



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTHWEST REGION

REPORT 13-080-9008
ROSECRANCE/WARE CENTER

Case Summary: no violations of the right to adequate and humane care were found. The provider's response immediately follows.

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations at the Rosecrance/Ware Center in Rockford. The complaint alleged that the facility has, without adequate reasons, cancelled scheduled appointments for which a client appeared and that staff have been rude and disrespectful to him, which, if substantiated, would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The Ware Center is a community mental health clinic that offers a variety of services including crisis intervention, evaluation, and sustaining care to adults in northern Illinois. It functions under Rosecrance, an organization dedicated to behavioral and addictions care to families throughout the area.

The HRA visited the Ware Center and discussed the matter with program representatives. Relevant policies were reviewed as were sections of the client's record with written authorization.

COMPLAINT SUMMARY

According to the complaint, the client showed up for a scheduled appointment with his clinician. As he waited he took a drink from the water fountain and spit up a little because of acid reflux. He was told very abruptly that he was sick, his appointment was being cancelled and that he had to leave. Reportedly, he was not reached to reschedule. It was suggested that whenever the client cancels, the staff, particularly receptionists, get angry and rude. Specific names of employees were not provided.

FINDINGS

We asked the client's clinician for his recollection of the incident. He said there were two employees in the file room who heard "hacking" and one of them reported that this client was throwing up. He came to the area and heard the client spitting up in the toilet. He approached him and asked if he was ok. The client said he was but clenched up, became agitated and started swearing as the clinician and a supervisor tried to calm him. He said that his intentions were to make sure the client was fine, but he would not shift gears once he grew angry. He said he was on time for his appointment however his perception was that he would be late after being told another client's session was not yet over. He was then quite angry and dropped the F bomb. The clinician added that he indeed reached the client as soon as possible to schedule another appointment.

As to whether the client spit up a little or threw up, a safety officer explained how he was called to disinfect the water fountain; there was no mere spit up. He remembered seeing the client talking with his clinician and that he appeared to be ok at first, but he insisted on keeping his appointment and starting using the F word. He clearly did not like being told that he should go home if he was ill and stormed out of the building.

The staff confirmed to us that anger management is a targeted problem for this client and that his treatment plan includes a few related goals. Although the plan reflects the client's preference to see a psychologist, there are none currently on staff. He has a routine of appearing for all other appointments about one hour early. He attends 1:1 counseling and also has options for group sessions but remains uninterested. He has been offered home-based counseling services and is enrolled in a community support team approach and prefers to stay away from those as well. The client is provided with positive feedback whenever he has no outbursts. When he does not control he tends to reject any attempt at redirection and leaves. The front team reception and case management staff are well aware of the treatment plan's call to maintain a proactive approach and to attempt redirections and de-escalation, however effective. A newly revised treatment plan makes an effort to address the client's lack of progress with anger management. A new approach focuses on the causes of anger and how it impacts behavior.

We asked if clients are advised of their rights to elect support persons of choice. In other words, relatives or friends whom they trust with help in plan development and implementation. The staff said they are and that treatment plans list anyone designated for treatment planning or as contacts for emergencies or hospitalization. Support persons are invited to team meetings and are contacted as requested provided that releases are on file as appropriate. It was unclear whether this client has designated anyone. Client rights and responsibilities are shared orally and in writing with all clients at initial assessment and then yearly thereafter. In addition, treatment guides are given to clients and any guardian or legal representative. On the appointment cancelling matter, receptionists can simply handle a client's call to cancel, but staff must clear with supervisors whenever they cancel appointments, which does not seem to happen very often. Alternatives and rescheduling typically follow any cancellation.

Regarding the chance that any staff involved, including receptionists, were rude or disrespectful, a program administrator said that they take those complaints seriously and highlight training for all staff on sensitivity and how to interact with clients. None of the staff

we met with thought anyone was rude or disrespectful, but also commented how difficult it would be to address the potential issue without more specifics. We agreed and offered that specifics would be relayed whenever we had them.

According to an incident report from the record, the safety officer wrote, "Records clerk called...myself to disinfect the water fountain.... Staff described a vicious hacking cough and vomiting...and were concerned. I entered 2nd floor lobby area to check on the person. The [clinician] and client were discussing the situation at the water fountain and how he was feeling. Client got upset left cursing, he proceeded to the main door throwing it open slamming into the exterior of the building. Door was not broken." Progress notes by the clinician reflect the same and state that the client was sent home upon becoming sick and that another appointment was set up for the following week. Another note showed that the clinician tried to reach the client on the next day to see how he was doing. The client called him back and said that he was upset about having to go home; he was not told of any rescheduled appointment and was afraid of being dropped. The clinician reported that he helped the client relax with coping skills and assured him that a new appointment was scheduled for the next week. A note from the new appointment date described how the client refused to attend because he was still mad. The clinician sent a letter to reschedule again and inform the client that he had seven days to respond or be closed. Subsequent entries just two days later state that the client called the switchboard and other employees using foul language with them, still referring to the incident. The clinician called the client to discuss his reactions, another rescheduling and the need to be sure he has enough medication until the next physician visit. He concluded the entry by saying that the client was able to settle down. A final note confirmed that the client attended a meeting with the clinician and a physician within a week of the incident.

A treatment plan through March 2013 states that the client was advised of his right to elect a support person of choice for treatment planning. No one was designated. The plan lists several goals and objectives geared toward anger management: to control outbursts by attending psycho-social rehabilitation, to get out of the house and exercise and to control anger while waiting for appointments in the facility, skills for which are to be discussed regularly with his clinician. An attachment lists the client's own thoughts on how he can recognize and cope with anger. An updated plan from April 2013 does not include an area for the support person advisement or designation, at least in what we were provided. It listed the same targeted problem, but with more focused, attainable goals: to increase sleep time to feel rested, to reduce anger from daily to five times per week, to learn management in regular session with the clinician and to report progress, and to participate in psycho-social rehabilitation within three months of the plan's implementation.

CONCLUSION

Program policies on treatment services state that they are provided to clients who require interpersonal therapies to promote growth in role functioning or to maintain role functioning in order to assist the client in functioning in the community, all according to needs. A Rights, Responsibilities and Ethics policy states that clients shall be fully informed of their rights and responsibilities as recipients of services; they are protected by the Mental Health Code. The

right to individualized, adequate and humane care and services is noted. Clients should be involved and cooperate with treatment planning and follow through. They are responsible for their behavior, respect for others, following rules and keeping appointments.

Under the Mental Health Code, all recipients are to be provided with adequate and humane care and services in the least restrictive environment, pursuant to individual service plans (405 ILCS 5/2-102a). Adequate and humane care and services are defined as those reasonably calculated to prevent a decline in one's clinical condition (405 ILCS 5/1-101.2).

In this case it was disputed whether the client threw up at the facility and lost his appointment when he was not sick. While his own recollection of what actually happened should not be discredited, it seems that the staff handled the incident by trying to reason with the client and prevent an escalation however unsuccessful. Staff statements and their supportive documentation confirmed that this type of behavior was an ongoing problem, there were goals and objectives in place and in practice, a replacement appointment was carried out and the client was never dropped. There was no firm evidence that any of the staff involved were rude. This client's right to individualized, adequate and humane care was not violated.

SUGGESTIONS

1. Ensure that new Plan of Care forms include statements that the client has been advised of his right to have anyone involved in treatment planning and a list of any designations, just as the former ones do. The team should continue encouraging him to identify someone in his life to help him with coping strategies in general life.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.



August 12, 2013

Ms. Florence Sandberg, Chair
Mr. Jon Burnet, HRA Coordinator
Human Rights Authority
Guardianship and Advocacy Commission
4302 N. Main Street
Suite #108
Rockford, IL 61103

Re: HRA No. 13-080-9008

Dear Ms. Sandberg and Mr. Burnet,

Thank you for your recent review of HRA No. 13-080-9008. As the investigation disposition letter states, there were no substantiated allegations and the client's right to individualized, adequate and human care was not violated. Please know Rosecrance always strives to maintain and provide the absolute highest quality of care for our clients. We truly appreciate your attention to this matter and kindly request for you include a copy of our response with any documents made available to the public.

Sincerely,

David Gomel
Senior Vice President
Chief Operating Officer

DG/msd

rosecrance
life's waiting

Rosecrance Health Network
1021 North Mulford Road
Rockford, Illinois 61107

T 815.391.1000
F 815.391.5041

rosecrance.org