



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
NorthShore University HealthSystem
HRA #11-100-9001

Case Summary: the HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at NorthShore University HealthSystem. In August 2010, the HRA notified NorthShore of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that staff members in the Emergency Department were rude and condescending to a recipient of services. It was also alleged that when the recipient refused to remove her clothing, an excessive and unnecessary number of hospital personnel entered the room as a show of force. Lastly, it was alleged that the recipient was not given pain medication because she refused to provide a blood/urine sample. If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5) .

Background

Headquartered in Evanston, Illinois NorthShore University HealthSystem, (NorthShore), is a fully integrated, healthcare delivery system that serves the greater North Shore and northern Illinois communities. NorthShore includes four Hospitals – Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital. The system has more than 2,000 affiliated physicians, including a multispecialty group practice with over 75 office locations under NorthShore Medical Group. The focus of this investigation is Evanston Hospital.

Method of Investigation

The HRA conducted an on-site visit in September 2010. At that time the HRA discussed the allegations with the Crisis Coordinator, the ED Director and the Administrative Director of Psychiatry. The HRA requested and reviewed the clinical record of a recipient of services with consent, and hospital policy relevant to the allegations.

Findings

Information obtained from the clinical record

According to the clinical record, the recipient arrived at the hospital on June 21, 2010 at about 11 p.m. in police custody, after she had used mace on several people in the lobby of her apartment complex. She was assessed as having Acute Psychosis with paranoid thoughts, aggression and flight of ideas. She had a brace on her right knee from a torn ACL (anterior cruciate ligament)

and a brace on her right wrist; she reported an increase in pain on the right knee after the altercation from earlier that day.

At about 12:30 a.m., the record documented that she was offered Ibuprofen and Tylenol as well as ice packs for her knee pain but she refused the treatments offered. She also reported at this time that she was unable to urinate for a specimen and stated "you can't force me to piss".

The record indicated that the recipient was asked about five times to remove her clothes and get into a gown per hospital policy. It was documented that the recipient verbally abused the RN and then refused to speak or answer questions. The RN documented that back-up security was called in an attempt to "nicely and gently" lift the recipient to the bed, as she was in a chair. The next notation stated that the recipient was finally coaxed to bed and that she did put a gown on; it was noted that a Patient Safety Officer was at the door.

At about 2:00 a.m. the recipient was again offered Ibuprofen, Tylenol or ice for relief of the knee pain but the recipient refused, stating that the medication does not work for her. At about 3:00 a.m. the recipient was receiving a crisis evaluation and she requested Norco (narcotic pain reliever) for pain; she was given the medication about an hour and half later. At about 5:00 a.m., it was documented that the recipient walked to the bathroom and the urine specimen was obtained.

Information obtained from the site visit

Regarding the allegation that staff members were rude and condescending, the HRA requested to interview two nurses identified in the clinical record that worked with this recipient; we were told that they were unavailable. When asked to clarify that, we were told that they both worked the night shift and that one of the RNs was on vacation. The ED Nurse Manager said that she had investigated the complaint and had spoken to both of the nurses and "could speak for them". The Nurse Manager assured the HRA that all patients are treated with respect and that her staff would never treat a patient in a rude and condescending fashion. She stated that the documentation speaks for itself, in that the RN documented that she was calm and spoke to the recipient in a polite manner. The Nurse Manager of the ED said that the documentation was an exemplary account of how patients who refuse to comply with the policy are managed, in that repeated verbal attempts were made and were successful in getting the recipient to comply with necessary procedures. She said that the treatment the patient received met with her full approval. It was offered that staff members receive CPI (Crisis Prevention Institute) training and patient care is also addressed on the employee performance evaluation.

Regarding the allegation that an excessive and unnecessary number of hospital personnel entered the room as a show of force, the HRA was advised that it is hospital and Corporate policy that all patients admitted to the ED (mental health recipients or others) deemed to be in an acute crisis situation are asked to get in a gown for the physical and medical screening. The patient then is assessed by the Crisis Worker - this Worker then determines whether the gown needs to stay on or if the patient can get back into street clothes. This is done to reduce the risk of the patient fleeing from the facility and to ensure the safety of patients and staff by conducting a search for weapons and drugs. It was stated that there are no exceptions to this policy. It was further stated that the Crisis Worker will not assess the patient until this process has been completed.

Regarding the provision of a urine sample, the staff stated that all patients deemed to be in an acute crisis situation are requested to provide a urine sample upon admission to the ED. If the patient initially refuses, or cannot, provide a sample, they encourage the patient to drink liquids and staff members will just wait until the patient urinates spontaneously. That was what occurred in this case.

The Director stated that every crisis case is automatically assigned a Public Safety Officer upon admission for safety reasons. She also explained that when the nurse "called for back up security" an additional officer would have been assigned to the case. She also pointed out that the

patient was never restrained. All PSO's are tested for competency in patient restraint management. When asked specifically how many people were in the room when the patient finally put in a gown, she said that she was unsure of the exact number of people present. It was then asked if public safety would have a record of any interactions with this patient. The hospital checked with the Public Safety personnel who reviewed the stand-by card and he noted that no additional staff members were on this call.

In reference to the assertion that pain medication was not given, hospital personnel pointed out that the patient did receive Norco at 4:13 a.m., after the physician had assessed her. It was stated that the patient was on this medication at home for her knee pain, taking 1-2 tabs by mouth every six hours as needed. The staff also stated that the pain was assessed by the patient as only a 2 on a 0-10 scale, and that narcotics would have been inappropriate as the initial management of pain of such low severity.

Information obtained from hospital policy

The Patient Stand-By in Emergency Department policy states that the organization has defined the process to provide Public Safety standby in the Emergency Department to meet the special needs of patients identified to be at risk for elopement, harm to others, harm to self, including suicidal ideation in order to ensure a safe environment for patients, staff and visitors. The policy states that to initiate safety measures, the patient is placed in an assigned ED treatment room; request that the patient disrobe and put on hospital gown; if the patient refuses to put the gown on, the PSO will assist the nurse in obtaining compliance; ensure a female PSO assists female patient.

The hospital's Patient Rights and Responsibilities policy states that the patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity, psychological, spiritual and cultural variables that influence their perception of illness. The patient has the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.

Conclusion

Pursuant to the Illinois 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, pursuant to an individual services plan." Section 2-112 of the Code states that "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect."

The HRA cannot discount the statement made that some staff members were rude and condensing. However, based on the verbal and written information received, no evidence was found to support the claim; the allegation is unsubstantiated.

Documentation indicated that the recipient had been a threat to others, thus she was identified to be at risk for harm to others; per hospital policy safety measures were to be initiated regarding disrobing. The recipient refused to remove her clothing. Multiple verbal attempts were made to encourage her to remove her clothing; a back-up public safety officer was called and according to documentation, the recipient willingly removed her clothing. The Public Safety department had no documentation that additional staff members were called for assistance. The HRA's findings do not substantiate the allegation that an excessive and unnecessary number of hospital personnel entered the room as a show of force.

The recipient was offered pain medication twice (Tylenol/Ibuprofen) which she refused; she subsequently was given a narcotic pain reliever. She provided a urine sample two hours after the administration of the pain reliever. It is concluded that the administration of the pain medication was not contingent upon providing a urine sample; the allegation is unsubstantiated.

Comment

The record documented that the recipient verbally abused hospital personnel. Abuse, as defined in the Mental Health and Developmental Disabilities Code, means “any physical injury, sexual abuse, or mental injury inflicted on a recipient of services other than by accidental means.” The words “verbally abusive” imply that the staff member has been intimidated, demeaned or the words have caused emotional anguish or distress to that staff member. Like all other aspects of a recipient’s behavior, documentation should simply say exactly what the staff member has heard and/or observed.

Hospital policy indicates that a patient must disrobe when assessed as dangerous. The HRA realizes that safely is an understandable need. We do however, take this opportunity to remind ED staff that being forced to remove street clothing can be extremely disturbing and feel very unsafe for individuals who have a history of sexual abuse and trauma. These individuals may refuse to remove their clothing and ultimately engage in physical struggles as security guards attempt to disrobe them, reenacting their former abuse and greatly exacerbating the emotional crisis that brought them to the emergency department in the first place. ED staff must be sensitive to all these issues.

The HRA also reminds ED staff that a patient’s refusal of a procedure or test should be respected, except if a physician determines and documents that the patient is not competent to make a decision about the procedure or test after being given information in language that he or she can understand about the benefits and drawbacks of the procedure or test. A patient can be informed of the non-medical consequences of refusal (e.g. an inpatient bed in a psychiatric facility may be available only if the patient has undergone a drug screen).