



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 12-030-9011

JOHN J. MADDEN MENTAL HEALTH CENTER

Case Summary: The HRA did not substantiate the complaint that the facility failed to provide a psychiatric evaluation on a recipient upon admission and administered forced psychotropic medication to a recipient for no adequate reason.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at John J. Madden Mental Health Center (Madden). It was alleged that the facility did not follow Code procedures when it failed to provide a psychiatric evaluation on a recipient upon admission and administered forced psychotropic medication to a recipient for no adequate reason. If substantiated, this would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Madden Mental Health Center is a 269-bed, Illinois Department of Human Services (DHS) facility located in Hines, Illinois.

To review these complaints, the HRA conducted a site visit and interviewed the Medical Director, the Hospital Administrator, the Acting Director of Nursing, the Director of Nursing, and a Clinical Psychologist. Hospital policies were reviewed, and the recipient's clinical records were reviewed with written consent.

COMPLAINT SUMMARY

The complaint alleges that the recipient never saw a psychiatrist when she was admitted into the facility- that all of her information was obtained from other sources and that she never received a physical or a psycho-social assessment. Additionally, the complaint alleges that the recipient was administered forced psychotropic medication for no adequate reason.

FINDINGS

The record indicates that the recipient in this case was seen in an emergency room at a local hospital where she was taken by her son and was then transferred to Madden (11/19/11 at

3:15 a.m.) on a petition and certificate for involuntary admission. Her Comprehensive Psychiatric Evaluation, completed by the Madden Intake Psychiatrist on the same day at 4:10 a.m. states, "52 year old female transferred from [hospital emergency department] by ambulance and contacted hospital for medical clearance." Her referral information indicates she was positive for THC, "paranoid, hallucination, belligerent, combative." Her History section reads, "Claims OB GYN doctor, stopped working 1 year ago. Financial trouble because her son/government are against her. Very paranoid, irritable, became combative refused emergency med in [referring emergency department] poor sleep, poor appetite, 'I can drink a lot of milk but no food", rambling, flight of ideas.'" Her diagnosis is listed as Psychotic Disorder, Bipolar Disorder and Cannabis Abuse. While in the Intake Department the recipient also received a Physical Examination and Medical History completed at 5:10 a.m. on 11/19/11.

At 6:40 a.m. on 11/19/11 the unit psychiatrist examined the recipient. At this time the second certificate was completed which offered the following clinical observations/factual information on which to base the involuntary admission, "Acute psychotic, paranoid, hallucinations, thought disorder, combative, irritable."

The recipient's Intake Social Assessment was also completed on 11/19/11 at 9:26 a.m. It states that the recipient was taken by her son to the emergency department "for rambling and flight of ideas with paranoid delusions/hallucinations of people coming to get her. Multiple conspiracy theory against her. States, 'Call the president. You can't do this to me.' The writer, an Intake social worker, states that the recipient is not a danger to herself or others and recommends outpatient treatment.

The clinical record indicates that the recipient received forced medication on two occasions:

1. 11/21/11 Progress Notes state, "Patient was oriented to reality, she was redirected and confused about her medication, prn [as needed] meds was offered, patient refused po [oral] meds. Olanzapine 10 mg given IM [intramuscularly] as emergency meds with ...[illegible], continue to monitor each 15 minutes for follow-up for UB [unpredictable behavior], violence and elopement precautions. Patient is delusional, she is paranoid, thinks that people are doing something to her, she wants us to call an FBI, patient is agitated and verbally abusive, she is argumentative, very hostile and aggressive. Patient is a threat of harm to self and others due to her psychosis and agitated behavior." The record contains a Restriction of Rights Notice for this event. It states as the reason for the medication: "Patient is delusional, paranoid, she thinks that people are doing something to her, she is agitated, verbally abusive, she is hostile and aggressive." The form indicates that the recipient did not want anyone notified of the restriction.

2. 11/22/11 at 9:00 a.m. Progress Notes state, "Pt. loud, demanding, intrusive, argumentative with staff and peers. Agitated, not responsive to verbal redirection. Refusing po meds. Olanzapine 10 mg IM with Restriction of Rights." The accompanying Restriction of Rights Notice for this event states, "Pt. was loud, intrusive, and argumentative with staff and peers. Pt. became combative and kicking security and staff when given the emergency medication. Patient extremely agitated non- redirectable. Pt. danger to others." The form indicates that the recipient did not want anyone notified of the restriction.

FACILITY REPRESENTATIVES' RESPONSE

Facility representatives were interviewed about the complaint. They stated that the recipient was personally seen by a psychiatrist in the Intake Unit and again on the unit when she was admitted and this is the practice for all admittees. Also, the recipient's physical and social assessments were completed in the Intake unit before she was escorted to her residential unit. Staff reported that the recipient was very paranoid and delusional throughout her stay and was disruptive in the milieu and in groups and individual counseling. Staff remarked that the recipient is a tall, strong, and healthy individual and her intrusive and argumentative behavior caused concern for those whom the recipient perceived as a threat to her.

Facility representatives were asked about the administration of forced medication. They stated that if a patient's behavior is escalating they will be offered a prn medication and other less restrictive interventions. If the patient refuses the oral medication and becomes a threat of harm to self or others, then a physician's order for emergency medication is obtained, and the staff complete a Restriction of Rights Notice, as they did in this case. Staff confirmed that patients always have the right to refuse medication but if their behavior becomes violent and they refuse oral medication, then they will be administered forced, or emergency medication.

STATUTORY RIGHTS

The Mental Health Code states that when a person is asserted to be in need of immediate hospitalization, any person 18 years of age or older may complete a petition (405 ILCS 5/3-600), which specifically lists the reasons (5/3-601). The petition is to be accompanied by the certificate of a qualified examiner stating that the recipient is in need of immediate hospitalization. It must also contain the examiner's clinical observations and other factual information that was relied upon in reaching a diagnosis, along with a statement that the recipient was advised of certain rights (3-602), including that before the examination for certification the recipient must be informed of the purpose of the examination, that he does not have to speak with the examiner, and that any statements he makes may be disclosed at a court hearing to determine whether he is subject to involuntary admission (5/3-208). Upon completion of one certificate, the facility may begin treatment, however at this time the recipient must be informed of his right to refuse medication (3-608). As soon as possible, but no later than 24 hours after admission, the recipient must be examined by a psychiatrist or released if a certificate is not executed (5/3-610).

Should the recipient wish to exercise the right to refuse psychotropic medication, the Mental Health Code guarantees this right unless it is necessary to prevent serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. If the recipient refuses this medication he must be informed of available alternate services and their risks as well as possible consequences of refusing such services (405 ILCS 5/2-107).

Additionally, the Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, the facility director, and any person or agency the recipient designates, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

FACILITY POLICY

Madden policy (Section 100 Patient Rights- Admission Statuses) states that all patients shall be admitted and discharged according to the Mental Health and Developmental Disabilities Act. The Madden policies are compliant with the patients' rights and facility responsibilities specific to each admission status whether voluntary, emergency, or other.

Madden policy (Section 200 Patient Rights) affirms the Mental Health Code right of patients to refuse medications. Madden Mental Health Center policy (#230 Refusal of Services/Psychotropic Medication) states that adult patients are to be given the opportunity to refuse generally accepted mental health services, including but not limited to medication. If such services are refused, the policy states that they are not to be given unless such services are necessary to prevent the patient from causing serious and imminent physical harm to self or others. A physician's order for the medication must accompany an order for emergency medication. Also, the nurse shall document the circumstances leading up to the need for emergency treatment in the patient's record along with the rationale. Policy also dictates the completion of the Notice of Restricted Rights of Individuals document.

CONCLUSION

The clinical record in this case shows that all the Mental Health and Developmental Disabilities Code mandated procedures for involuntary admission were followed by Madden and that the recipient was given a comprehensive psychiatric exam by a psychiatrist who personally interviewed the recipient soon after her arrival in the Intake Department, and then another upon admission to the unit. Completed physical and psychosocial documents are also included in the record. The administration of emergency medication also comports with Code mandates, however the HRA cautions the facility that the wording in some of the documentation suggests that the recipient was given forced medication because she refused oral prn medication. The decision to administer forced psychotropic medication must always be based on the standard set forth in the Code which allows for forced medication "to prevent serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

The HRA does not substantiate the complaint that Madden did not follow Code procedures when it did not provide a psychiatric evaluation on a recipient upon admission and administered forced psychotropic medication to a recipient for no adequate reason.