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**METRO EAST HUMAN RIGHTS AUTHORITY
REPORT OF FINDINGS
HRA CASE # 15-070-9023
TOUCHETTE REGIONAL HOSPITAL
October 20, 2015**

INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Touchette Regional Hospital Behavioral Health Unit in Centreville, Illinois. The Behavioral Health Unit serves male and female adults, ages 18 and above, who are experiencing mental health crises. Patients are drawn from the surrounding counties of St. Clair, Madison, Bond, Clinton and Washington. Because the Behavioral Health Unit is currently undergoing renovations, the bed capacity is temporarily limited to twelve. The average census is 6 to 7 patients with the average length of stay being 4 to 5 days. The unit staff consists of registered nurses, licensed practical nurses, certified nurses' aides, behavioral health technicians, activity therapists, activity aides, a social worker and a secretary.

The allegation states that the facility does not provide adequate and humane services and patient safety when the behavioral health unit's design, equipment and furnishings fail to minimize hazards to patients with psychiatric needs.

If substantiated, the allegations would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-902), hospital licensing regulations (77 Ill. Adm. Code 250) and the Centers for Medicare and Medicaid, Conditions for Participation (42 C.F.R. 482.41).

METHODOLOGY

To pursue the investigation, the HRA coordinator interviewed the consumer. In addition, the HRA team interviewed Touchette Regional Hospital Staff and Administration, toured the Behavioral Health Unit in question and obtained and reviewed Touchette Hospital's Behavioral Health Services Policies and Procedures related to patient safety, as well as their Client Information Handbook that is provided to patients upon admission.

FINDINGS

The complaint noted multiple safety violations on the Behavioral Health Unit, including exposed television wires, use of plastic baggies to store items, and defective metal door frames. In addition, a physicians' exam room door is left open with potentially hazardous items located in the room. The complaint expressed concern that a patient may use the stated items to do self-harm. According to the complaint, the concerns were reported to staff. In response, maintenance and facility staff corrected the exposed wires and removed the plastic bags from the patient access area of the unit.

The facility's Client Information Handbook states "You are encouraged to make suggestions to improve the quality of the In-patient Treatment Program." The complainant made suggestions and was satisfied with the staff's partial response.

Facility Policy BHS 1008, Client Searches, Hazard Checks and Rounds, states “Unit Rounds are visual checks conducted by assigned unit staff every 30 minutes or every 15 minutes when a client is on a precaution level for special observation. Assigned staff is to document each client’s location on the Daily Observation Flowsheet, visually inspect each client’s room and general environment and address any observed, potentially dangerous conditions and inform the charge nurse immediately. Shift Change Rounds are performed by both the off going Charge Nurse and the Charge Nurse for the upcoming shift. The Charge Nurse is to check the physical appearance of each client, check all exit doors to ensure they are locked, check unit for any observed hazards and check unit for overall cleanliness and neatness. If there are any conditions identified as being potentially dangerous, it is the responsibility of the Departing Nurse to address the conditions before departing from the unit.” During the HRA’s interview, hospital staff reported that it is everyone’s responsibility to ensure unit safety and the safety of the clients and that any staff member can report a potentially dangerous situation to the Charge Nurse who would then address the issue or alert the appropriate individual. Hospital staff also reported that Hazard Checks are detailed searches by staff of each client’s room, including personal belongings, for contraband and/or dangerous items in order to maintain client safety and environmental safety. These checks are performed once daily, after visiting hours, by the evening shift staff. The unit is also monitored by multiple video surveillance cameras in the unit’s Nurses Station.

The HRA toured the Behavioral Health Unit and visually inspected the area for possible safety concerns. The inspection found that the television wires were fixed to the wall tightly and did not appear to pose a safety risk to patients; the metal door frame was pointed at the upper corners but the points were high enough that they did not pose a risk to patients; the treatment room door was locked and was accessible only with staff assistance. However, a cork board on the wall held push pins/thumb tacks that a patient could possibly use to self-injure and a paperclip was observed on the floor. HRA members noted that in a patient room labeled “out of use”, the closet door hardware was left in place after the door had been removed. The hardware protruded, created a hazard for possible self-harm. In addition, the door remained open even though the room was labeled out of use.

MANDATES/REGULATIONS

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-101.2, 5/2-102, 104):

Sec. 1-101.2. "Adequate and humane care and services" means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others.

Sec. 2-102. (a) 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. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding

emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.

The Illinois Administrative Code (77 Ill. Adm. Code 250) states the following:

Section 250.2300 Diagnostic, Treatment and Physical Facilities and Services

a) Diagnostic and treatment facilities and services as provided for in Subpart E – Laboratory, and Subpart F – Radiology, shall be provided by the psychiatric hospital either on its premises or by written affiliation arrangement, or contractual agreement with a general hospital or by a licensed independent clinical laboratory.

b) Rooms for Disturbed Patients and Psychiatric Nursing Units.

c) Psychiatric Facilities shall provide a safe and secure environment for patients needing close supervision. Consideration should be given to shatter-proof glazing, closed circuit T.V., the elimination of sharp edges, use of rounded faucets, safe hot water temperatures, insulation of hot water pipes, plastic coat hanger, etc. in order to minimize patient injury, suicide, or escape.

Section 250.2280 Care of Patients

e) Physical Facilities

1) Requirements contained in Subpart T – Design and Construction Standards regarding general hospitals shall apply to psychiatric hospitals unless otherwise noted.

2) The following additional requirements for psychiatric units in general hospitals and psychiatric hospitals shall be provided for patient care units:

A) Adequate office space for psychiatrists, psychologists, nurses, social workers and other professional staff.

B) Conference room, day room and dining room. These rooms may be set up as multipurpose rooms.

C) Patient's laundry room.

3) The design of facilities and the selection of equipment and furnishings shall be conducive to the psychiatric program being carried out and shall minimize hazards to psychiatric patients.

Centers for Medicare and Medicaid, Conditions for Participation states:

§482.41 Condition of participation: Physical environment. The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

(a) Standard: Buildings. The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.

(1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

(2) There must be facilities for emergency gas and water supply.

(b) Standard: Life safety from fire. (1) Except as otherwise provided in this section—

CONCLUSION

The HRA discussed the observed safety concerns with the Quality Management Director who stated the problems would be addressed immediately.

The allegation that Touchette Regional Hospital does not ensure adequate and humane services and patient safety to patients with psychiatric needs **is substantiated**. The hospital failed to

minimize hazards to psychiatric patients when out of order/use patient rooms were being kept open and accessible to patients. This practice posed a significant danger to patients at risk for self-harm and suicide attempts as potentially dangerous hardware was exposed. In addition, thumb tacks and a paperclip were easily found during a unit tour.

RECOMMENDATIONS

To ensure that the hospital meets the Mental Health Code's requirement of adequate care as well as hospital licensing safety requirements, CMS conditions, and hospital policy requirements:

1. Ensure that rooms not in use are kept locked at all times and that all areas accessible to patients are free from potentially dangerous items or conditions.
2. Eliminate the use of thumb tacks and paper clips in patient access areas.

SUGGESTIONS

Ensure patient safety and wellbeing during construction and/or repairs by performing additional safety checks.