FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 15-050-9011
Blessing Hospital

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations in the care provided to an adult patient at Blessing Hospital's Behavioral Center in Quincy. Complaints state that the patient's rights to provide informed consent and to request discharge were not honored, which, if substantiated, would violate protected rights under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The Center provides in and outpatient services to people of all ages, the inpatient side with two eighteen-bed adult units and one up-to-eighteen-bed adolescent unit.

The HRA visited Blessing and discussed these issues with administrators. Relevant policies were reviewed as were sections of the patient's record with authorization.

The complaint states in summary that the patient was started on psychotropic medications on his first day there but was not given drug information until he asked for it well into his hospitalization. It was also said that he was admitted voluntarily on one day and requested discharge on the next, but no staff would allow him to sign a form even after repeated requests during the course of his stay.

FINDINGS

In describing their medication process, the staff said that in step one a psychiatrist sits with the patient and explains all aspects of proposed medications including purposes and side effects before they are given. In step two either the psychiatrist or a nurse goes over the same information in writing, provides a copy of the materials to the patient and then has him sign consent forms stating that the procedure was carried out. They did a thorough record review in this case and found everything in order, with signed consent forms from the patient.

Consent forms reflecting shared written information, orders and medicine administration records for each prescribed psychotropic from the chart were completed in the following sequence:

Seroquel, scheduled, was consented to by patient signature on Jan. 9; it was ordered and started on Jan. 9, but the prescribing psychiatrist did not sign the form or determine the patient's capacity to make a reasoned decision until Jan. 11.

Seroquel, 1 time. Consented to on the 9th; ordered and started on the 9th; no physician signature or capacity statement until the 10th.

Geodone, 1 time. Consented to on the 9th; ordered and started on the 9th; no physician signature or capacity statement until the 13th.

According to the documentation for Geodone, the patient verbally consented to a one time dose and a witnessing nurse signed the form at 2:50 that afternoon. Nursing entries showed however that the medicine was actually started by emergency phone order at 2:00 a.m., some twelve hours earlier. The patient did not object and accepted the injection prior to giving informed consent for it, and he was given three additional administrations on the 9th and 10th.

Risperidone, scheduled. Consented to on the 11th; ordered on the 11th; started on the 12th; no physician signature or capacity statement until the 13th.

Thorazine, 1 time. Consented to on the 11th; ordered and started on the 11th; no physician signature or capacity statement until the 13th.

Regarding the discharge claim, it was stated that voluntary patients are given 5-day forms to sign upon request and all staff know to do this. Once handed over the process begins. There is no approval process for it, they are not told to wait for a particular nurse or doctor and nothing is different on weekends or holidays. Physicians do not wait a full five days to discharge as a rule, but along with the treatment team they make individual determinations and discharge patients at the most appropriate time. If this patient had requested discharge he would have been given a form and it would have been documented in his record.

The patient signed an application for voluntary admission on Jan. 9th at about 1:20 a.m. He wished no one to be notified and his rights as an admittee were explained, including the right to request discharge. A history and physical dictation from later that morning described him as oriented but anxious and restless; there is no reference of any objections to being there. According to a nursing entry at about 10:00 p.m. he was struggling a bit and said he was being kept so they could turn him over to the police. He calmed down after some discussion. Subsequent entries over the next two days quoted his changing disposition, saying that he felt safe and was glad to be there. On the morning of the 12th he told a supervisor he was not ready for discharge but wanted to be soon, and by 11:00 a.m. he was demanding to leave. The same supervisor wrote that he offered him a 5-day notice which the patient refused to sign because he thought they were tricking him.

The patient called this writer at about noon and said they refused to allow him to sign a discharge request form. He was advised to put his request on any paper and hand it over to a treatment staff person. His handwritten request was included in the record and at 12:45 p.m. a nurse documented receipt. The attending psychiatrist met with him just after 3:00 p.m. and noted that he was eager for discharge. He was discharged on the following morning.

CONCLUSION

Program policy on psychotropic medications (eff. 2/2015) states that patients/guardians with decisional capacity are to be provided with pertinent and timely drug information and their agreements. Information sheets are given whenever a physician prescribes psychotropics or increases dosages and consent forms are to be signed (item #1). A physician is notified when a patient disagrees and emergency medications may be given for up to twenty-four hours (item #3). The physician will discuss the risks, reasons, complications and benefits on the next visit or within twenty-four hours and document decisional capacity on all new orders and increases (items #4 and 5).

Under the Mental Health Code:

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…. 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 [emergency] *or 2-107.1* [court order]. (405 ILCS 5/2-102 a-5).

This record showed that the patient was provided written drug information and that he consented before Seroquel, Risperdal and Thorazine were started, but not for Geodone which was started well before the informed consent requirement was satisfied. None of the consents were based on the patient's decisional capacity and Geodone administrations exceeded the patient's agreement to a one-time dose, all constituting a substantiated violation of his right to provide appropriately informed consent pursuant to the Code and program policy.

Blessing's Discharge/Transfer policies include the voluntary patient's right to request discharge as outlined in the Code:

A voluntary recipient shall be allowed to be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates…are filed with the court. (405 ILCS 5/3-403).

According to the documentation, there was some back and forth from the patient on whether he wanted to be there but no clear stated request to be discharged until Jan. 12th, at which time a supervisor offered him a form to sign and he refused. He enjoys the right to change his mind as he chooses, and did so a short while later when his handwritten request was accepted. He was discharged within twenty-four hours. A violation is <u>not substantiated</u>.

RECOMMENDATIONS

Retrain all prescribers to determine and state in writing whether patients have the capacity to make reasoned decisions *before* psychotropic medications are prescribed and administered (405 ILCS 5/2-102a-5). Administration said that this training was completed following our previous visit (see #15-050-9004) and that there was no pushback from the physicians. Evidence here suggests that the training needs be reinforced and followed whether for in or outpatient treatment.

Renew consent from patients whenever administrations exceed one-time agreements.

SUGGESTIONS

Item # 3 in the policy is unclear and must be revised to ensure that emergency medications are given on a patient or guardian's refusal only to prevent serious and imminent physical harm and no less restrictive alternative is available per the Statute:

An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. 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. (405 ILCS 5/2-107).

Item #s 4 and 5 in the policy need to clarify that the physician's statement of his patient's decisional capacity must be entered before medications are started, not just on orders for new or increased doses. (405 ILCS 5/2-102a-5).

The patient's application for voluntary admission does not include a required statement of why he was not suitable for informal admission, an issue raised in previous case #15-050-9004. Once again, admitting staff should be trained to complete this in every instance. (405 ILCS 5/3-300).

RESPONSE

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

BLESSING
Health System

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August 12, 2015

James Bakunas, Vice Chair
Illinois Guardianship and Advocacy Commission
401 S. Spring Street
521 Stratton Building
Springfield, Illinois 62706

Re: #15-050-9011

Dear Mr. Bakunas:

Blessing Hospital has reviewed the recommendations from the Guardianship and Advocacy Commission in your letter dated July 1, 2015. We apologize for our oversight in not responding sooner with respect to the recommendations made.

While we are happy that our records and subsequent meeting found that the patient's allegations regarding discharge were not substantiated, we are disappointed that our documentation and policy relating to the administration of psychotropic medications and written attestation by the physician that the patient had decisional capacity prior to receiving the medications requires additional attention . Based on your findings, we will be making the suggested changes to our Psychotropic Medication policy. We will also re-educate the psychiatrists on this topic and conduct chart audits to ensure compliance.

We would like to report that after re-education and auditing of records relating to documenting why a patient is not suitable for informal admission, we have found us to be compliant.

Thank you for the opportunity to respond.

Sincerely,

Carolyn Bailey
Administrative Director, Risk Management