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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 15-030-9016
Hartgrove Hospital

Summary: The HRA did not substantiate the complaint that staff would not allow a guardian to transfer her ward out of the hospital and threatened her with arrest when she suggested it. Additionally, the HRA did not substantiate that there were no physicians on the premises for the guardian to speak to regarding her son.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Hartgrove Hospital. It was alleged that staff would not allow a guardian to transfer her ward out of the hospital and threatened to have her arrested when she suggested it. Additionally the guardian never spoke with a physician as staff told her that there were no physicians on the premises. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Medical Patient Rights Act (410 ILCS 50/3(a)).

Hartgrove Hospital is a 160-bed behavioral health hospital located in Chicago.

To review these complaints, the HRA conducted a site visit and interviewed the Corporate COO, the Director of Risk Management, the Director of Emergency Services, the Chief Clinical Officer, and the Director of Nursing. Relevant hospital policies were reviewed, and records were obtained with the written consent of the guardian. The guardian's Letter of Office is included as part of the clinical record.

COMPLAINT SUMMARY

The complaint alleges the following: The guardian took her son to Hartgrove on 3/28/15 for an evaluation because he was depressed and had some suicidal ideation. He was placed in an assessment area and met with a staff person. This person presented paperwork to the guardian but would not explain anything to the guardian, who only wanted her son seen by a physician to determine his needs. Her son never saw a physician and after he was admitted, the guardian was shoved out the door. She went home at approximately 4:30 p.m. but then she started to do some research and realized she did not want her son at Hartgrove. She returned to the hospital at

approximately 7:30 p.m. and wanted to get her son discharged so she could transfer him to another hospital. She had called a Chicago area hospital and although they did not have a bed at the time, they told her to bring him in and if he was in danger they would find him a bed. The staff told the guardian that she could not have her son and they threatened to have her arrested. At first the staff said that they could not release the recipient because he had not yet been seen by a physician and then they said he had been seen by a physician and it had been determined that the son was a threat to himself. The guardian never spoke with a physician. Staff told the guardian there was no physician on the premises- only on call- and they would not call him. The complaint also indicates that there were little children in the assessment room with very sick adults, unsupervised. Allegedly, the whole situation was very chaotic.

FINDINGS

The hospital record shows that the recipient was admitted on 4/28/15 at 2:08 p.m. An Initial Psychiatric Assessment was completed the same day at 5:00 p.m. by a psychiatrist who offered as the reason for admission: "Suicidal ideation with a plan to jump off a building. Paranoid 'kids laughing at me.'" The form Examination of Minor for Admission or Continued Hospitalization is included in the record and it is signed by the attending psychiatrist at 5:00 p.m. indicating that "[The recipient] has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment." The reason for this opinion is described as, "Suicidal ideation" and the alternative to hospitalization that is said to have been explored is outpatient treatment. At 6:00 p.m. a physician order for Zoloft 25 mg was issued and a Psychotropic Medication Consent Communication Note written by the physician at 6:30 p.m. states, "Message left for Mother to call back re: medication consent (Zoloft)."

On 4/28/15 at 3:45 p.m. a Nursing Assessment was completed on the recipient. It states, "This is the 1st inpatient psychiatric hospitalization for this 15 year old AA male admitted to 3 South due to suicide ideation with a plan to jump off of a building or stab himself. According to mother she's concerned about pt. because 6 or 7 nights ago he grabbed a knife possibly to stab himself but mother took it away. Denies homicidal ideation. Denies audio/visual hallucinations...."

A Multidisciplinary Progress Note entered on 4/28/15 at 7:00 p.m. states, "This writer was notified by the front desk receptionist that pt's mother is in the lobby demanding that the pt be discharged to her immediately. RN staff at 3S informed this writer that mother was complaining not being able to talk to her son right away and states that the pat's mother was on hold for about 30 minutes. This writer met with the pt's mother. Immediately mother came towards this writer demanding the release of the pt. Hospital policy was explained to her but she was quick to dismiss, would not listen to any explanation. Gestured to this writer, crying, loud and yelling, 'You need to fucking discharge my son right now. You have no rights to keep him. I did not give up my rights to take care of my son.' This writer continues to attempt to calm the mother but she keeps threatening, moving closer to this writer, yelling on this writer's face. She was reminded to keep her voice down and help settle the situation. Mom continues to make threats and called the police. Police came in and interviewed both the mother and writer. AOC

is notified of this mother's request and her behavior and demands. AOC attempted to talk to the pt's mother who refused and states that there is no more talking at this time."

A follow-up Progress Note entered at 11:00 p.m. states, "This writer was contacted by AOC [administrator on call] that there is no available bed at [local children's hospital] where pt can be transferred. Mother continues to be upset and called police the second time around. It was explained to the mother how the hospital/staff can go about transfer or discharge of her son. At this time, pt will have to stay hospitalized until a bed is available in another facility. Mother is not accepting this decision but able to calm down. Sat in the lobby. This writer excused herself. Left message for MD...."

The following day, 4/29/15 the Attending Psychiatrist's Assessment was completed. It states, "Patient is a 15 year old male who was brought to Hartgrove Hospital by his mother for having increased anxiety, depression, paranoia, suicidal thoughts. Patient reportedly came home from school with complaints that his peers were laughing at him. Patient stated that he wanted to kill himself yesterday. Today also patient continued to report a suicidal ideation and this time he had a plan to jump off a building or stab himself with a knife. Patient during the evaluation appears to be very focused on his looks and he states that his friends don't like him. He thinks that he's ugly and that people are looking at him so he is feeling very depressed. Reports of feelings of hopelessness, helplessness, worthlessness. On a scale of suicide assessment, 1 being least and 10 being highest, he describes his suicide level at 5. There is no past history of suicide attempts or hospitalizations in psychiatric hospital."

The record contains a Physician Progress Note which indicates it was dictated on 4/29/15 at 5:12 p.m.: "The patient reports that he continues to have 'thoughts of hurting', but does not want to act on it. The patient continues to report feelings of depression, anxiety, and states that he continues to feel low self-esteem and that he feels people are watching him making him feel very paranoid. No current suicidal or homicidal plans at this time, only ideations. The patient's social worker informed this mother that the patient's mother wants the patient transferred to a different hospital. The patient's mother is being helped to get a transfer to a different hospital where a bed is available. Social Services and Emergency Services Department are working with the mother on this issue. The patient's mother was also called today to get an approval of medication Zoloft addressing the patient's depressive disorder, but the mother was not available, left a message."

A Psychology Contact Note, made by an extern on 4/29/15 at 12:15 p.m. states, "Therapist attempted to meet with patient and was unable to do so. Therapist will attempt to meet with patient at a later date."

A Progress Note written at 8:20 p.m. on 4/29/15 states, "Pt is for discharge; Pt is alert and oriented; denies any discomfort at this time; pt is to be transferred to [local hospital] per Mother's request; discharged [sic] paper works were discussed with the mom; all belongings were returned to the patient; all precautions discontinued as ordered; pt is medically cleared for discharge; pt is not on any medications; mom and patient verbalized understanding of the education given; pt was discharged at 8:15 p.m. accompanied by mom."

HOSPITAL REPRESENTATIVES' RESPONSE

Hospital representatives were interviewed about the complaint. They indicated that the hospital followed their standard protocol for the assessment and admission of the recipient in this case, and that the mother signed all applicable admission documents. The recipient was brought by his mother to the hospital because he had expressed suicidal ideation with a plan to hurt himself. He was initially assessed by a qualified clinician and a recommendation was made for inpatient treatment. Staff called a physician who was on the premises but on another floor, for an order to admit. The recipient was then seen by the attending psychiatrist the same day as his arrival and these notes are present in the record both hand written on the date of admission and also a dictated version transcribed later after the complete assessment was finished. The recipient's Nursing Assessment and the complete History and Physical along with his complete Psychiatric Assessment were completed on the unit after he was admitted. Staff indicated and the record shows, that the physician attempted to call the recipient's guardian at 6:30 p.m., however she had probably already left her home to return to Hartgrove that evening.

Staff were asked if anyone had told the guardian that she would be arrested if she removed her son from the facility, and they stated that staff would not make this threat. They stated that it was the guardian herself who twice called the police. Staff indicated that the guardian's request to transfer her son occurred after normal business hours, and it would have been very difficult to get the recipient placed in another facility at that time. They stated that immediately after the guardian requested a transfer, the staff began the transfer process. At issue was the fact that the recipient had threatened suicide. Staff indicated that when a child threatens suicide, then he would generally not be discharged until a safe and secure treatment opportunity was available. Because the guardian was requesting a transfer and not a discharge, staff made every effort to accommodate her request, and the process for securing a bed was begun, with the guardian's input. Staff discussed the fact that this was the guardian's first experience with the mental health system, so it might have seemed very complicated and unreasonable when in fact, the process actually moved along quickly. Staff were asked if the physician met with the mother. They indicated that actually, the physician did not have an opportunity to meet with the mother because by the time the psychiatrist had completed a visit with the patient, the guardian had decided to transfer the recipient to another facility. The psychiatrist did call the recipient's mother, however she was not available.

Staff members walked the HRA through the Emergency Services Department and the Intake area. The recipients enter the hospital entrance, where there is a general waiting area for all those who are visiting, waiting for rides, etc. There is another area, the Emergency Services Area, where prospective patients and their families and friends wait before being assessed for treatment. This area is for those who will wait for the potential recipient while they are assessed (children, perhaps a spouse or a friend of the recipient, or anyone who will not be part of the assessment). This room has a one-way mirrored window which can be observed by the staff whose administrative offices are located on the viewing side. Although visitors are not aware of it, this area is supervised at all times. Beyond this room are six individual assessment rooms for the recipient and whomever they are with. These rooms lock automatically and can only be opened from the inside (and by staff with a key). They are all monitored by camera at all times

by the staff in the administrative offices area. Staff indicated that both areas were monitored during the recipient's admission.

STATUTES

The Mental Health Code allows for the admission of a minor on application of a parent or guardian: "Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment. Except in cases of admission under Section 3-504 [emergency admission of minors when a parent or guardian cannot be located or refuses to consent to admission], prior to admission, a psychiatrist, clinical social worker, or clinical psychologist who has personally examined the minor shall state in writing that the minor meets the standard for admission. The statement shall set forth in detail the reasons for that conclusion and shall indicate what alternatives to hospitalization have been explored...." (405 ILCS 5/3-503).

The Mental Health Code states, "Whenever a parent, guardian, or person in loco parentis requests the discharge of a minor admitted under 3-503 or 3-504, the minor shall be discharged at the earliest appropriate time, not to exceed 5 days to the custody of such person unless within that time the minor, if he is 12 years of age or older, or the facility director objects to the discharge in which event he shall file with the court a petition for review of the admission accompanied by 2 certificates prepared pursuant to paragraph c of Section 3-507" (5/3-508).

The Medical Patient Rights Act states, "The following rights are hereby established: (a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law." (410 ILCS 50/3 (a)).

HOSPITAL POLICY

Hartgrove Hospital provided their policy and procedure regarding Patient Rights (No.: RI-1.1). It states, "Hartgrove Hospital recognizes that patients have a fundamental right to considerate care that safeguards their personal dignity to be free from abuse, neglect, or exploitation and respects their cultural, psychosocial, and spiritual values. Understanding these values guide us in meeting the patient's care needs and preferences. Therefore, patients are involved in resolving dilemmas about care, treatment, and services. Emergency Services staff will ensure the rights of recipients will be reviewed and provided to the recipients during the admission process as obligated under the Illinois Department of Mental Health and Developmental Disabilities Code. Information will be provided in a manner tailored to the patient age, language, and ability to understand."

CONCLUSION

The HRA cannot confirm or deny that a staff person from Hartgrove Hospital threatened to have the guardian in this case arrested for attempting to remove her son from a treatment program that she had admitted him into. We can advocate for the recipient and others who may be experiencing this very complex system for the first time and ask staff to explain each step in this process so that it is clearly understood. The record does show that the physician who examined the recipient did attempt to contact the guardian shortly thereafter and was unable to reach her. Also, hospital representatives confirmed that physicians are always on duty but may have to be called from another area of the hospital to the Emergency Services Department to attend to patients. The HRA does not substantiate the complaint that staff would not allow a guardian to transfer her ward out of the hospital and threatened her with arrest when she suggested it. Additionally, the HRA cannot substantiate that there were no physicians on the premises for the guardian to speak to regarding her son.

SUGGESTION

1. The HRA suggests that staff be reminded that the process of admission into a mental health program is particularly confusing and traumatic for those who have never experienced it. We ask that staff be particularly patient and thorough for these recipients and their guardians.