of swinging bi-polar in other words. The staff were unable to redirect him or keep him at safe distance and had to administer emergency medications at one point. The social work director said a psychiatrist contacted him with concerns and asked him to put a transfer packet together. He visited the recipient first and observed clenched fists and an intense rate and tone of speech. He believed he was sincere in wanting to hurt someone, so he started the transfer process.

We looked to the recipient's record for support of these events. He was admitted to Singer on January 5th with mania, delusions, elevated mood and racing thoughts. Initial problems cited on the psychiatric nursing assessment included altered thoughts, a long history of aggression, poor impulse control and violence. His comprehensive treatment plan described him as intimidating and unpredictable. He designated seclusion as his preference for emergency intervention, identified no one to be notified of any restriction and was placed on frequent observation for safety and elopement risk.

Admission notes stated that the recipient was transferred from a community hospital where he had intimidated peers and staff, acted out sexually and scared everyone on the unit; he had been secluded several times. A progress note implied that within hours of his arrival at Singer he became intrusive with staff, leaning in toward them, calling them names and demanding, "...someone is going to give me some [f*ing] food or else." He taunted a nurse with "let's go" and persisted when she tried to redirect him. Several hours later he was quoted as saying to a nurse, "I don't like people like you. You're a cracker." He made martial arts movements toward her and said he would rip out someone's heart. His threatening postures continued through the night as they were documented. At one point he agreed to take medication that was offered to help with his behavior toward the nurses but told them he could kill anyone he wanted on the unit anyway. He warned that if they sent him to another facility he would tear their hearts out. Progress notes continued to detail incidents throughout the day. He repeatedly yelled at the staff that he would "[f***] you up", "right hook you in the face", and "I'm God and God don't respect whitey". He was said to make boxing motions toward them, and security was called several times to intervene. A psychiatrist was consulted that evening about the recipient's on-going problems, and an emergency dose of Olanzapine was administered for balling his fists, banging on objects, making striking motions and screaming while refusing all redirections and time out in his room. A treatment team meeting was held the next morning where it was decided the recipient should be moved to a stricter setting as soon as possible. In the meantime he was escorted to seclusion where he remained a few hours until he agreed to calm down and spend time in a quiet room near the nurses' station. That evening he continued to yell and box at the staff. He threatened to hurt the psychiatrist and other staff he referred to as bitches and had to be restrained for everyone's safety. He was transferred first thing in the morning on January 8th.

According to the completed transfer form, the recipient was observed constantly making physical and verbal threats to staff, all of an extremely violent nature. The form described him as increasingly unstable as all attempts at other interventions had failed. It stated that he would be better served in a highly regulated setting with more structure and security.

The recipient spent several months at the stricter facility before returning to Singer.

CONCLUSION

Singer has no specific policy on transferring, but it provided a statement on protocols. If the treatment team determines that a patient requires the structure of the maximum security facility due to aggressive and threatening behaviors, then the transfer form is to be completed with the approving medical director's signature. The form is submitted to the director of statewide forensics who provides final approval.

Under the Mental Health Code, "The facility director of any Department facility may transfer a recipient to another Department facility if he determines the transfer to be clinically advisable and consistent with the treatment needs of the recipient." (405 ILCS 5/3-908). Given the compelling documentation in this case, the complaint of an inappropriate transfer is not substantiated.

SUGGESTION

The Code also provides that, "In an emergency, when the health of the recipient or the physical safety of the recipient or others is imminently imperiled and appropriate care is not available where the recipient is located, a recipient may be immediately transferred to another facility provided that notice of the transfer is given as soon as possible but not more than 48 hours after transfer. The reason for the emergency shall be noted in the recipient's record and specified in the notice. Except in an emergency, no transfer shall proceed pending hearing on an objection." (405 ILCS 5/3-910). In this case there is no indication that the recipient was even told about his options to object once he arrived at the other facility. Singer should work with its partnering hospital to make sure that all notice of transfers are appropriately supplied.

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

Michelle R. Saddler, Secretary

H. Douglas Singer Mental Health Center
4402 N. Main St., Rockford, IL 61103-1278
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Florence Sandberg, Chair
Human Rights Authority
Illinois Guardianship and Advocacy Commission
4302 N. Main St., Suite #108
Rockford, IL 61103-5202

November 17, 2011

Re: HRA # 11-080-9008

Dear Ms. Sandberg:

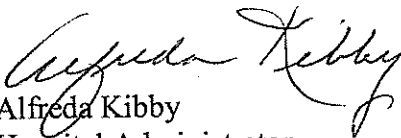
On behalf of Singer Mental Health Center I would like to extend my appreciation for the thoroughness of your investigation. We appreciate the value of your complaint investigations in identifying both strengths and opportunities for improvement in our hospital. We concur with your finding that the complaint of an inappropriate transfer is not substantiated.

RESPONSE TO SUGGESTIONS:

The suggestion to coordinate the notice of transfer with the receiving facility to assure that it is provided in cases of emergency transfer was discussed during the process of the investigation. Singer agrees with the suggestion and has taken steps to assure that this will be provided on a consistent basis. A Notice of Transfer will be prepared prior to transfer and then delivered upon arrival at the secure facility.

Thank you again for your investigation and feel free to let us know if you have any questions.

Sincerely,


Alfreda Kibby
Hospital Administrator

NORTHWEST REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 11-080-9008

SINGER MENTAL HEALTH CENTER

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document, will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

No response is included.

Alfreda Kibby
NAME

Interim Hospital Administrator
TITLE

Nov. 17, 2011
DATE