FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 11-090-9025
Methodist Medical Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Methodist Medical Center. Complaints alleged the following:

1. Sexual harassment and abuse including, staff member grabbing patient's chest inappropriately, patient touching another patient inappropriately resulting in no action by the staff other than medicating patient that was victimized.
2. Failure to follow the Mental Health and Developmental Disabilities Code, including failure to administer rights restriction documentation when medication was forced on patient, staff member administering intravenous medication improperly as a punishment, and patient being forced to take medication, without a court order, under the threat of physical violence.
3. Inhumane treatment, murals in hospital causing psychological disturbance to patients.

If found substantiated, the allegations would violate the Medical Patient Rights Act (410 ILCS 50/3) and the Mental Health and Developmental Disabilities Code (405 ILCS 5/2).

The Methodist Medical Center covers a 22 county area, with Peoria, Tazwell, Woodford, and Fulton being the main counties. Behavioral Health has 2 adult units consisting of 44 beds and an adolescent unit which consists of 23 beds. The Behavioral Health Unit employs approximately 120 staff which consists of nurses, Masters level clinicians, mental health associates, nurse's aides, activity therapists, and psychiatrists. The Methodist Medical Center also offers other mental health programs such as a partial hospitalization program and an outpatient mental health clinic for children and adolescents.

To investigate the allegations, HRA team members met and interviewed Methodist Medical Center staff members and reviewed documentation that is pertinent to the investigation.

The Illinois Department of Public Health has been notified of the alleged abuse complaints within this case.

COMPLAINT STATEMENT

The complaint states that a patient was sexually harassed and abused by a peer while staying at the behavioral health unit at Methodist Medical Center. The complaint alleges that a patient would flirt with him, and at times he would reciprocate, but then the patient tried to stop the flirting and could not. The patient would still touch the other patient inappropriately (grab genitals, smack rear, put head on shoulder), and when he told the patient to stop, the patient would say to the staff "Isn't it time for his shot?" Allegedly, the patient would then receive a shot in the arm which made his deltoids bleed. The shot would hit the bone, not the muscle, and the shot was allegedly for punishment, not for medical purposes. There are also allegations that staff sexually harassed the patient. The complaint is that a staff member grabbed a patient's areola while the patient had his shirt off after taking a shower. The complaint states that the patient retaliated by grabbing the staff member's breast.

In this complaint, there are also allegations that a patient had medication forced repeatedly and there was no court order for the medication. The complaint alleges the patient stated that he only received a restriction of rights documentation twice and medication was forced on him at least 30 times.

The complaint also states that murals painted on the walls of the hospital were very psychologically disturbing for a patient. The painting is a mural of Wisconsin through Illinois and it was disturbing because the patient had seen those cities and also because they reminded him of his military background.

FINDINGS

Interview with Methodist Medical Center Staff (3/3/2011)

The Methodist Medical Center staff started the interview by saying that the murals mentioned in the complaint have been at the facility for 8 years and no one has complained. They said that the murals are in the unit hallways and they reflect the seasons of Illinois. They said there are also mural paintings on the walls in the individual patient units. The patient was diagnosed with schizophrenia, paranoia, and bipolar type personality. The patient stayed at the hospital between December 25th 2010 and January 5th, 2011. The staff explained that he had a treatment plan with documentation relating to the issues in the complaint and the treatment plan has behavioral components attached. He was admitted voluntarily and signed a request to be released the next day.

The Methodist staff stated that the patient made these complaints to the hospital staff and called the patient advocate. The issues that the patient complained about to the advocate were sexual harassment and that he felt he did not need to be at the hospital. The nurse manager checked into the issues and found out that the patient was the one being sexually aggressive with the staff and patients. The patient was actually being more aggressive with the staff than the

patients. When the hospital investigator called the unit regarding the complaint of harassment, they showed the investigator the documentation and, from that documentation, they decided that the patient was not making accurate claims. The investigation process involves talking with the patient and staff pertinent to the situation. Based on the nurse manager's information, they decided not to proceed with the investigation. Every day there is documented sexual behavior indicating that the patient was aggressive. They said that the patient even demanded to be allowed to touch the staff's breast. They stated that the patient was transferred to a different mental health facility. The staff said that the patient had a long history of difficulties in the local area and was recently incarcerated.

The Methodist staff explained that the patient was admitted for psychotic behavior. There was no indication of the sexual aggression when he was assessed in the emergency room. The staff said they have documentation of the patient grabbing staff's breasts and twisting. They explained that the staff sit outside the shower while the patients are cleaning themselves and, in this case, the patient used that opportunity to grab the staff member.

The staff said that they generally do not administer injections in the arm. If the patient did receive that injection, it was per his request. They could also see how an arm would bleed when receiving a shot. They said that the patient had multiple incidents where he touched the staff. They could not speak of the specific numbers of touching staff members. The staff explained that the hospital believes an incident to be a grievance if it is in writing and not resolved within 24 hours. If a complaint is not resolved within 24 hours, it becomes a grievance. They said in this case, the patient did receive verbal resolution from the complaint. They also explained that this was considered a complaint and not a grievance.

The Methodist staff stated that staff are all trained in crisis prevention through CPI, or the Crisis Prevention Institute, and try to deescalate situations with patients when they arise. They said that this patient needed constant redirection and the staff stopped his behaviors through this method. They stated that patients are not provided a sexual harassment policy but they are provided a handbook on what to expect on the unit. There is an orientation addresses about privacy and personal boundaries. Staff have also been recently retrained with the next level of CPI and they work hard at keeping people safe.

After referencing the patient's record during the interview, it was determined that the patient did receive more than one injection in the arm. The staff stated that the patient requested the injection in the arm. Usually they administer the shot in the gluteus. To prevent a more aggressive situation, they granted the patient's wishes to have the shot in his arm. They gave him the shot because he did not want the oral medication that the staff offered. They stated that when he received emergency medications, they gave them a choice of the pill form. They said he received PRN medication often. The patient received the medication intramuscularly because of safety issues. The patient did not have court ordered medications and they explained that he did not receive rights restrictions every time he was administered IM medication. They said if there was evidence that he was taking medication the courts would not grant a court order. The staff stated he received 3 restrictions of rights documents for seclusion. With PRNs, when a patient starts to become agitated, they offer oral medications. When they receive the oral medications,

they usually improve. If they do not want to take the medications, they will talk to the patients about their goals in an attempt to convince them to take their medications.

When the patient was put in seclusion it was because the patient was a danger to himself and others. The patient had made direct threats of harm to staff that led to seclusion. Anytime he had an IM, it was an emergency situation. If the patient said he was not taking the IM medication, they would have taken him to the seclusion room. He agreed to have the IM medications in the emergency situations. Seclusion and restraints are last resorts. The staff stated that they did not find any documentation that he was threatened with violence to take medications. It is not their policy and they have never seen it happen.

The staff said that they were unsure about where they had documentation of the patient's decisional capacity for psychotropic medication and they would have to look through the documentation for it. They stated that the consent for the medication is in the treatment plan, and he refused to sign the consent. When the patient was in seclusion, it was brief. He was in for 70 minutes once and then 1 hour and 45 minutes on another occasion. They said that staff are trained on how to use forced medications in emergency situations and staff also receive training on personal boundaries. Staff know that they cannot touch patients but if someone wants to give a hug they will reciprocate or if someone is falling, they will grab them. The staff know not to do anything of a sexual nature.

The staff worked with keeping the other patients safe from this patient. Staff would redirect, teach coping skills, and teach them how to deal with him or how to avoid the patient. In the past, they have used group interventions with aggressive patients.

In regard to the complaint that another patient directed the staff to administer medications, the Methodist staff stated that a patient may have said something to staff but it would have probably been "tongue in cheek." Patients do not direct the staff. Patients will say if someone is acting out but it does not dictate the staff's response. The staff also pointed out that this was never a complaint made by the patient. They stated that when the patient was admitted, he was put on high level precautions including for acting out sexually. The patient never complained about the murals. Staff explained patients either love them or are intrigued. The murals are designed to be soothing. The staff stated that whatever his delusional state was at the time the murals could have reminded him of something when he looked at the images.

Facility Tour to Review Murals

The HRA toured the facility to review the murals. The murals cover the entire hallway and each wing has a mural that illustrates the seasons. The summer mural has a river that runs through the majority of the hallway. Rooms also have murals painted on the walls of the room. There is no war imagery portrayed in any of the murals.

Record Review

The HRA reviewed records and documents relevant to the complaints in the case. According to documentation, the patient involved in this complaint was brought to the Methodist

Medical Center emergency room and was voluntarily admitted into the behavioral health unit. The patient was diagnosed with Schizophrenia and was admitted to the hospital between 12/25/2010 and 1/5/2010. He was court ordered to be moved to another facility.

In regard to the first complaint of sexual harassment and abuse, the HRA reviewed the Methodist harassment policy (sexual and other forms of harassment). The HRA was informed that there is no sexual harassment policy for patients, only for employees. The policy reads "It is a policy of the organization to provide a workplace free from unlawful and improper 'harassment' by management, employees or agents of Methodist or by its clients and venders." The policy proceeds to list examples of harassment as well as other aspects of the policy.

As far as the incidents described in the complaint, the HRA reviewed the patient's treatment plan dated from 12/25/2011 to 1/15/2011 and saw multiple documented incidents of the patient's sexual aggression towards staff and other patients. One example of this behavior is on 12/26/2011; the treatment plan reports "Pt having sexually aggressive behavior on unit. Pt did slap a female peer and staff on buttocks. Pt. attempted to hug writer several times." Another example on 12/28/2011 reads "pt is threatening towards staff, becomes agitated with redirection, makes sexually inappropriate comments and sings to staff, has been told several times to not physically touch peers and staff to no avail." Another on 12/29/2010 reads "pt had been threatening staff and doctor at beginning of shift, unable to redirect. Chased the doctor down the hall and kept threatening to hurt him. Remains delusional and sexually preoccupied. Makes several comments to staff about sex and his sexual desires for them." On 1/1/2011, the plan reads "Asking staff if he can grab their breasts, talking about sex being his first choice of medication."

The HRA did not see evidence of another patient touching this patient inappropriately as described in the complaint statement, but the HRA saw mention, on 12/28/2010 of an incident involving staff which reads "pt is attention seeking, sexually preoccupied, unable to redirect many times and when does will be verbally aggressive. Grabbed female staff's breast and squeezed today, then unable to take responsibility for action, trying to blame staff." Later that day it reads "pt remains delusional and grandiose, pt claims one moment that he is a lawyer and the next that he is a physician, making threats to [physician] about taking him to court and that if he goes to court it will be everyone else who will be in trouble b/c he has done nothing wrong. Pt takes no responsibility for his actions try's to blame staff for his behavior, pt makes claims that he is being sexual harassed and that he does not need to apologize for his previous behavior or actions to staff and peers." The HRA saw no evidence of a staff member sexually harassing the patient in any manner, nor did they see any evidence of a patient telling the staff to administer medications.

Regarding the second complaint which alleges that the facility failed to follow the Mental Health Code in regards to forced medication, the HRA reviewed two medication rights restrictions, one on 12/26/210 and one on 12/30/10. The first restriction document on 12/26/10 at 0435AM indicates that the patient was placed in seclusion and also had the right to refuse medication restricted. The reasons for restriction were "Threatening and aggressive behaviors." The restriction does not indicate what medication was administered. In reviewing the patient's medication administration record (MAR), there was no medication at 0435AM on 12/26 but

there was medication administered on 04:26AM on 12/25. One of the medications administered was Lorazepam and it was administered in the left gluteus. There is a note which reads "Pt. threatening staff; yelling; agitated." At the same time, the patient was also administered Haldol intravenously in the right gluteus. The MAR did not indicate if the medication was forced. In the patient's treatment plan, on the date of 12/26/10 at 05:03 it reads "Threatening staff 'I'm going to [expletive] you all up. You better do what I say, I'm the doctor here!' Patient has had many demands during shift, food, juice, watch TV, etc. Met demands for food, TV, requested pt keep voice down and calm himself. Offered po [by mouth] prn meds. Pt refused. Continued to need frequent redirection to calm, stay quiet, ask requests rather than demand and yell them. Became more agitated when he felt disorganized peer was not getting what she needed. Stated he was her doctor and 'you [expletive] need to do what I say!' Walked to seclusion. Physically restrained by security and staff while meds given. Loud and yelling in seclusion room."

The HRA reviewed the second rights restriction provided by the facility dated 12/30/10 at 0547. On the document, the right to refuse medication was restricted and the reasons for the restrictions were "threatening and aggressive behavior." The document did not state what medication was administered. On the MAR, Haloperidol was administered at 0547 on 12/29/10 and the note by the administration time only reads "would not scan." The HRA reviewed the treatment plan and saw no specific references to the patient having his rights restricted on 12/29 or 12/30. An incident at 7:14 states the patient says "'I will kill all of y'all' Beginning to become more agitated." There were incidents mentioned where the patient was threatening and agitated but there were no direct mention of the patient having his rights restricted. One entry, at 13:59 on 12/29/10 reads "Pt difficult to redirect. PRN Haldol 5mg and Ativan 2mg IM given with security." Another reads "pt had been threatening staff and doctor at beginning of shift, unable to redirect. Chased the doctor down the hall and kept threatening to hurt him. Remains delusional and sexually preoccupied. Makes several comments to staff about sex and his sexual desires." Another reads "Stated he will take the meds by mouth if writer fills out 'one of these' - referring to a Restriction of Rights." There is no indication whether the document was completed for the patient but the notes indicate he did take the medicine. There is also another situation that reads "Pt posturing at staff and made verbal threat's to kill his doctor. Pt took his scrubs off in the hall and would not redirect. Security called and PRN Haldol 5mg and Ativan 2mg IM were given." Even with multiple incidents, there was no direct mention of a rights restriction for the refusal of medication.

The HRA did see sections on the treatment plan where the patient was administered medication with the security around. One section reads "Pt given PRN Thorazine IM with security. Pt resistive, but did cooperate with IM …" The passage proceeds to state the patient cooperated after removing his clothes and exposing himself to security.

In reviewing the patient's MAR, there were times where an injection was administered in the upper arm but the HRA saw no indication as to if the patient requested the shot there rather than his gluteus. The HRA also reviewed multiple occasions on the patient's MAR when medication was refused or the medication was not administered because the patient was sedated. The HRA counted 74 instances when the patient refused scheduled medication and 102 times when he took the scheduled medication. Although the patient refused medication, the medication that was refused were the scheduled medications. The PRN medications in the MAR

were never refused. Some examples of notes describing why the patient was administered the medication were on 12/26 when the patient was administered Haloperidol because he was "agitated, not Redirectable." On 12/25 the patient was administered Ativan because he was "agitated, won't redirect." On 12/28 the patient was "agitated with inappropriate behavior on unit" and, on the same day "pt grabbed a staff member's breast." Another was on 1/2 and the patient was described as "loud Threatening, almost fighting with male peer, hard to redirect." The majority of the PRN medication was administered because the patient was agitated and showing aggression, or for inappropriate behavior. The patient was administered PRN medications 39 times while staying at the facility.

Another section of the MAR, for scheduled medications on 12/31/10, 1/1/11, and 1/2/11 reads that the patient refused Chlorpromazine on those three days, with the exception of 1/2 at 16:55 it reads that the patient refused but there is a notation that the patient was administered 100 mg intramuscularly at 3pm. At 14:52 it states that the patient was administered the medication in the left deltoid and that he had "refused 1400 earlier." There is no rights restriction documentation on that day or explanation as to what the entries meant.

The patient's treatment plan has another section of notes related to medication. The section on 1/1/2011 at 17:44 reads "Threatening staff and peers at times. Able to control himself when reminded that he will end up receiving medications if he cannot control his outbursts."

Another section of the treatment plan, which deals with the patient interacting with other patients, states "Patient loud and angry. Making inappropriate sexual comments to a female peer. Got angry with male peer when told him to staff. Postured on this peer. Threatening. Wanting to hit somebody." This is the only interaction reviewed by the HRA that could be connected with the complaint that a patient told staff that a patient needed medication administered. The HRA saw no evidence of a shot being administered by the staff or the patient asking if the other patient has gotten his medication yet, in this incident or any others. The incident did lead to the patient receiving seclusion.

The HRA reviewed consents for the patient. The consent document states that "Medications explanation and written information on side effects given" as well as stating that a signature "acknowledges receipt and agreement of all medication." All medication from the patient's MAR was in the consent form with the exception of Ziprasidone Mesylate (Geodon) which was administered to the patient on 12/15 and 12/26 and then put on hold or discontinued. The patient was marked as unable to participate in the consent process on the documentation and did not sign the consents.

The HRA also reviewed an integrated process assessment document which had a checkbox section for the statement "Patient healthcare & status decision-making capacity." The boxes available to check were "unchanged, yes, no, uncertain, limited." For this patient, the box "unchanged" was checked. This document was dated 12/26/10. Also, on the consent form, there is a checkbox section which states "Refuses to sign, Unable to Participate, Aware of the content of the plan." The awareness checkbox insinuates some capacity but the HRA did not review an exact statement which states that the patient has the capacity to make an informed decision about treatment.

The HRA also reviewed the patient's treatment plan and saw no indication of emergency intervention preferences established by the patient.

As stated by the facility, Methodist Medical Center does not have a forced medication/emergency medication policy.

Regarding the final complaint that murals in the hospital were causing a psychological disturbance to patients because of the patient's military background, the HRA reviewed the emergency department chart which reads "Pt was yelling and cussing then would become cooperative for a few minutes, pt then starting talking about being in the army and the FBI." Another emergency department chart reads "Medics state that pt has history of bipolar/schizo, and is beginning to revert back to how he acts when he is off of meds. Pt. talks about being in military, but pt hasn't."

The HRA saw additional information in the treatment plan regarding the patient's laptop. The treatment plan reads "Pt had his lap top at start of this shift. Laptop left in family visiting room and other peers had been using it. Pt became upset with peer and started yelling at them. Pt. informed lap top would be removed. Pt. upset and verbally threatened staff. PRN Haldol 5mg and Ativan 2mg IM given. Pts behavior remained to escalate and Thorazine 100mg IM given."

In reviewing the patient's Emergency Department Chart, it reads "Pt is having delusions and is very repetitive. Pt is uncooperative at this time, pt states that staff is violating his constitutional rights. Called security and Peoria Police Department for standby." In the summary section of the Emergency Department Chart, it reads "Pt refusing to change into gown so police were called for assistance." A patient history written by a physician states "The ED notes that he was very uncooperative. Security was called and the police department was also called for standby."

MANDATES

The HRA reviewed regulations relating to the complaints illustrated in this report. Regarding the first complaint, the Mental Health and Developmental Disabilities Code states "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect" (405 ILCS 5/2-112).

In regard to the second complaint, the Medical Patient Rights Act reads "The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law" (410 ILCS 50/3). The Mental Health and Developmental Disabilities code reads "(a-5) 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" (405 ILCS 5/2-102.

The Code also reads "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" (405 ILCS 5/2-107).

Regarding alternative treatments to emergency forced medication, the Code reads "(d) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall advise the recipient as to the circumstances under which the law permits the use of emergency forced medication or electroconvulsive therapy under subsection (a) of Section 2-107, restraint under Section 2-108, or seclusion under Section 2-109. At the same time, the facility shall inquire of the recipient which forms of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record and communicated by the facility to the recipient's guardian or substitute decision maker, if any, and any other individual designated by the recipient. If any such circumstances subsequently do arise, the facility shall give due consideration to the preferences of the recipient regarding which form of intervention to use as communicated to the facility by the recipient or as stated in the recipient's advance directive" (405 ILCS 5/2-200). The Code reads " The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan" (405 ILCS 5/2-102).

The Code also states “(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985, if either is so designated; and (5) the recipient's substitute decision maker, if any. The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient's record” (405 ILCS 5/2-201). One of the rights specified in the Code is the right to possess property with some exceptions (405 ILCS 5/2-104).

The HRA found no regulations or statutes relating to décor in hospital facilities.

CONCLUSION

Complaint #1 - Sexual harassment and abuse including, staff member grabbing patient's chest inappropriately, patient touching another patient inappropriately resulting in no action by the staff other than medicating patient that was victimized.

The complaint alleges that a patient was sexually harassed while staying at the behavioral health unit in the Methodist Medical Center. The patient was allegedly touched inappropriately by other patients and by a staff member. In the staff interview, the staff explained that it was the patient who was the sexual aggressor with the staff and patients. The HRA reviewed the patient's treatment plan and saw that the patient was very sexually aggressive with the staff. The HRA saw documentation of an incident where the patient grabbed a staff member's chest. The documentation stated that the patient would not take responsibility for his actions. The treatment plan did document multiple incidents where the patient was sexually aggressive towards staff and patients. The HRA saw no evidence of the staff member sexually harassing the patient nor did the HRA review evidence of another patient sexually harassing the patient involved in this complaint. Due to the fact that the HRA found no evidence that a patient was sexually harassed by patients or staff, the HRA finds this complaint **unsubstantiated.**

Complaint #2 - Failure to follow the Mental Health and Developmental Disabilities Code, including failure to administer rights restriction documentation when medication was forced on patient, staff member administering intravenous medication improperly as a punishment, and patient being forced to take medication, without a court order, under the threat of physical violence.

The complaint alleges that a patient was forced medicated repeatedly while staying in the Methodist Medical Center behavioral health unit. Although the patient was said to be forced medicated at least 30 times, he reportedly only received rights restrictions for refusal of medication twice. The complaint also alleges that staff was administering IM improperly as a punishment and that the patient was forced to take the medication under threat of physical violence. Finally the complaint stated that a patient told staff when it was time for another patient to receive medication. The staff explained that they usually do not even administer shots in the arm and if they did, it was by request. The HRA saw no evidence of the patient requesting a shot in the arm but did see, through the documentation, that the patient did receive shots in the arm. The HRA also reviewed two rights restrictions for refusal of medication. It was written on the 12/26 restriction that it was given because the patient was "threatening staff; yelling; agitated." The second restriction was written for "Threatening and aggressive behavior." Neither restriction had a detailed account as to what happened or what medication was given. In reviewing the treatment plan, the details of the 12/26 restriction could be traced to a specific incident in the treatment plan but it was difficult to pinpoint the incident resulting in the second restriction on 12/30. Also times and dates did not match between the treatment plan, rights restriction documentation, and the MAR. In reviewing the MAR it was seen that the patient often refused scheduled medication, but took all PRN medication. Often the PRN medication was administered because the patient was "agitated." The HRA also read an account in the

treatment plan that reads that the patient was "Able to control himself when reminded that he will end up receiving medications if he cannot control his outbursts." This statement in and of itself indicates that the patient was threatened with forced a rights restriction without documented need to prevent serious and imminent physical harm. Additionally, after comparing the patient's MAR to the consents, the patient was administered Geodon without consent for the drug. Finally, in a review of the treatment plan, the HRA did not see an indication of the patient's emergency intervention preferences if he had any per 405 ILCS 5/2-200 and 405 ILCS 5/2-102. Because the evidence indicates that the patient was administered medication on one occasion without consent, told he would receive medication if he did not control his outbursts, administered forced medication without documented notice of his imminent and physical risk of endangering self or others, and lacked documented emergency intervention preferences on the treatment plan, the HRA **substantiates** the complaint and offers the following **recommendations**:

- Follow the Mental Health Code regarding emergency medication administration. In reviewing the documentation, the HRA feels that the process for restricting the right to refuse medication needs reviewed by the facility to comply with the Mental Health and Developmental Disabilities Code. As it stands on the documents, the reasoning for the 12/30 rights restriction is not clear and being threatening and agitated without further description does not indicate the need to prevent serious and imminent physical harm (405 ILCS 5/2-107 and 405 ILCS 5/2-201) and therefore is in violation of the Code. The HRA recommends that the facility create policy regarding rights restrictions and forced medication procedure that adheres to the guidelines of the Code and educate staff in these guidelines. The HRA also recommends when restricting rights, the facility document a very detailed description as to why the rights have been restricted on the rights restriction document not only for the hospital but also for the individuals or agency that the patient may want to receive the documentation. The HRA also **suggests** adding what medication was administered to all restriction forms that deal with restricting the right to refuse medication.
- The HRA reviewed consents for all medications except for Geodon. Consistent with the hospital's practice of securing written psychotropic medication consent, educate staff to request a patient's consent for each and every psychotropic medication that the patient is receiving and to document the consent. Ensure that medication education information is provided when consents are secured.
- Follow Mental Health Code requirements regarding the right to refuse by educating staff to refrain from using medication as a threat to control behavior as indicated in the notes of the treatment plan.
- Add the patient's emergency intervention preferences to the treatment plan in compliance with 405 ILCS 5/2-200 and 405 ILCS 5/2-102.

The HRA offers the following **suggestions:**

- Although capacity for treatment is alluded to, there is no straightforward indication written that a physician determined whether the patient had the capacity to consent to treatment. The HRA suggests that the question of capacity be added to the consent form, in a very basic manner, so that the capacity is documented.

- As indicated in the report, there is a section of the MAR where it looks as though the patient received medication even though he refused and there were no rights restrictions for that medication. This notation could be a number of scenarios, for example maybe the patient accepted the dosage of medication later in the day. Also, there are multiple occasions where the patient is receiving PRN medication for being "agitated." Although the HRA cannot substantiate that the PRN medication is forced or administered without an opportunity to refuse, one could make the assumption that the medication was forced due to the circumstances of the patient refusing non-scheduled medication. Overall, the medication administration documentation is not specific which could lead to confusion. To alleviate any confusion, the HRA suggests that the facility not only document when the medication is refused, but also document when the medication is accepted by the patient.
- In the consent forms, the patient is listed as "Unable to Participate" but there is no reasoning for why the patient could not participate. The HRA suggests detailing exact reasons for why the patient could not participate in signing consents or any other documentation.
- When adding the patient's emergency intervention preferences, the HRA suggests adding them to the beginning of the treatment plan and making the statement clear and easily referenced.
- The patient's laptop was taken away but the HRA did not see a rights restriction notification for the laptop per 405 ILCS 5/2-201 and 405 ILCS 5/2-104. The HRA suggests documenting property rights restrictions in order to comply with the Mental Health Code.
- The ED documentation stated that the police were called because the patient refused to don a gown. The HRA references a previous report number 10-090-9007, which deals with another patient's refusal to gown in the ED, and the hospital was found to have violated his right to refuse treatment absent a physician-determined emergency. The HRA does recognize this incident occurred prior to the facility enacting its responses to the recommendations from the report but the HRA would still suggest that the facility ensures that the recommendations within that report are being followed.

Complaint #3 - Inhumane treatment, murals in hospital causing psychological disturbance to patients.

The complaint states that murals painted on the walls of the hospital are very psychologically disturbing to a patient because of the patient's military background and because he had been to the towns in the mural. The staff said that the murals have been in the facility for 8 years and no one has complained, and the mural was designed to be soothing. The emergency room chart states that the patient does not have military background, which was part of the reason why the patient was disturbed by the murals. The HRA reviewed the murals and saw no war imagery in them. Also, the HRA found no regulations regarding décor in a behavioral health unit. Although any patient could find the murals disturbing, based on the fact that the facility had not had previous complaints and that there are no regulations involved with the decoration of the unit, the complaint is **unsubstantiated.**

RESPONSE

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

Methodist

November 15, 2011

Ms. Meri Tucker
Guardianship & Advocacy Commission
Peoria Regional Office
401 Main St., Suite 620
Peoria, IL 61602

Re: Case # 11-090-9025

Dear Ms. Tucker:

Thank you for giving us the opportunity to respond to the above listed complaint filed with the Guardianship & Advocacy Commission. We have thoroughly reviewed the report, and we appreciate the thoroughness in which the commission's evaluation was done.

Please be advised that we take all complaints and grievances very seriously, and that we work to improve the services we provide.

In response to the substantiated part of the above mentioned case, we have completed the following steps:

- In October, our staff was educated on the need to improve documentation of a person's behavior that would require a restriction of rights. Specifically, we informed them that documentation should clearly describe specific behaviors vs general statements such as being "agitated" or "threatening" in both the medical record and the restriction of rights form.
- Staff education also included emphasis on not using medication as a threat to control behavior. The specific quotes from this case were used and other examples were shared.
- Staff has been reminded that medication education is required prior to the patient receiving medication. This topic is on the December 5th agenda for the Department Meeting with the psychiatrists so that as a group, they will be reminded of this requirement as well.
- Staff was also reminded to discuss emergency intervention preferences with the patient. We will pursue adding this to the electronic treatment plan in the first quarter of next year. A recent upgrade of our main computer application has postponed our review of this with our Information Services Department.

We also appreciate your suggestions, and we are reviewing them so that we can improve our care. One point of concern is in the second suggestion for complaint #2. In your report, you state, "Although the HRA cannot substantiate that the PRN medication is forced or administered without an opportunity to refuse, one could make the assumption that the medication was forced due to the circumstances of the patient refusing non-scheduled medication." We respectfully

disagree with this statement. We appreciate your point about medication administration documentation not being specific, and we will work to improve that. We would ask, however, that assumptions not be made unless there is evidence that would lead to such a conclusion. It is not uncommon for individuals to ask for or agree to PRN medications to assist in decreasing their agitation, frustration, etc. We will work with our staff to improve their documentation on this point.

Again, thank you for this opportunity to address your concerns and to make improvements in the care we provide. Please do not hesitate to contact my office if you have any questions or need any additional information.

Sincerely,

Dean Steiner, LCPC
Director, Behavioral Health Services