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**Egyptian Regional Human Rights Authority
Report of Findings
Chester Mental Health Center
Case #12-110-9034**

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation concerning medical services at Chester Mental Health Center:

The facility failed to provide adequate medical services when a service recipient who requested a sleeping pill was given other medication instead resulting in a heart attack.

If found substantiated, the allegation represents a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102), the Illinois Administrative Code (59 Ill. Admin. Code 112), the Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/7) and Chester policies.

Chester Mental Health Center is a secure, inpatient mental health facility operated by the Illinois Department of Human Services. The facility has 240 beds.

To investigate the allegations, an HRA team met with facility representatives, reviewed pertinent policies, and, with the recipient's consent, examined a recipient's record.

COMPLAINT STATEMENT

According to the complaint, a recipient asked for a sleeping pill and he was given two 500 mg of Depakote and Risperdal instead. Later, the recipient had a heart attack. The incident reportedly occurred in August 2011.

FINDINGS

Staff interviews

The HRA spoke to facility representatives who reported that in-house physicians oversee care and medication orders based on their assessments. When warranted, recipients are admitted for hospital care. Referrals are also made for further assessments and to specialists if the attending facility physicians determine the need. At the time of the HRA's site visit, Chester staff no longer had direct access to the recipient's record to speak specifically to the incident as the record had been sent to another state-operated facility where the recipient had since been transferred.

Record Review

With the recipient's consent, the HRA secured the recipient's Chester record through the facility where he currently resides.

According to progress notes, the recipient was recommended for transfer to a less restrictive placement on 07-06-11. The recipient's therapist noted on 07-29-11 that the recipient's behavior was appropriate and he had had no recent incidents of seclusion or restraint. His current medication and treatment plan remained appropriate and he was being recommended for a transfer per the therapist. On 08-02-11 at 1328, the "recip [recipient] had incident while in gym that required code blue being called and ultimately to Chester Memorial Hospital." Transfer to another hospital was subsequently arranged for further evaluation. On 08-03-11 while at the hospital, the recipient reportedly had a tachycardia spell in the morning. On 08-05-11, Chester progress notes documented contact with a hospital nurse who reported that the recipient has been prescribed the new medication of Betapace at 80 mg twice per day and this medication is not compatible with Risperidone which would need to be changed. Progress notes dated 08-06-11 stated that the recipient was to be discharged back to Chester and he was to continue the medication of Betapace at 80mg twice per day but he would not be able to take Risperidone. The recipient was readmitted to Chester's infirmary with diagnoses of History of recent Cardiac Arrest, and Episodic Atrial Fibrillation. The Chester physician wrote orders for Aripiprazole 10 mg at night, Depakote ER 500 mg and 1000 mg at night; and Lorazepam 2mg PRN (as needed). The physician also noted the following: "Pt was interviewed in his infirmary room. He was able to explain how he felt and what he was doing when he coded. He understood that he had a problem with his heart. I explained to him that on rare occasions Risperidone has caused changes in heart rhythms similar to what he experienced. On questioning pt reported that he is not usually as physically active as he had been the day he coded while playing basketball. I explained to him my decision to start him on Aripiprazole as an alternative medication that was not associated with QT prolongation and was probably safer for him. Pt. agreed to try Aripiprazole instead." According to Medline Plus, a service of the United States National Library of Medication, National Institutes of Health, QT prolongation is defined as "an irregular heart rhythm that can lead to fainting, loss of consciousness, seizures, or sudden death." The physician stated that the recipient's condition was stable with no chest pains and Aripiprazole 10mg at night would be given for psychosis. Regular checks of the recipient followed. On 08-09-11, a physician noted that most of the hospital assessments were within normal limits except for "A-Fib." And noted "Arrhythmia 2o [secondary to] psychotropics - Resolved"

A nursing assessment summary completed for the time period of 12-15-10 to 12-22-10 indicated that the recipient, whose year of birth is 1991, had refused a chest x-ray on 12-20-10. A medical information flow sheet documented no acute medical problems as of 12-08-10; however, on 08-02-11, the flow sheet documented "full cardiac arrest during basketball game with CPR and electric shock - AED [automated external defibrillator] showed v. tach [Ventricular tachycardia]"

According to the website, Medline Plus, ventricular tachycardia is "a rapid heartbeat that starts in the ventricles." An episode of atrial fibrillation is noted again on 08-06-11 and 08-09-11. A nursing reassessment summary noted a sinus rhythm, but otherwise normal ECG, from an electrocardiogram (ECG) on 08-09-11. The recipient was placed on Sotalol HCL (Betapace) 80

mg twice per day on 08-06-11 for episodic atrial fibrillation. The recipient was also placed on a heart healthy diet, had a follow-up cardiologist appointment on 08-31-11 and another cardiologist appointment was scheduled for 03-12-12. On 12-10-11 the recipient was admitted to the Chester infirmary due to a "skipping heart beat." He was placed on close observation. The ECG was reviewed and the report indicated a sinus rhythm but "otherwise normal ECG."

Medication administration records indicated that prior to the 08-02-11 incident the recipient had been receiving 5 mg of Risperidone daily for psychoses along with Lorazepam 3 mg per day and 2mg by injection as needed, Divalproex (Depakote) 1500 mg per day, and the PRN (as needed) medications of Acetaminophen, Milk of Magnesia and Docusate. These particular orders had been effective since at least July 2011 and more likely long before that. Medication administration records upon return to the facility on 08-06-11 indicated that the Risperidone was no longer administered. Instead Aripiprazole 10mg was started along with Sotalol Mc1 (same as Betapace) 80 mg twice per day. Neither the prior medication records nor the more recent medication administration records mentioned any drug allergies or adverse drug reactions. There was no evidence of the recipient requesting or receiving a sleeping pill.

Other Documents

The recipient provided the HRA with documents from the hospital where he was admitted on 08-02-11 which noted his prior stability on medications, including Risperidone for the past year. An echocardiogram completed on 08-03-11 lists the following conclusion: "Presence of mild dilation of the aortic root, mild concentric left ventricular hypertrophy and is otherwise normal." And, a cardiac Doppler study concluded the following: "This Doppler study is essentially normal." A treadmill report indicated that the recipient resting ECG indicated a "Normal sinus Rhythm, within normal limits," and the stress ECG noted "sinus tachycardia, within normal limits" with an overall conclusion that the recipient is "clinically negative and electrocardiographically negative." The recipient was described as an ex-smoker and "deconditioned" with regard to his exercise capacity. Hospital discharge instructions recommended a cardiac diet, follow-up with the cardiologist on 08-31-11, follow up care with the psychiatrist at Chester within 1 to 2 weeks and physician notification for chest pain. The discharge instructions further stated the following: "Do not restart Risperdal - Risk of torsades [ventricular tachycardia as per Medline] and cardiac toxicity [having a toxic affect on the heart as per Medline]."

References

According to "RX List" a website dedicated to information about medication, the side effects of Risperdal included the following in addition to other side effects and indications: "Risperidone may cause a condition that affects the heart rhythm (QT prolongation). QT prolongation can infrequently result in serious (rarely fatal) fast/irregular heartbeat and other symptoms (such as severe dizziness, fainting) that require immediate medical attention. The risk of QT prolongation may be increased if you have certain medical conditions or are taking other drugs that may affect the heart rhythm (see also Drug Interactions section). Before using Risperidone, tell your doctor or pharmacist if you have any of the following conditions: certain heart problems (heart failure,

slow heartbeat, QT prolongation in the EKG), family history of certain heart problems (QT prolongation in the EKG, sudden cardiac death)."

Policies

Chester maintains a policy on referring patients to external consultants upon the recommendation and order of the attending Chester physician.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) states that "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 Illinois Administrative Code (59 Ill. Admin. Code 112.30) states that "To provide the highest possible quality of humane and rehabilitative care and treatment for all recipients in the care of the Department and to promote public health and safety, all recipients in Department facilities shall receive comprehensive physical and dental examinations." Physical examinations are to be repeated annually. The Code (59 Ill. Admin. Code 112.80) addresses the use of psychotropic medications in Department of Human Services' facilities and states that a specified list of approved medication is to be used.

The Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/7) states that recipients of Department facilities are to "...provide the highest possible quality of humane and rehabilitative care and treatment to all persons admitted or committed or transferred in accordance with law to the facilities, divisions, programs, and services under the jurisdiction of the Department.... All medications administered to recipients shall be administered only by those persons who are legally qualified to do so by the laws of the State of Illinois. Medication shall not be prescribed until a physical and mental examination of the recipient has been completed. If, in the clinical judgment of a physician, it is necessary to administer medication to a recipient before the completion of the physical and mental examination, he may prescribe such medication but he must file a report with the facility director setting forth the reasons for prescribing such medication within 24 hours of the prescription."

CONCLUSION

The complaint alleges that a recipient who requested a sleeping pill was given other medication instead resulting in a heart attack.

The HRA found no evidence that the recipient requested a sleeping pill and then was given alternate medication instead, as stated in the complaint. The medications of Depakote and Risperdal referenced in the complaint had been given to the recipient routinely at least since July 2011 as per the Chester records reviewed by the HRA. And, hospital records indicated that the

recipient had been receiving Risperidone for the prior year. The medication administration record indicated no known medication allergies or adverse reactions.

The record did confirm that the recipient had a cardiac incident while playing basketball. Progress notes indicated that the hospital prescribed a particular cardiac medication that was not compatible with Risperdal, thus a new psychotropic medication would be needed. Hospital discharge notes indicated Risperdal should not be restarted due to cardiac issues and Chester physician notes indicated that the physician talked with the recipient about the possibility that the Risperdal may have contributed to the cardiac incident and a new medication would be started.

It is beyond the HRA's scope and ability to determine whether or not the recipient's cardiac incident was related to the administration of a particular medication. However, the HRA did not find evidence that the facility administered a medication to which the recipient had a known allergy or adverse reaction. Once the recipient returned to the facility after the cardiac incident and after an issue about Risperdal was raised, the facility no longer administered Risperdal, prescribed alternate medication, including heart medication, conducted post-hospital physical examinations and monitoring, and made follow-up appointments with a cardiologist. In addition, the Chester physician explained the medication and medication changes with the recipient.

Based on the evidence, the HRA does not substantiate the complaint but does offer the following suggestion:

The HRA noted that when the recipient returned to the facility after the hospitalization and after determining that Risperdal should no longer be administered, the medication administration record form did not immediately document a medication allergy or drug adverse reaction regarding Risperdal. The HRA suggests that the medication administration record document be immediately when medication allergies or adverse reactions are identified.