**FOR IMMEDIATE RELEASE**

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Behavioral Health Hospital
HRA #11-100-9011

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In April 2011, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that communication between the parent(s) and the consumer's physician was often quite delayed in that telephone calls were not returned in a timely manner; the consumer's medication was increased without parental knowledge; no family meetings were held; the consumer's inhaler was thrown away and the consumer's discharge from the out-patient program was premature.

The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA conducted on-site visits in June and August. While at ABBHH, the HRA interviewed a representative from the Risk Management/Consumer Advocacy Department, the consumer's attending psychiatrist, the consumer's case manager and representatives from the out-patient program.

**Background**

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

**Findings**

According to the clinical record, the consumer was admitted to the child and adolescent unit on February 12, 2011, with suicidal ideation and a plan due to school bullying.

Regarding the allegation that the consumer's medication was increased without parental consent, physician orders for the day of admission show that psychotropic medication was ordered with verbal consent by the consumer's parent. The chart contained a written consent for the medication that was signed by the parent. The consent indicated the name of the medication recommended and states that the risks and benefits have been explained. The consent authorized the physician or anyone authorized by the physician to administer the medication at such internals as the physician deemed advisable.

On February 14, 2011, progress notes documented that the consumer's Case Manager met with the consumer's parent and informed the parent that a staffing was scheduled for February 16th; the parent was to participate via telephone. The staffing was held and documentation indicated that

the parent participated via the telephone. It was at this time that a medication increase was discussed and approved.

At the site visit, the Physician stated that she recalled this consumer and his parent, and she recalled a positive working relationship with both. The Physician stated that the medication was increased with the parent's knowledge and consent. When asked, the HRA was advised that the hospital does not use a new consent form when a medication dosage is modified.

The hospital's Informed Consent for Psychotropic Medication policy states that its purpose is "To ensure that the patient understands the risks, benefits and side effects of psychotropic medications, and is able to make an informed decision regarding the taking of those medications. Children under 18 who are admitted to the hospital, and have already been taking psychotropic medication on an outpatient basis, may continue to receive those medications, with the parents' written permission and the order of the attending psychiatrist. The attending psychiatrist will obtain informed consent from the parents if any new medications are added to the parent's treatment regime."

In addressing the allegation about the delay in communication between the parent and Physician, the Physician stated that family members are given her office number if requested and she did not remember this parent calling her office number. During a few days of the hospitalization, the Attending Physician had a covering Physician; this Physician was questioned by Risk Management to see if he recalled this parent calling him but he left the employ of ABBHH before the question was answered.

In discussing the claim that no family meeting was held, it was stated that the program offers Group Therapy (a variety of groups on the unit), Family Therapy (individual family therapy to improve communication among family members and help parents develop a plan for safety), Family Sessions (to review discharge planning and aftercare plans), Family Groups (for families in the outpatient department), 1:1's (individual sessions with a Mental Health Counselor or Nurse) and Community Meeting (introduce new patients, verbalize behaviors that lead to hospitalization, set daily goals, identify personal progress made in treatment, opportunity for peers and staff to support and give feedback, explore problems affecting the unit, give general announcement). It was stated that a Family Session was held to address the consumer's discharge plans. Family Therapy meetings are scheduled when the family dynamic, or parts of it, contributed to the hospitalization. It was explained that because this consumer entered the hospital with suicidal ideation due to bullying at school, Family Therapy was not indicated.

Admission nursing notes documented that the consumer's parent reported that the consumer cannot use asthma puffs or a nebulizer and that the parent will bring in the inhaler the consumer uses at home. Physician's orders confirmed that a nebulizer and puffs were ordered and then discontinued (2/12/11); the orders approved the use of medication brought from home. The MAR (Medication Administration Record) showed that the home medication was used on one occasion.

The HRA learned that the inhaler brought from home was missing at the time of discharge. The representative from Risk Management stated that the parent was asked to provide the hospital with a reimbursement amount, which has not yet been made available.

The hospital's Patient's Personal Medications policy states (in part) that a "patient may use his own meds, and this may be accomplished by an order in the chart allowing the patient to use his own meds (the phrase "may use own Meds" or similar messages may be used. Drugs belonging to discharged patients shall be returned to the patient, family, or significant others upon discharge, unless the return is not prohibited by law or is not authorized by the responsible physician."

The discharge summary showed that during the hospitalization, the consumer initially was depressed, very anxious, guarded and he was having difficulty participating in groups. It was

documented that with the help of medication, milieu activity and encouragement, he was able to participate better and he started to eat and sleep better. He denied suicidal or homicidal ideation; he was noted to be alert and oriented to time, place and person. He was discharged home on February 18th with the recommendation to start the partial hospital program (PHP). He began the PHP program on February 21, 2011. On March 1st, a team meeting was held with parental participation to discuss the transition back to school; the team and parent agreed to begin the transition the following week. During the following week, the consumer attended the PHP on Monday and Wednesday; school Tuesday (at which time a school staffing was held) and Thursday. Friday he was back to the PHP and subsequently discharged.

At the site visit, PHP hospital personnel explained that the program is short-term and is designed to treat emotional and behavioral problems. The hospital works very closely with the school district when needed to support the progress in school and to assist in the return to school. The hours are 8:30 a.m. - 2:45 p.m. Monday-Friday. The Child Partial Hospitalization Program Manual states that discharge planning begins at admission; that it is a short term program and that the average length of stay is three weeks. Hospital personnel stated that at the time of discharge, the consumer's parent was very concerned about the consumer's return to school. The consumer was "safe" in the PHP and the parent was not ready to give-up that security. Hospital personnel stated that the consumer and the school reported that the consumer did well during the time he spent back at school. When asked if the program offers any follow-up, it was noted that the consumer has a SASS worker. The SASS (Screening, Assessment and Support Services) program was developed to provide coordination in the delivery of mental health services for children and adolescents experiencing a mental health crisis. The SASS initiative is a cooperative partnership between the Department of Children and Family Services (DCFS), the Department of Healthcare and Family Services (HFS) and the Department of Human Services (DHS). The development of the tri-department SASS program created a single, statewide system to serve children experiencing a mental health crisis whose care will require public funding from one of the three agencies. This program features a single point of entry (Crisis and Referral Entry Service, CARES) for all children entering the system and ensures that children receive crisis services in the most appropriate setting. It was also noted that no formal follow-up is conducted, but consumers and family members are told that they can contact the hospital at any time with problems or questions.

## Statutes and Investigative Conclusion

Pursuant to Section 5/2-102 of the Illinois Mental Health and Developmental Disabilities Code, "A consumer 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 consumer to the extent feasible and the consumer's guardian, the consumer's substitute decision maker, if any, or any other individual designated in writing by the consumer. If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the consumer, 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 consumer's ability to understand the information communicated. The physician shall determine and state in writing whether the consumer has the capacity to make a reasoned decision about the treatment. The physician or the physician's designee shall provide to the consumer's substitute decision maker, if any, the same written information that is required to be presented to the consumer in writing."

Pursuant to Section 5/2-104 of the Illinois Mental Health and Developmental Disabilities Code, "Every consumer who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable

amount of storage…When a consumer is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him."

Supportive documentation showed that the consumer's parent participated at the meeting when the medication increase was discussed; the allegation that the consumer's medication was increased without parental knowledge is unsubstantiated. Although mandates do not state that a parent/guardian needs to be notified of medication dosage modifications, the hospital might want to consider adding a dose range on the consent form or to consider parental/guardian notification/approval of dose changes to facilitate communication as well as parental involvement in treatment planning.

According to hospital personnel, the consumer's inhaler was missing at the time of discharge. The HRA acknowledges that when this was discovered a reimbursement amount was sought, however rights were violated. The HRA **recommends** that the hospital Follow Section 5/2-104 (c) of the Code including ABBHHC's policy and ensure that all property is returned when consumers are discharged The HRA cannot discount the assertion made that communication between the parent(s) and the consumer's physician was often quite delayed in that telephone calls were not returned in a timely manner. However, evidence obtained neither confirms nor denies the assertion. The HRA advises that hospital administration in-service staff members about the importance of timely communications.

Supportive documentation showed that meetings were held with family members; rights were not violated.

Documentation showed that the PHP worked with the consumer, family and home school regarding the transition. Although the parent did not want her son to leave the safe environment of the PHP, it is concluded that rights were not violated.

**RESPONSE**

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

ALEXIAN BROTHERS
Behavioral Health Hospital

October 20, 2011

Ms. Kori Larson, Chairperson
North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

RE: HRA #11-100-9011

Dear Ms. Larson,

Thank you for your letter, dated September 7, 2011 of the findings of the investigation into the above referenced case. Our response to the recommendation by the Commission is explained below.

1. **"HRA recommends the hospital follow section 5/2-104 (c) of the Code including the hospital's own policies on personal property.**
   The missing property was the patient's own inhaler, which had been discontinued by the physician and staff inadvertently disposed of the medication. Education was completed with staff regarding the process of not disposing of the patient's own medication when in use and then subsequently discontinued by the physician.

2. **"HRA advises that hospital administration in-service staff members about the importance of timely communications.**
   The untimely communications referred to delayed communication by the covering physician. The Acting Chief Medical Officer submitted a memo to each physician on staff at Alexian Brothers Behavioral Health Hospital regarding the need for timely communication with parents and other applicable family members. (Please see enclosed memo.)

We would like to thank you for your recommendations and welcome the opportunity to work with the Commission to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Patricia Getchell

Patricia Getchell
Director Risk Management/Patient Advocacy/Patient Safety

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