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**FOR IMMEDIATE RELEASE**

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North Suburban Human Rights Authority  
Report of Findings  
Alexian Brothers Behavioral Health Hospital  
HRA #14-100-9018

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In December 2013, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints accepted for investigation were that a consumer received inadequate medical treatment in that the consumer's pain was not adequately managed, vertigo medications were not administered, physician ordered ice packs were not given as ordered and elevated liver enzymes were not addressed. It was also alleged that a consumer was not seen by a Physician until three days after admission and that the clinical record did not contain a History & Physical document.

The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

To pursue this investigation, the HRA conducted on-site visits in March and April 2014. While at ABBHH, the HRA interviewed a representative from the Risk Management/Consumer Advocacy Department, the consumer's attending psychiatrist and the consumer's attending physician. The HRA requested and reviewed the consumer's clinical record with written consent.

**Background**

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

**Findings**

According to the Psychiatric Evaluation, the consumer was admitted to the hospital on October 19, 2013 due to suicidal ideation; she was discharged on October 23, 2013. The History and Physical Examination document notes a past medical history as significant for IBS (irritable bowel syndrome), hypertension, depression, anxiety, migraine headaches, restless leg syndrome and Meniere's disease ( a disorder of the inner ear that can affect hearing and balance to a varying degree. It is characterized by episodes of vertigo, low-pitched tinnitus, and hearing loss). The physician documented that Labs in the Emergency Department revealed that a CBC (complete blood count) and CMP (comprehensive metabolic panel) were normal. It was noted that AST and ALT liver tests (Aspartate and Alamine aminotransferase) revealed that the liver enzymes were high and it was documented that upon being asked, the consumer did not know that her liver enzymes were elevated. The clinical record showed that on October 21, 2013 the CMP was repeated and the liver enzymes had decreased.

At the time of admission, the physician order metoprolol (high blood pressure medication), Sinemet (muscle stiffness medication), thyroid medication and Imitrex for her migraines. The chart showed that the Imitrex was discontinued on October 20<sup>th</sup> and Tylenol #3 was ordered. On October 21<sup>st</sup>, Voltaren Gel (a nonsteroidal anti-inflammatory drug used for the relief of joint pain of osteoarthritis in the knees, ankles, feet, elbows) was ordered as were ice packs (as needed) for the consumer's elbow pain.

On October 20<sup>th</sup>, progress note documented that the consumer complained of a migraine headache and she refused to take the Imitrex PO (orally) despite encouragement. The Pharmacy was contacted and relayed that the medication was to be taken PO not IM (intramuscularly). The Physician was contacted and the Tylenol was ordered. According to the record, the consumer refused the Tylenol saying that she was feeling better. The following morning the consumer complained of a migraine and medication was given. Later that day, the consumer requested pain medication and with the pain medication, she wanted Phenergan to counteract any itching. (Phenergan is used to treat allergy symptoms and also prevents motion sickness, and treats nausea and vomiting or pain after surgery; it is also used as a sedative or sleep aid). The Phenergan order was for 25 mg. Progress note documentation indicated that the consumer demanded to go to the Emergency Department if she could not have 50 mg. It was documented that she became verbally loud and threatened to call an accreditation agency because the hospital was not helping her with her pain.

On October 21<sup>st</sup> the medical physician examined the consumer and documented that she had been having bad migraine headaches, she had arthritic pain and her right elbow is hurting significantly. It was noted that the consumer benefits from ice packets and also the Voltaren gel. It was further noted that the consumer has significant issues of pain and problems related to her moods.

On October 22<sup>nd</sup>, nursing notes documented that the consumer reported that she had not seen a doctor since she had been admitted, and that no one was doing anything for her. It was documented that the consumer became upset saying she was going to call her attorney. The consumer was advised that she had seen a medical physician. The consumer was offered a meal tray but she refused the tray, saying she would not eat until she was seen by a medical physician; the physician was made aware of the consumer's claim. The consumer then lay on the floor saying she would not get off the floor until she was seen by a medical physician. The physician contacted the unit and asked staff members to ask the consumer what she needed medically. The consumer responded by saying she wanted to see the "fucking phantom MD." It is noted that at the time, the consumer requested and was given an ice pack for her forehead. The physician examined the consumer within the hour and noted that the consumer was dramatic and verbally abusive on the unit and the next minute she was laughing. The physician noted that the consumer had on dark glasses and that she complained of dizziness.

At the site visit with the psychiatrist, he stated that he met with the consumer on the day of admission. The psychiatrist stated that a medical physician was contacted at the time of admission to obtain the consumer's history and physical information. The physician's only subsequent contact with the consumer would be upon request to address any medical concerns. It was stated that in this case, the medical physician was contacted as the consumer had medical issues that needed to be addressed. The physician told the HRA that in regard to the claim that the elevated liver enzymes were not addressed, she stated that when test results revealed elevated enzymes, an additional test was subsequently completed to check the levels. The physician stated that although the original numbers were not alarmingly high, it needed to be monitored. She stated that the levels were down at the second reading, so no further action was needed. When asked about the vertigo medication,

the physician explained that Meniere's is episodic and the consumer did not report any incidents during the hospitalization, thus medication was not ordered

When asked, the HRA was told that the hospital does not have a policy that addresses the timeline for completing physical and/or mental health examinations. It was stated that hospital personnel adhere to the Illinois Mental Health Code stipulations.

### **Conclusion**

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 5/2-102, "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".

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 3-205.5, "When any person is first presented for admission to a mental health facility under Chapter III of this Code, within 72 hours thereafter, excluding Saturdays, Sundays, and holidays, the facility shall provide or arrange for a comprehensive physical examination, mental examination, and social investigation of that person. The examinations and social investigation shall be used to determine whether some program other than hospitalization will meet the needs of the person, with preference being given to care or treatment that will enable the person to return to his or her own home or community."

The consumer received medications for her pain; the HRA found nothing in the chart to show that her pain was not adequately managed; the allegation is unsubstantiated. Vertigo medications were not ordered and thus were not administered, the consumer complained once of dizziness while wearing dark glasses -which might suggest a migraine. Since no further complaints were made, it is concluded that rights were not violated; the allegation is unsubstantiated. Physician ordered ice packs were given when requested; the allegation that the ice packs were not given as ordered is unfounded; the allegation is unsubstantiated. The elevated liver enzymes were noted at the time of admission and a second test was conducted; the allegation that the elevated liver enzymes were not addressed is unsubstantiated. The consumer was seen by a medical physician and a psychiatrist on the day of admission and subsequent visits were made; the allegation that the consumer did not see a physician until three days after admission is unsubstantiated. The clinical record contained a History & Physical document; the allegation is unsubstantiated.

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## **RESPONSE**

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

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**ALEXIAN**  
**BROTHERS**  
Behavioral Health Hospital

May 30, 2014

Ms. Kori Larson, Chairperson  
North Suburban Regional Human Rights Authority  
North Suburban Regional Office  
9511 Harrison Street, W-300  
Des Plaines, IL 60016-1565

**RE: HRA #14-100-9018**

Dear Ms. Larson,

Thank you for your letter, dated May 7, 2014 of the findings of the investigation into the above referenced case were unsubstantiated.

We would like to correct a statement in the letter on page two, in the last paragraph prior to the start of the conclusion. We do not have a policy that addresses the timeframe for the completion of the psychiatric evaluation and the history and physical. However, the Medical Staff Bylaws stipulate both exams are required to be completed within 24 hours of the patient's admission.

We would like to thank you for your review of the allegations and welcome the opportunity to work with the Commission to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Patricia Getchell  
Director Risk Management/Patient Advocacy/Patient Safety  
847-755-8507