



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 13-030-9008

JOHN J. MADDEN MENTAL HEALTH CENTER

Case summary: The HRA substantiated the complaint that the facility policy that all recipients are denied an outside pass for two weeks after admission violates the right to adequate and humane services in the least restrictive environment pursuant to an individual services plan. A corrective action plan has been submitted by the facility which is not included herein.

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 policy that all recipients are denied an outside (patio) pass for two weeks after admission violates the right to adequate and humane services in the least restrictive environment pursuant to individual services plans. 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 151-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 Acting Director of Nursing, the Director of Nursing, and the Quality Manager. Hospital policies were reviewed along with redacted clinical records.

FINDINGS

To investigate the complaint the HRA requested and received three masked records from various units to include admission assessments (Psychiatric, Nursing, and Social) as well as their corresponding Treatment Plans.

Record #1 is the file of a 22 year old male, with a diagnosis of "Schizoaffective Disorder and Substance Abuse". Notations on the Comprehensive Psychiatric Evaluation also note that delusional disorder and cannabis induced psychosis should be ruled out. The Admission Risk Assessment Tool is included. This form describes recipients' violence and elopement risk and includes past violence, substance abuse history, recent violent history, psychiatric/mental status

factors, and elopement risk assessments. The recipient in this case is identified as a "high suicide risk" with no risk of self injury (cutting, burning, etc.) violence, or elopement. The recipient's level of observation is "frequent." The suicide risk assessment is included which supports the above suicide level. Also noted in the assessment and elsewhere is that the recipient may be using an alias and appears to be an unreliable historian.

The Nursing and Social Assessments as well as the Master Treatment Plan are included in the file and they do not contain any comments or recommendations regarding passes of any kind.

Record #2 is the file of a 49 year old female with a diagnosis of "Bipolar Type I, depressed". The Admission Risk Assessment Tool identifies the recipient as a "moderate suicide risk" and "Moderate violence risk" with "very little to no risk" of self injury or elopement. Notations on the form indicate that the reason for the precaution is that the recipient "threatened to kill mother." The recipient's level of observation is "frequent." The suicide risk assessment is included which supports the above suicide level.

The Nursing and Social Assessments as well as the Master Treatment Plan are included in the file and they do not contain any comments or recommendations regarding passes of any kind.

Record #3 is the file of a 24 year old male with a diagnosis of "Depression and Polysubstance Dependence." Notations on the Comprehensive Psychiatric Evaluation also note that the recipient attempted suicide several years ago and has "thought of, planned, or attempted" to harm himself as well as another person in the previous 6 months. The Admission Risk Assessment Tool is included. It describes the recipient's suicide and elopement risk as "moderate to high" with very little or no risk of self injury or violence. The recipient's level of observation is "frequent." The suicide risk assessment is included which supports the above suicide level.

The Nursing and Social Assessment as well as the Master Treatment Plan are included in the file and they do not contain any comments or recommendations regarding passes of any kind.

FACILITY REPRESENTATIVES' RESPONSE

Madden staff were interviewed about the complaint. They indicated that the hospital is now designated as an acute care facility and that the average length of hospitalization is 11 days. Because they are acute care, active treatment groups are the focus of treatment and much of the recipients' time is spent actively engaged in a therapeutic activity. Additionally, recipients may be receiving medication for the first time or are having their medication adjusted, so they require the nearly two week period for observation of their response to this treatment. Staff indicated that at times the patio pass has been suspended because the area is not adequately designed for this purpose and at times is not safe (it is approximately a 12x12 feet concrete slab). The close proximity of a forest preserve across the street has occasionally meant that wild animals wander into the area and have burrowed under the fences into the pavilion area.

Staff were interviewed about the Treatment Plan development and its use in the determination of risk for outside activity. They stated that even though a patient may not be assessed as an elopement or suicide risk, this does not mean that they are appropriate for outside passes. The Treatment Plan is completed when the recipient is relatively new to the facility, may be actively symptomatic, or is just not known by the staff and thus in a period of adjustment. After the completion of the Treatment Plan, the next Treatment Team meeting is held at the end of the two week timeframe when recommendations are made to the physician who then makes the decision to order the patio pass. Generally when recipients are escorted to the patio there is a ratio of 5 recipients per staff and for those that have pass privileges, this opportunity is offered daily. Staff reported that there have been no patient complaints about the ability to have a patio pass in the first two weeks of hospitalization.

STATUTES

The Mental Health Code 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." (2-102 a).

The Mental Health Code states, "Within three days of admission under this Chapter, a treatment plan shall be prepared for each recipient of services and entered into his or her record. The plan shall include an assessment of the recipient's treatment needs, a description of the services recommended for treatment, the goals of each type of element of service, an anticipated timetable for the accomplishment of the goals, and a designation of the qualified professional responsible for the for the implementation of the plan. The plan shall include a written assessment of whether or not the recipient is in need of psychotropic medications. The plan shall be reviewed and updated as the clinical condition warrants, but not less than every 30 days (3-209).

FACILITY POLICY

Madden provided the center's policy on Escorted Patio Passes (#1650 Passes). It states:

1. Patients are eligible for a patio pass if they have been on the pavilion for at least two weeks and are not on any Special Precautions. Patio passes are ordered by the physician, with input from the treatment team, and implemented under the authority of the charge nurse, as detailed elsewhere in this policy. Patio passes should be routinely discussed at the 14 day staffing. They should be considered for all patients who meet the above criteria.

2. Patients should not be granted a patio pass if it is determined that being outside in the fenced-in area would significantly increase their risk of engaging in unsafe behaviors, such as elopement, violence, or suicide.

3. At Nursing Staff discretion, patient may not be allowed to go out on patio pass if the patient does not have appropriate clothing- for example coat in cold weather.

4. Patio passes are conducted at designated times, according to the pavilion schedule. Additional times may be arranged at staff discretion depending on pavilion schedule, availability of staff and patient's individual clinical needs.

Additionally, the policy indicates that all patio passes require a staff escort.

CONCLUSION

The complaint in this case is that the facility maintains a blanket policy that all recipients are denied an outside (patio) pass for two weeks after admission. Because this decision is not pursuant to the individual recipients' treatment plan, the complaint alleges that the policy violates the right to adequate and humane services in the least restrictive environment based on individual need. Facility staff maintain that the recipients are hospitalized for very short periods of time and that staff require the first 2 weeks to know the recipients before they recommend an outside pass, which is then based on the individual's clinical needs. The HRA reviewed the recipients' records and feel that the blanket policy that is applied to all recipients is unfair to those who are not extremely dangerous or an elopement risk (as determined by individual assessment and addressed in the Individual Treatment Plan) and it violates the least restrictive mandate of the Mental Health Code. Even those recipients who may be a suicide or homicide risk as identified in the individual assessments may benefit from fresh air and an opportunity to be outside for periods of time while they are being treated for their illness. Additionally, many other recipients will not fall within these dangerous categories and yet are restricted for no adequate reason. The HRA substantiates the complaint that the facility policy that all recipients are denied an outside (patio) pass for two weeks after admission violates the right to adequate and humane services in the least restrictive environment pursuant to individual services plans.

RECOMMENDATION

1. Change facility policy to allow for patio passes for all recipients who are not actively dangerous at the time of their request for a patio pass and make this recommendation based on individual need rather than the amount of time spent in the facility. Consider that even recipients who are identified as homicide or suicide risks may benefit from fresh air and outside time.