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North Suburban Human Rights Authority
Report of Findings
Elgin Mental Health Center
HRA #12-100-9010

In February 2012 the North Suburban Regional Human Rights Authority voted to open an investigation of possible rights violations within Elgin Mental Health Center's Community Psychiatrist Services Program (CPS), Brunk Unit. The complaint accepted for investigation was that a consumer's medical needs were not adequately addressed (medical symptoms misdiagnosed) and on one occasion, the consumer's medication was forcibly given. In addition, the consumer is asthmatic and she was discharged with three medications that are contraindicated for this condition. If found substantiated the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 5/2-107).

To pursue this investigation, a site visit was conducted at which time the allegations were discussed with the consumer's primary care physician (PCP). The Authority reviewed portions of the consumer's clinical record with written consent.

Background

The Community Psychiatric Service Program provides treatment for voluntary and court ordered patients who are referred by suburban community hospitals and outpatient programs. Each treatment team has a Psychiatrist, a Physician, a Psychologist, Social Workers, Activity Therapists, Mental Health Technicians and Nursing staff. They work together to provide for the assessment, clinical treatment, patient and family education, and therapeutic environment to promote recovery. It is a 75-bed program.

Findings

The clinical record reveals data on a consumer admitted on January 20, 2012 for depression and a suicidal attempt. On the day of admission it was documented that she was seen and examined by her PCP and her psychiatrist; she is described as being alert, cooperative, quiet and calm. Medication orders for the day of admission included Ibuprofen (anti-inflammatory) as needed for rib pain, a toothache and body aches. The following morning (21st), the consumer's blood pressure was low and she complained of slight dizziness; she ate breakfast, the pressure was retaken and had increased; she had no further complaints of dizziness. The blood pressure was retaken a few hours later and it was consistent with the previous reading. On the 22nd, it was documented that she was "up and about, alert and playing ping-pong." On January 23rd, documentation indicated that she was examined by her PCP (11:00 a.m.); the consumer complained of a sore throat and a

cough. The physician noted a mild throat infection, she had no fever and her tonsils were not enlarged. It was also noted that she had cold symptoms. Lozenges, seasonal allergy medication and cough medication were ordered; staff were to encourage liquids. About fours hours later the consumer complained of cold symptoms and her temperature was taken and she had a low grade fever (99.7°). The physician was notified and no further orders were received. About 1½ hour later her temperature was retaken with an increase to 102°. The consumer was then examined by her PCP (4:30 p.m.); the consumer reported a chilly sensation and she was nauseous; antibiotics were ordered to rule out bronchitis and the Ibuprofen order was modified from PRN to every six hours for an increase temperature of 100.0° and above. The physician ordered 15-minute observations for medical reasons, vital signs were to be taken twice every shift and liquids were to be encouraged. The chart contained a detailed vital signs chart and the 15-minute monitoring observations. The consumer was also placed in a private room for medical isolation. Nursing notes showed that during the evening the consumer was given juice and ice water; her temperature was monitored (slight decrease from the previous reading - 101°) and medication was given. It was noted that she vomited undigested food after dinner; no blood was noted.

Nursing notes documented that the consumer woke-up at 4:45 a.m. on the 24th and she complained of a sore throat and feeling hot. The consumer's vitals were taken, medication for an increased temperature were given as were ice cubes and water; the consumer refused the offer of throat lozenges. It was documented that the consumer was alert and oriented and she denied any other problems. At about noon (24th) the physician noted that the consumer was up and about and complained of nausea; no breathing difficulty was noted and ice chips were given to relieve the nausea. The consumer was monitored as ordered and medication was given as ordered. It was documented that she ate 25% of her meals, she remained alert and oriented and it was documented that she was not in any apparent distress. On the evening on the 24th, she vomited a small amount of undigested food and she reported that she had vomited liquid but staff were not called to verify. Early morning (25th) her temperature was taken (101.0°) and ice chips and an ice pack were given. After 30 minutes her temperature decreased to 100.0° - it was documented that an hour later her temperature was 98.8°. On the 25th, the consumer was observed as ordered and she stayed in her room most of the day. The consumer received pain medication for the complaints of headache, body aches and to reduce her fever (101.2°). A tepid sponge bath was given; it was noted that the consumer was not in any apparent respiratory distress but she was irritable and stated that she wanted to go home.

The following morning (26th) the consumer refused to eat breakfast and she complained of a headache and would only drink water. She was heard wheezing but she refused to use her inhaler. At about 9:30 a.m., the physician ordered that the consumer be transferred to a nearby medical hospital for an assessment/work-up for the cause of the fever. She returned to the Center at about 4:00 p.m. with medication orders for a urinary tract infection (UTI). The consumer was discharged on the 27th, per her request. It was noted that her temperature was normal at the time of discharge. The discharge medications included three psychotropics, antibiotics and a seasonal allergy medication.

At the site visit, the PCP explained that at the time of admission, consumers are given a laboratory test which includes a lipid profile (cholesterol), CBC (complete blood count), CMP (comprehensive metabolic panel) and for females a pregnancy test. Should

other tests be needed, those would be ordered. The physician stated that the consumer complained of and showed symptoms of a cold - running nose, sore throat, chills, etc. The consumer told the physician that she often has these types of symptoms. Treatments were given and the consumer was closely monitored. The physician stated that it takes some time for medication to become effective, but when the consumer was not responding to the antibiotic, she pursued the transfer to the medical hospital. The physician stated that at no time did the consumer complain of or show any symptoms that would have attributed to a UTI.

Regarding the assertion that the consumer was given forced medication, the physician stated that the consumer willingly took all prescribed medications with the exception of the lozenges. It was stated that at no time was the consumer forced to take medication. The physician explained that at the time of discharge, the consumer received a two week supply of the antibiotic medication for the UTI, a non-prescription drug used to treat a range of allergy symptoms and psychotropic medication. It was stated that the psychiatrist orders the behavioral health medications and the PCP and psychiatrist work together regarding medications that might be contraindicated to a medical condition.

According to the Merck Manual, "urinary tract infections can be divided into upper tract infections, which involve the kidneys, and lower tract infections, which involve the bladder, urethra, or prostate. Cystitis onset is usually sudden, typically with frequency, urgency, and burning or painful voiding of small volumes of urine. Nocturnal, with suprapubic and often low back pain, is common. The urine is often turbid, and gross hematuria occurs in about 30% of patients. A low-grade fever may develop. Pneumaturia (passage of air in the urine) can occur when infection results from a vesicoenteric or vesicovaginal fistula or from emphysematous cystitis. In acute pyelonephritis**,** symptoms may be the same as those of cystitis; one third of patients have frequency and dysuria. However, with pyelonephritis, symptoms typically include chills, fever, flank pain, colicky abdominal pain, nausea, and vomiting. If abdominal rigidity is absent or slight, a tender, enlarged kidney is sometimes palpable. Costovertebral angle percussion tenderness is generally present on the infected side. All forms of bacterial UTI require antibiotics."

A review of the PDR (Physician's Desk Reference) of the three psychotropic medications ordered at the time of discharge (Carbamazepine, Citalopram and Hydroxyzine) did not indicate that they would be contraindicated for an asthmatic condition.

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 2-107 of the Code states that "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 consumer complained of cold-like symptoms and the physician observed cold-like symptoms. Treatments were ordered to address those symptoms and nursing personnel carried out each order. The physician noted that the antibiotic was not reducing the consumer's fever, thus a determination was made to transfer her to a medical site. The consumer's medical symptoms were misdiagnosed; however the observed and reported medical symptoms were in fact addressed. Based on both verbal and written information, there is no evidence to indicate that the consumer was forcibly given medication. The medications given at the time of discharge are not contraindicated for an asthmatic condition. It is concluded that the allegations are unsubstantiated; consumer 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.