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## HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 13-030-9011

SAINTS MARY AND ELIZABETH MEDICAL CENTER

Case Summary: The HRA did not substantiate the complaint that the facility did not follow Code requirements when it administered psychotropic medication to a recipient.

### INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Saints Mary and Elizabeth Medical Center (St. Mary's). It was alleged that the facility did not follow Code requirements when it administered psychotropic medication to a recipient. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107).

Saints Mary and Elizabeth Medical Center is the former St. Mary of Nazareth and St. Elizabeth Hospitals that were operationally joined in 2003 under the Resurrection Healthcare System. The St. Mary of Nazareth Hospital incorporates a 38-bed behavioral health unit.

To review these complaints, the HRA conducted a site visit and interviewed the Director of Behavioral Health and the Behavioral Health Nurse Manager. Hospital policies were reviewed, and the adult recipient's clinical records were reviewed with written consent.

### COMPLAINT SUMMARY

The complaint alleges that the recipient was administered Thorazine which was not ordered by his physician and it lowered his blood pressure to such an extent that he fell to the floor and had to have a CAT scan as a result.

### FINDINGS

The record shows that the recipient was admitted to St. Mary's Behavioral Health Unit on 1/28/13 at 10:30 a.m. for depression and thoughts of suicide. Physician progress notes from 1/29/13 state, "The patient was seen, chart reviewed and staffing done. The patient upon review reports feeling depressed and feels that something is not going right with him. He feels that

things are going against him and he is somewhat paranoid about the things around him. He is compliant with medications and he has no side effects of medications reported or observed. He states that he was following up with Dr.... and from time to time he does feel depressed. He is on Abilify 20 mg once a day and at the present time he is more ambivalent than anything else...."

Progress notes from 1/31/13 at 1:30 p.m. indicate that the recipient fell: "Fall Precaution. Patient was observed on the fall [sic] by mental health counselor and immediately alerted staff. Patient fell and hit his head on the floor. I immediately assessed patient vitals stable... and I gave him pain medication and house physician notified. The nurse... assessed the patient and patient is steady. Pt continue to monitor and encourage patient is a little exhausted. Staff continue to monitor and support patient." Another entry made at the same time states, "RN reports pt fell and struck his head. Staff notes pt eye roll back in his head prior to the fall. Pt. reports feeling heavy from the head down prior to the fall. Denies dizziness/lightheadedness , headache, chest pain, abdominal pain, or back pain prior to the fall. Was awake immediately following striking the front right side of his head. Currently denies headache, nausea, dizziness, and lightheadedness. States he was given 2 tbs. of Thorazine this A.M. (not prescribed). Awake and appropriately though slowly responsive to verbal stimuli. Very drowsy. No obvious signs of head trauma noted. Head is nontender to palpation. There is no midline c-spine tenderness or abrasion. ROM [range of motion] intact to all 4 extremities. Pupils are pinpointing. Unable to perform all EOM's [extraocular movements], follow commands appropriately. Gait is shuffling. Lungs are clear to..... Heart tones are regular with murmur. Abdominal, neuro exam with a fall with minor head trauma. ... Physician notified by staff of fall already. Check ortho-static BP, have neuro check performed ...."

Another entry at 4:00 p.m. the same day states, "I assessed patient after fall, earlier during the shift. Provided teaching, I encourage patient to request for 1:1 help whenever he needs with ADL's. I provided teaching about medication and unit rules and guidelines. Patient stated he understands that he should call staff for assistance whenever he needs help..."

An entry made in the progress notes at 10:00 p.m. indicates that changes have been made to the recipient's medications, "...1:1 provided offering therapeutic support and reassurance. Explained medications and order to hold psychotropic medications. Patient sent down for CT scan awaiting results. Neurochecks done and charted..."

The record contains the recipient's Medication Administration Record. For the day of the recipient's fall it shows that the recipient was only given his regularly prescribed medication, for which he signed informed consent documents. There is no indication he received PRN (as needed) medication or emergency medication, and no indication he received Thorazine. The day before the fall the recipient received a PRN medication, Ativan, for which there is a signed consent, and this was one 2 mg tablet. The physician statement of decisional capacity is included in the record along with the recipient's preferences for emergency treatment.

#### HOSPITAL REPRESENTATIVES' RESPONSE

Hospital representatives were interviewed about the complaint. They explained that the progress notes indicated that the recipient reported to staff that he was given Thorazine in the morning before his fall, however this medication was never prescribed to him (as explained in the note) and he would not have been given it without a physician's order. Staff also explained that the notes indicate he reported receiving two tabs, which is not the usual manner of administering Thorazine, and also that it is generally indicated for severe out-of-control behavior which was never displayed by the recipient. Staff felt that perhaps some of the recipient's heart and blood pressure medications may have caused his dizziness, which can be a side effect of these medications.

## STATUTORY BASIS

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment. As a means to this end, it outlines how recipients are to be informed of their proposed treatments and provides for their participation in this process to the extent possible:

"(a) 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 Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan. [Section 2-200 d states that recipients shall be asked for their emergency intervention preferences, which shall be noted in their treatment plans and considered for use should the need arise].

(a-5) If the services include the administration of...psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. .... If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2- 107 [to prevent harm]...." (405 ILCS 5/2-102).

Should the recipient wish to exercise the right to refuse treatment, the Mental Health Code guarantees this right unless the recipient threatens serious and imminent physical harm to himself or others:

"An adult recipient of services...must be informed of the recipient's right to refuse medication... The recipient...shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication... 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 facility director shall inform a recipient...who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of 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, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

## HOSPITAL POLICY

St. Mary's Hospital Medications and Psychotropic Medications policy (#1408.75) states, "If psychotropic medication is ordered, the physician shall advise the patient in writing or verbally of side effects to the extent that he or she can understand. Patients must likewise be advised of his/her rights to refuse such services. A new informed consent for psychotropics will be initiated for each new psychotropic medication order. The patient's signature is optional. The attending physician must complete the informed consent for psychotropics form."

## **CONCLUSION**

The record for this recipient does not indicate that he received Thorazine at any time during his hospital stay at St. Mary's. All other Code requirements for the administration of psychotropic medications were followed. The HRA does not substantiate the complaint that the facility did not follow Code requirements when it administered psychotropic medication to a recipient.