



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Resurrection Health Care
Saint Francis Hospital
HRA #12-100-9021

Introduction

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Saint Francis Hospital. In June 2012, the HRA notified Saint Francis Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints accepted for investigation are as follows: hospital policy says that all consumers of mental health services be restrained when entering the ED (Emergency Department) simply because of the mental health diagnosis; consumers are not permitted to have regular meals and toilet privileges free from restraint; mental health consumers are not allowed to have anyone with them during their time in the ED; and when asked, hospital personnel were unable to assist consumers in contacting the Illinois Guardianship and Advocacy Commission.

The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-208 and 5/2-200).

Resurrection Health Care is a Catholic health care system serving the Chicago area. Saint Francis Hospital located in Evanston, is a full-service 375-bed Level I Trauma Center that specializes in emergency and cardiac care. The hospital does not have an in-patient behavioral health program.

Methodology

The HRA conducted an on-site visit in July 2012. While at Saint Francis, the HRA interviewed the Director Performance Distinction, the Director of Patient Care Services, a Social Worker from Crisis Care and the Associate Director for the Emergency Department. Prior to the on-site visit, the HRA reviewed hospital policies specific to the allegations. The HRA was unsuccessful in its attempts to secure consumer consent to perform a chart review.

Findings

At the site visit, the general management of patients with mental health disorders in the ED was explained as follows by hospital personnel: If prior notification of the patient's arrival has not been received, the patient is generally identified at Triage. The hospital has a designated "safe room" which they will use if needed, as demonstrated by the patient's complaints or behavior. The room is located near the nurses' station. A medical screening examination is performed to rule out a medical

reason(s) for the patient's visit. Once a mental health diagnosis is determined, the Social Worker from the Crisis Care Department is contacted. According to hospital personnel, this generally occurs very early in the assessment of the patient. There is a Crisis Care Social Worker physically present in the hospital 12 hours a day and available on call for the remaining time.

During the visit, hospital staff emphasized that patient and staff safety is their first concern. Before any restraints are considered, alternative treatments are tried that include the following: re-orienting patient to person, place and time; assessing for pain, anxiety or sleeplessness, verbal redirection, security presence etc. If the patient presents an overt danger to himself/herself or others, then chemical or physical restraints are considered as indicated. All decisions are individualized to each particular patient – there are no standardized treatment plans and mental health patients are not automatically placed in restraints.

Hospital personnel stated that the order to restrain a patient must be given by a Physician. An RN can initiate the process in an emergency. All patients are constantly monitored one-on-one and observations are recorded every 15 minutes. Toilet and nutritional needs are assessed and completed during the monitoring process; according to the restraint observation form, this is to be completed at a minimum of every two hours.

With regard to visitors, after the patient has been medically assessed visitors are allowed if the condition of the patient allows it (not a danger to self or others) and provided that the patient gives permission for the visitor(s). Visitors can be present even if the patient is in restraints, if not otherwise contraindicated.

The hospital does not have an in-patient mental health treatment program. The patient is held in the ED while an appropriate bed is obtained in another facility. If the process takes more than 24 hours – which can happen – the patient is admitted to the general medical/surgical floors and is reevaluated by a Psychiatrist as needed.

In discussing the assertion that hospital personnel were unable to assist consumers in contacting the Illinois Guardianship and Advocacy Commission, the Social Worker was familiar with the Commission and knew about the Intake contact number and stated that he would so inform the patients if needed. There is an internal process also for patient complaints if the patient requests to make a formal complaint to the institution.

All the staff undergoes a formal training and orientation to the policies regarding the management of mental health patients and receives an annual competency testing. The Social Worker is required to take Continuing Education courses every year.

The hospital's Protective Devices and Restraints policy states that restraint includes both a physical restraint and a drug that is being used as a restraint. A physical restraint is the use of any manual method, physical or mechanical device, materials or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition. Prior to the application of any protective device or restraint, consideration to alternative methods to perform less restrictive interventions should have been initiated, evaluated for effectiveness, and found to be ineffective. Ongoing assessment, monitoring, evaluation and documentation shall be provided in accordance with State and Federal regulations and policies and procedures established by Saint Francis Hospital.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-108, "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others (f) Restraint shall be employed in a humane and

therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The qualified person shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others".

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-200, "(a) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, every adult recipient, as well as the recipient's guardian or substitute decision maker, and every recipient who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Chapter which are relevant to the nature of the recipient's services program. Every facility shall also post conspicuously in public areas a summary of the rights which are relevant to the services delivered by that facility."

Based on the information obtained, the HRA found no information to support the allegation that consumers of mental health services are automatically restrained when entering the ED simply because of the mental health diagnosis and that restrained consumers are not permitted to have regular meals and toilet privileges free from restraint. It is concluded that mental health consumers are allowed to have persons of their choosing with them during their time in the emergency department and that hospital personnel are aware of how to assist consumers in contacting the Illinois Guardianship and Advocacy Commission; the allegations are unsubstantiated.

It is suggested that the institution review the Mental Health Code and incorporate the use of restriction of rights notices for mental health recipient who are restrained.