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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT #13-030-9016

RIVEREDGE HOSPITAL

Case Summary: The HRA did not substantiate the complaint that Riveredge did not follow Mental Health Code requirements when a recipient was administered emergency psychotropic medication.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Riveredge Hospital. It was alleged that the facility did not follow Mental Health Code requirements when a recipient was administered emergency psychotropic medication. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100 et. seq.).

Riveredge is a 110-bed private psychiatric hospital located in Forest Park, Illinois.

To review this complaint, the HRA conducted a site visit and interviewed the Chief Compliance/Nursing Officer. Relevant program policies were reviewed as were sections of the recipient's record upon written consent.

COMPLAINT SUMMARY

The complaint indicates that the night before this incident the recipient had consented to medication to aid in his falling asleep. He woke at approximately 3:00 am and went into the hallway to play cards. Staff approached him and told him to go to his room and he did. A short time later he went to the nurses' station and requested his nicotine gum. The nurse said, "No, it's only every two hours that you get it." About 15 minutes later he again asked for his nicotine gum, wanting to know the time for the next dose. The nurse stated, "Not now- I will address you in a minute" and walked away. The complaint indicates that the recipient said, "Address my nuts" and walked away. Approximately 10 minutes later, the complaint indicates, several staff came into the recipient's room where he was playing cards with his roommate, and gave him a shot of Ativan. The complaint states that the recipient requested a pill but instead was given a shot. The recipient is allegedly addicted to Benzodiazepines, which is reflected in his chart, and

he asked not to have Ativan because it falls in this category. The complaint also indicates that the recipient stated a preference for restraint over medication when he was admitted.

FINDINGS

The recipient was admitted to Riveredge on 5/28/13. His Discharge Summary details his hospital stay: "The patient is a 25-year-old Caucasian male who currently is living with a friend who presents with increased energy, flat speech, increased irritability and talking loudly who reports a history of anxiety, increased energy, racing thoughts, disorganized behaviors at times, hearing voices since the age of 15 or 16. The patient reports that most recently because of the financial problems, he could not see any of his doctors which made him feel as he is now. Yesterday, he was brought to the Emergency Room by his mother and her friend for a psychiatric evaluation after anxiety and agitation for the past few weeks and police investigation for possible murder in ... The patient had been making homicidal statements about wanting to shoot and burn people, in particular a person. The patient states he frequently talks about hurting people, but he has never tried to do it and then he also says when he was 17-years-old and his father was whipping him, he wanted to hurt him back. The patient denies current suicidal ideation, he denies current homicidal ideations. He is having increased energy and racing thoughts, he is labile and manic. He reported in the past he would be hearing voices feeling that he was talking to the ghosts and that he would get stressed out and manic. He also stated he was having difficulties with anxiety all his life, but he cannot be on benzodiazepines because in the past, he had been abusing benzodiazepines. He was also having decreased sleep." The recipient was given a provisional diagnosis of Schizoaffective Disorder and marijuana abuse. The recipient's nursing assessment states that he has an allergy to "Haldol-angioedema [rapid swelling of the tissue below the skin]." The recipient's Psychiatric Evaluation states, "...He is asking to get something for anxiety that will help him to decrease his anxiety, but he does not want to be on benzodiazepines." The evaluation also indicates that the recipient has a history of benzodiazepine abuse and it is also addressed in the recipient's Master Treatment Plan.

The recipient signed a Patient Consent for Psychotropic Medications on 5/28/13 for Ativan, Lithium, Buspar and Trazodone, and this form also contains the physician's written statement of decisional capacity. The record also contains the recipient's Preferences for Emergency Treatment, and it identifies isolation as means for de-escalating behavioral problems and a preference for restraint over medication in emergency situations.

The record contains the "PRN [as needed] and STAT Administration Record". It indicates that the recipient received Ativan 2 mg three times during his hospitalization: On 5/28/13 he received it orally for "complaint of anxiety", on 5/30/13 he received it by injection for "increased anxiety", and on 6/03/13 he received it orally for "anxiety." This form also identifies that the medication was requested by the patient.

The only Progress Notes which may relate to the complaint of forced medication is entered on 5/30/13 at 4:50 a.m. where it states, "Pt. was observed sleeping well throughout the night; Pt. woke up at 4 am to use restroom and was requesting to take a shower, Pt. then settled down in his room. He is monitored for AP [assault precaution], EP [elopement precaution], with ...[illegible] for safety." The Progress Notes contain a medication stamp for 5:30 a.m. which

indicates Ativan 2 mg IM given for "increased anxiety." There is no Restriction of Rights Notice for this event and no restraint documentation.

Hospital Representative's Comments

The hospital Chief Compliance/Nursing Officer was interviewed about the complaint. She indicated that the record shows that the recipient was never placed in restraints and did not receive forced psychotropic medication while he was hospitalized. All administered medications, including Ativan that the recipient received, were consented to in writing. When asked about the recipient's abuse of Benzodiazepines and his subsequent order for Ativan, which falls within this classification of medication, she indicated that the recipient consented to the use of Ativan and requested it both orally and as an injection and that the record shows that it was "helpful" in each administration.

STATUTORY BASIS

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment, and describes the requirements for the administration of psychotropic medication and its refusal:

"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

Riveredge provided the hospital policy and procedure for the administration of medication (Policy No. 100.04 Medication Management). It complies with all the Mental Health Code mandates for the administration of psychotropic medication and is based on patient education and consent. All patients are informed of their right to refuse medication. The physician determines the need for emergency medication only when necessary to prevent the patient from causing serious physical harm to self or others. Restriction of Rights forms are completed which include the rationale for the involuntary medication and the recipient as well as guardians and other appropriate interested parties are notified.

CONCLUSION

The record shows that the recipient did not receive emergency psychotropic medication and was not placed in restraints while he was hospitalized at Riveredge for this treatment episode. Although the recipient was ordered Ativan, he consented to its administration and requested it three times to treat his anxiety. All Mental Health Code mandates for the administration of psychotropic medication are documented in the clinical record. The HRA does not substantiate the complaint that the facility did not follow Mental Health Code requirements when a recipient was administered emergency psychotropic medication.

SUGGESTION

1. The physician in this case indicated in his evaluation that the recipient reported having abused Benzodiazepines and the patient was then prescribed Ativan, which falls under this drug classification. Remind physicians that if they prescribe a medication that they identify as having abuse potential for a patient, they should include in the record a clinical rationale for its use.