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Egyptian Regional Human Rights Authority
Report of Findings
11-110-9044
Chester Mental Health Center
September 27, 2011

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chester Mental Health Center, a state-operated mental health facility located in Chester. The facility, which is the most restrictive mental health center in the state, provides services for approximately 240 recipients. The specific allegation is as follows:

> A recipient at Chester Mental Health Center has not been provided with adequate care for a medical condition.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102 and 5/1-101.2).

Section 5/2-102 of the Code states, "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. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preference regarding emergency intervention under Subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

Section 5/1-101.2 states, "'Adequate and humane care and services' means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonable calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others."

Complaint Information

According to the complaint, a recipient at Chester Mental Health Center has not been provided with adequate care for a medical condition. The recipient has been diagnosed as having hypoglycemia (low blood glucose levels); however, PRN (as needed) monitoring has not been ordered by facility physicians.

Investigation Information

To investigate the allegation, the HRA Investigation Team, consisting of two members and the HRA Coordinator (Coordinator), conducted a site visit at the facility. During the visit the Team spoke with the recipient whose rights were alleged to have been violated and the Chairman (Chairman) of the facility's Human Rights Committee. With the recipient's written authorization, the Authority reviewed copies of information from the recipient's clinical chart. Facility policies pertinent to the allegation and information from an Internet website were also examined.

I...Interviews:

A...Recipient

During the site visit, the Team spoke with the recipient regarding the allegation. The recipient stated that he is receiving court-ordered medications, which include Zyprexia. The recipient stated that when he initially began the medication, he experienced hypoglycemic symptoms. The recipient informed the Team that for a period of time a facility physician ordered PRN Accuchecks to monitor his blood sugar level. However, the PRN Order has been discontinued due to the recent stabilization of the levels.

B: Chairman:

According to the Chairman, facility medical staff members understand the importance of monitoring blood sugar levels for individuals who have been diagnosed with diabetes or hypoglycemia. The Chairman stated that the facility has policies and procedures specific to individual testing.

II...Clinical Chart Review:

A...Treatment Plan Reviews (TPRs):

Documentation in a 03/29/11 TPR indicated that the 31-year-old recipient was admitted to the facility on 01/08/11 as a transfer patient from another less restrictive mental health facility. According to the record, the transfer was implemented due to manic behaviors the recipient exhibited while he was a resident at that facility. The recipient's legal status was listed as Involuntary.

The recipient's strengths were listed as follows: 1) Due to his previous admission, he is familiar with the facility's rules and procedures; 2) He is competent to complete ADLs (Activities of Daily Living) on an independent basis; 3) He is currently in good health with no major medical diagnoses.

The recipient's problem areas were listed as mood disorder, psychosis and aggression. Goals to address each area were incorporated into the 03/29/11 TPR.

The recipient's diagnoses were listed as follows: AXIS I: Bipolar Disorder Manic Severe with Psychotic Features: AXIS II: Deferred; AXIS III" None; and AXIS IV: Chronic Institutionalization.

Documentation in the Extent to Which Benefitting From Treatment indicated that the recipient had been verbally aggressive and easily agitated as a result of his delusion; however, he had not been physically aggressive since his admission. According to the record, until 03/28/11 the recipient had refused to take Zyprexa, the medication recommended by the facility psychiatrist and recorded to have quickly stabilized the recipient's condition during previous admissions.

Documentation in the recipient's 04/26/11 TPR indicated that there had been a gradual improvement in the recipient's clinical condition. According to the record, the week prior to the TPR the recipient's clinical condition had stabilized. Although he remained delusional, he did not become easily agitated as a result of his delusions. Progress toward his TPR goals was recorded as good.

According to recipient's 05/24/11 TPR, he was listed as: 1) compliant with module rules; 2) taking medications as prescribed; 3) attending activities on a regular basis; and 4) participating in individual therapy sessions, although insight remained minimal. Progress toward his TPR goals was documented as being good.

Documentation in a 06/25/11 TPR indicated that the recipient's progress toward reaching established TPR goals was good, and he had been recommended for transfer to a less restrictive setting.

None of the TPRs reviewed by the Authority indicated that the recipient had been diagnosed as having diabetes or hypoglycemia. Consistent documentation indicated that the recipient's health was good.

B: Progress Notes:

The Authority reviewed Progress Notes from 03/01/11 to 05/30/11. According to a 03/05/11 Progress Note, the recipient continued to insist that he has hypoglycemia and diabetes.

Documentation in a Social Worker's Progress Note on 03/22/11 indicated that the recipient stated that he was diabetic and needed immediate medical attention. According to the

Social Worker's documentation, the recipient became agitated and stated that he felt that expressing his agitation was the "only way to get prune juice":

According to a 1 PM Nursing Progress Note on 04/07/11, the recipient had demanded that the RN complete an Accucheck because he had hypoglycemic symptoms. The RN recorded in a 3:15 PM Progress Note that the recipient reported that he felt "light headed and weak". When a facility physician was contacted, he completed a PRN Order for the Accuchecks, and after the order was written the Accucheck was completed. According to documentation, the findings were within the normal range of 65 to 110.

An RN recorded in a 04/08/11 Progress Note that the recipient was "rambling and complaining because he was required to take medication that was causing him severe hypoglycemia " According to the documentation, the recipient stated that his comfort blood sugar level was from 105 to 120 rather than the 66 recorded in the most recent Accucheck.

Documentation in a 04/09/11 Nursing Progress Note indicated that the recipient had requested an Accucheck, and upon completion the level was recorded as 114.

On 04/11/11 an RN recorded that the recipient had demanded an Accucheck due to the Zyprexa causing him to have a low blood sugar reading. Documentation indicated that when the RN attempted to perform the Accucheck the recipient continued to be loud, argumentative and demanding. The RN informed the recipient that when he was calm she would proceed with the testing. The RN recorded that when the Accucheck was completed the blood sugar level was listed as 79.

A facility physician recorded in a 04/12/11 Medical Progress Note that when he reviewed all of the Accucheck testing, all findings were within the normal; therefore, the PRN Order for Accuchecks would be discontinued. Additional documentation in the Progress Note indicated that the physician has ordered that the recipient receive a peanut butter and sugar free jelly sandwich at bedtime.

C. Medication Orders (Orders)

Documentation in a 04/01/11 Order indicated that a facility physician had ordered an Accucheck "x 1 now" due to the recipient's complaints regarding being weak and light headed. In an 04/07/11 Order, the physician ordered that the PRN Accuchecks be implemented due to the recipient's complaints of hypoglycemic symptoms. In a 04/12/11, the physician ordered that the Accuchecks be discontinued and a peanut butter and sugar free jelly sandwich given to the recipient at bedtime. In a 05/10/11 Medication Order, documentation indicated that the physician ordered that the PRN Accuchecks to be commenced again due to the recipient's hypoglycemic symptoms. Additional Orders on 06/07/11 and 06/27/11 prescribed that the PRN Accuchecks be continued due to the recipient's continued complaints of hypoglycemic symptoms.

III...Policies

A...Glucose in Whole Blood Abbott PXP Glucometer:

According to the Policy Statement, the facility "recognizes the importance of monitoring glucose levels in the blood and has established an accepted method of conducting the monitoring. The care of diabetic patients will include monitoring blood glucose levels using the Precision Xceed Pro Glucose monitor as ordered by a Physician. This is a definitive test that may determine a clinical treatment decision. This system is for use by certified operates who have received training and demonstrated competency."

Documentation in the Procedure includes information concerning the biochemical mechanisms and clinical indication associated with the need for careful monitoring. According to the Policy "Glucose is one of the most vital compounds in the body and is the major organic nutrient distributed by the cardiovascular system....Glucose levels in the blood are carefully regulated. Nerve tissue, especially the brain, is totally dependent on at least a minimum blood glucose level to maintain metabolism." Additional documentation indicated that high plasma glucose levels can alter protein function. The Policy also outlines the supplies needed, the procedure required in order to obtain the blood, documentation and interpretation of the results, limitation of the test, and hazards involved with the procedure.

B...Finger Punctures Using Unistick 2 Lancets:

According to the Policy Statement, "CMHC will utilize 2 Lancet, a high-quality, single use capillary blood sampling devise with 2.4 mm depth, when obtaining blood from a finger puncture."

Information about the procedure for obtaining the blood sample is included in the Policy. Gloves, alcohol pads, gauze and lancet are listed in the material section of the procedure. The following is recorded as the steps necessary to conduct the finger puncture:1) wash hands thoroughly and put on gloves; 2) select the site, using the middle or ring finger if possible and puncturing the pad of the finger; 3) disinfect the site and push in the tab until it clicks, then twist off protective tab on lancet; 4) perform the puncture by holding the patient's finger with a moderately firm grip, with individual performing the procedure placing his/her hand against a support to prevent movement. The lancet should be placed against the site between the person who is administering he procedure thumb and middle finger, positioning the blade to cut transversely to the axis of the finger, and the trigger to activate the lancet should be pressed.

C...Patient Identification For Laboratory Collection

The Policy Statement is as follows, "To improve accuracy of patient identification, the laboratory at Chester Mental Health Center will use at least two identifiers before obtaining a specimen from patients."

The procedure when collecting samples for laboratory testing is to obtain least at two identifiers when the collection procedure is to be performed and immediately before the collection. Specimens should be labeled in the presence of the patients/recipients with the patient/recipient name and the six digit Department of Human Service Identification Number.

The patient/recipient should be asked his name and the name on the lab requisition should be verified with the stated name. The medical/lab personnel conducting the procedure should ask the patient/recipient his name, verify the stated name with the name listed on the lab requisition and verify the name with a Security Therapy Aide (STA) or a nurse on the module where the recipient resides. Additionally, the patient/recipient's date of birth should be obtained from the patient/recipient and verified with the date of birth on the lab requisition. Identification should also be verified with the picture in the recipient's Medication Administration Records (MARS).

According to the procedure, if a patient/recipient is unresponsive identification should be made by a STA or nurse who is familiar with the patient/recipient on the module and by the picture in the patient's/recipient's MARS.

IV...Website Information:

Information from the healthcare website (www.healtcentral.com/diabetes/accu-check-blood-glucose-monioring.html) was reviewed. According to the information, Accucheck is a common brand of blood glucose monitoring used in healthcare, but not the only system available. If an Accucheck is ordered to monitor a patient's blood glucose level, capillary blood is obtained from the patient's finger rather than having venous blood drawn.

Summary

According to the complaint, a recipient at Chester Mental Health Center has not been provided with adequate care for the medical condition, hypoglycemia. It is alleged that as needed blood glucose monitoring had not been ordered by a facility physician to ensure careful monitoring of the recipient's diagnosed condition. When the Team spoke with the recipient, he stated that when he initially began taking the anti-psychotic medication, Zyprexa, he experienced hypoglycemic symptoms. He informed the Team that a facility physician ordered PRN Accuchecks, however, the Order was discontinued after his condition stabilized. The Authority's review of the recipient's clinical records indicated that when the recipient complained about being weak and lightheaded, the physician ordered a one time Accucheck on 0/01/11. However, when the recipient continued to register complaints on 04/07/11, the physician ordered that the Accuchecks be completed as needed. On 04/12/11, the physician recorded that all of the Accuchecks readings had been reviewed and found to be within normal range limits; therefore, the Order would be discontinued. Although the documentation in the Progress Notes obtained by HRA did not indicate that the recipient had complained about reoccurring symptoms of hypoglycemia, the record indicated that on 05/10/11, a physician issued another Order for the Accuchecks to be commenced once more. Subsequent Orders were issued on 06/07/11 and 06/27/11. The HRA's review of the recipient's clinical records indicated that all Accucheck finding were within the normal limit range and all of the TPRs did not list hypoglycemia as a diagnosis.

Conclusion

Based on the information obtained during the course of the investigation, the allegation that the recipient did not receive adequate care for the medical condition, hypoglycemia, is unsubstantiated. No recommendations are issued.

Suggestion

However, the Authority suggests that documentation in Progress Notes adequately record any complaints or changes in a recipient's condition which might warrant adjustments in a recipient's treatment.