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HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 15-050-9015
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. Allegations are that the patient was not allowed to refuse medication absent an emergency and on discharge he was not given prescribed medications and his property was not returned. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The Behavioral Center provides inpatient and outpatient services to people of all ages from areas of Illinois, Missouri and Iowa. The inpatient program includes a child and adolescent unit and two adult units divided by level of need.

The HRA visited Blessing and discussed these issues with administration and the staff involved in this patient's care. Relevant policies were reviewed as were sections of his record with authorization.

Complaints say that on three or four occasions the patient was given forced medications without being dangerous or harmful. He had no opportunity to refuse them and no choice in the matters since he was told he was getting them and he gave up. In addition, he was not given restriction notices nor asked if he wanted anyone notified. It was also said that on discharge he was to be given a supply of ordered medications but was not and a belt and ring were not returned to him.

FINDINGS

Forced medications absent an emergency

There are three potentially related nursing entries in the record. The first on January 8 when the patient was noted to be "yelling out with increasing behaviors, cursing staff and making threatening gestures throwing hands around...." It described how the patient failed to

relax and that security helped in moving him to a quiet room where he willingly took medication. He was quoted as saying “Just give me the f***** medicine” as he held out his arms. A corresponding administration record showed that 5mg of Haldol was given by injection at that time. There is no accompanying restriction notice. The patient approached the nurse about forty minutes later and said he was allergic to Haldol; she would notify the doctor and the patient agreed he had consented to the injection according to the record. Haldol was added to an allergy list and discontinued soon after.

The author said she did not remember the patient or this specific situation. She did not believe the medicine was forced and she would have told him he was escalating, that he needed to relax and take the medication but that he could say no. The room he was helped in moving to is a quiet, out of the way space that patients are encouraged to enter when they need to calm down. They are not forced in there and are not locked in. She believed he willingly took the injections since that was how she documented it and if she gave him no choice she would have completed a restriction notice.

A second nursing entry on January 9 stated that the patient was irritable and argumentative. He slapped at a wall and was difficult to redirect as he fixated on discharge and the fact that he got Haldol the day before although he was allergic to it. According to the note, the nurse reassured him that his physician was notified and his orders were changed. She offered him a schedule dose of Geodon which he refused, and he agreed to an as needed dose of Vistaril for the anxiety. Medicine administration records verified that Vistaril was taken by mouth at that time. A third entry by the same nurse a day later reflected a similar situation. Absorbed with discharge and some commotion in the dayroom, the patient grew increasingly argumentative and was difficult to redirect. Redirections were met with short term success and he would build back up. Per the note, he was told he needed an injection, security was called and the patient accepted the injections although he was angry with the nurse. The record showed a Geodon dose given at that time. There is no accompanying restriction notice for each instance.

The nurse who wrote both of these said she could not remember the patient or the circumstances either. She reiterated instead that she believed the medications were not forced given her documentation and lack of restriction notices. Asked about security’s presence and a potential show of force, both nurses said that although it was necessary to call them and avoid any escalation the patient was still allowed to refuse; saying no would have been acceptable.

CONCLUSION

The Center’s policy for prescribing psychotropics simply states that the medications may be given in an emergency for up to twenty-four hours.

An adult patient has the right to refuse medications under the Code. He shall be given an opportunity to refuse and they may not be given unless necessary to prevent serious and imminent physical harm and no less restrictive alternative is available. (405 ILCS 5/2-107). The facility must promptly give notice of any rights restriction to the patient and anyone he designates and record it in the record. (405 ILCS 5/2-201).

The first and third incidents hint at a chance the patient thought he getting the medications whether he wanted them or not. As described in the record, he yelled a profanity while holding his arms out in one and then he *angrily* accepted in the other, both with security on the scene. Still, the documentation points to attempts at calming and redirecting which would be less restrictive and to his ultimate willingness in taking them. What the patient perceived and what the staff intended might differ, and while the claims of forced medications are not discredited there is no factual evidence to support them. A violation is not substantiated.

SUGGESTION

A more detailed policy on emergency uses would benefit the program if one does not exist. It should spell out the parameters of the twenty-four hour rule, namely that opportunities to refuse shall always be given, that the standard is to prevent serious and imminent physical harm and no less restrictive alternative is available, that the same need continues and is documented within those twenty-four hours and the next forty-eight as determined. (405 ILCS 5/2-107).

Medications and personal property on discharge

The patient's treatment/discharge plans do not specify whether medications were to be given when he left. A discharge medication sheet listed orders for two inhalers and Risperdal with instructions to provide the list to his primary care physician. Discharge notes stated that the list was covered with him and that he expressed understanding. A cab ride was arranged and contacts to an area clinic and shelters were provided for him.

The staff we interviewed explained that individual determinations are made on whether a supply of medications should be given on discharge. If a patient had no funding they would likely provide them which was not the case here.

A personal belongings sheet completed and signed by the patient and a nurse on admission included a lighter, a black leather jacket, handkerchief, Harley boots, jeans, t-shirt, a "wife beater" and miscellaneous papers. Money was put in a safe envelope and two ten dollar bills were given from it two days later. A discharge belongings sheet completed and signed by the patient and a nurse stated that all areas of the facility including patient, laundry, storage and activity rooms, personal baskets, the kitchen and all cabinets were checked and that all property was accounted for and returned. A nursing note verified the same.

According to the staff this patient never complained to them at the time of discharge or after about missing property.

CONCLUSION

The program's discharge planning policy states that the process starts right after admission and is to include any follow ups and referrals for counseling and support as

determined by the patient and his treatment team. Medication supplies are not an identified topic. Policies state that all belongings will be checked. Patients are responsible for retaining clothing while money and jewelry should be sent home or kept in the safe.

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). It also requires all lawful personal property in the facility's custody to be returned on discharge. (405 ILCS 5/2-104).

There is no evidence in the record or by staff recollection that the patient was to be given a supply of medications on discharge, and there is no requirement by statute or policy to do it, except that an individual service plan is to be tailored to his needs. He was given a list of medications to give to his doctor and a list of referrals for ongoing care, which seemed to be adequate and humane. A violation is not substantiated.

The patient's clothing and all possessions were itemized on admission and verified by his and staff signatures. A belt and a ring were not included. A checklist was completed on discharge, and all was accounted for. A violation is not substantiated.