



---

**FOR IMMEDIATE RELEASE**

---

North Suburban Human Rights Authority  
Report of Findings  
Edward Hospital  
HRA #14-100-9012

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Edward Hospital. In October 2013, the HRA notified Edward of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that while in the Emergency Department (ED), a recipient of mental health services was placed in restraints and she was not told why this procedure was necessary; during the application of the restraints, the consumer's arm was pulled so hard that it caused pain to the consumer's rotator cuff. If found substantiated the allegations would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-108).

The HRA conducted an on-site visit in December 2013. While at Edward, the HRA interviewed the Executive Director of Emergency Services and the Educational Coordinator. The HRA reviewed hospital policies relevant to the allegations and reviewed the clinical record of the consumer identified in this complaint, with written consent.

**Background**

According to the Edward Hospital web-site, Edward Hospital is a 311-bed, full-service medical center. It is located on a 50-acre campus just south of downtown Naperville. Edward Hospital offers everything from experienced primary care to the latest diagnostic and treatment procedures. The emergency department has consistently scored in the top 5 percent in the country in patient satisfaction. It is a Level II Trauma Center with more than 70,000 visits a year.

**Findings**

According to the clinical record, the consumer arrived at Edward Hospital at about 11:00 a.m. via paramedics, screaming - "I just want help-I won't kill myself now." It was documented that the consumer arrived in restraints and the restraints were continued on arrival as she was very agitated and combative. It was documented that she was kicking and pushing at staff and screaming words that did not make sense. The restraints were removed at about 12:45 p.m. and the consumer was transported to a behavioral health hospital at about 2:00 p.m. The chart contained a physician's order for the restraint application and a completed 15-minute monitoring record that recorded observations while the consumer was in the restraints. One portion of this restraint observation record contains a section called CROM (circulation and range of motion)/Signs of Injury. It was documented that there were no potential compromise to CROM or injury identified. Another section was entitled, Patient Education Provided; the instructions for this section were that upon the initiation of suicide precautions, seclusion or any restraint, an explanation is provided to the patient

and/or family. The ongoing education provided to the patient is to include the criteria for release, plan of care and options available to the patient.

A Physician's physical examination showed that the consumer had a right shoulder rotator cuff repair and that she should continue her range of motion exercises and the daily medication. It was noted that her shoulder shrug was strong and symmetrical.

At the site visit, hospital personnel reiterated chart documentation, in that the consumer arrived to the hospital in restraints and the restraints continued at the Emergency Department because of consumer's continued combativeness. It was stated that all ED personnel are trained in the application of restraints, and that the training is an ongoing process. Regarding the claim that the consumer's arm was pulled during the application of the restraints, hospital personnel stated that the consumer did not report any pain during her stay in the ED.

The hospital's restraint policy states that restraint and seclusion use is limited to those situations where there is appropriate clinical justification, based on the assessed needs of the patient, to protect the patient from harming himself/herself or others. The policy also states that the patient and/or significant other is informed and educated about the need for restraints as appropriate. Alternatives to restraints are explored with the family and implemented when possible. Restraints are only applied and removed by trained personnel, training is provided and competency is assessed at orientation, before the first use of restraints, and periodically thereafter. Training and competency includes the following:

- Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraints or seclusion
- Use of nonphysical intervention skills
- Methods for choosing the least restrictive intervention based on an assessment of the patients medical or behavioral condition
- Safe application and removal of restraints or seclusion
- Implementation of seclusion
- Responding to the patient's physical and psychological distress
- Criteria to remove restraints or seclusion
- CPR certification
- Assessment and observation requirements; completed by physician or nurse
- Documentation requirements

### **Conclusion**

Pursuant to Section 2-108 of the Illinois Mental Health and Developmental Disabilities Code, "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others." According to the restraint documentation, the consumer was educated on the need for the application of the restraints. The record showed that hospital personnel were aware that the consumer had a rotator cuff repair and her shoulder shrug was noted to be strong and symmetrical. The findings do not support the claim that during the application of the restraints the consumer's arm was pulled so hard that it caused pain to the consumer's rotator cuff; the allegation is unsubstantiated.