



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #15-100-9001
Presence Saint Joseph Hospital

Introduction

In August 2014, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Presence Saint Joseph Hospital. A complaint was received that alleged that a consumer of mental health services did not receive a copy of her admission documents (petition/certificate) and she did not receive her discharge instructions. It was also alleged that the consumer received medication without consent; she fell and did not receive medical attention; hospital staff members were disrespectful and they breached confidentiality by discussing consumers in public areas. The rights of consumers are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS).

According to the Presence Saint Joseph Hospital web-site, the Behavioral Health Unit serves adults 18 years and older who require a highly intensive treatment program. The unit provides care to those patients experiencing depression, anxiety symptoms or other severe and more chronic mental illnesses. Other problems such as chemical dependency, grief, stress, and panic disorders are also addressed. Patients treated in the programs may be experiencing difficulty adjusting to day to day living within their communities. These patients learn and practice alternative behaviors in preparation for their return home to daily life.

Methodology

To pursue this investigation the HRA reviewed a consumer's clinical record with written consent. The HRA conducted a site visit in December 2014, at which time the allegation was discussed with three Risk Management employees, the Director of Patient Care Services, a behavioral health Social Worker, the Manager of Behavioral Health, the regional Chief Nursing Officer, the Chief Medical Officer and the Medical Director. The HRA acknowledges the full cooperation of hospital personnel.

Findings

According to the clinical record, the consumer was admitted to the hospital on June 17, 2014, for increased paranoid thoughts and the inability to function. Documentation noted that the consumer was well known to behavioral health services from a recent admission. The History & Physical noted that she presented to the emergency department with a psychiatric disorder, delusional thinking and the inability to care for herself.

The chart contained a Petition for Involuntary Admission and an Inpatient Certificate. The Petition and Certificate were completed on June 17, 2014. The Petition indicated that the respondent was provided a copy of the form. It is noted by the HRA that the consumer signed a voluntary admission application a few hours after admission. The chart also contained signed

discharge instructions indicating that the consumer had received the instructions. A second signed form pertaining to discharge is included in the chart, showing that the consumer was given a patient visit report, her discharge report, additional discharge education and the patient portal self-enrollment information.

At the site visit, hospital personnel stated that the petition in this case was completed by an area community mental health staff person; the certificate was completed by a hospital physician. When a petition and certificate are completed by hospital personnel, the patient is given a copy of the forms. When asked, it was stated that staff members receive annual training regarding the admission procedures. In addition, staff members receive annual competency tests regarding patient rights.

The clinical record contained medication consent forms signed by the consumer and the record documented that the consumer was medication compliant. In fact, the consumer's preference for emergency intervention was medication. The chart documented that on one occasion, the consumer received an injection of "as needed" medication for anxiety and/or agitation; it was documented that she had caused "another fight on the unit" and had caused an altercation with a majority of the other patients on the unit. On two separate occasions, it was documented that the consumer reported to staff members that she had been given injection shots into her hands and feet while she was sleeping. Staff advised the consumer that medication injections are not given in those areas.

At the site visit, the program Director stated that she asked the nurse about the as needed administration of medication. The nurse reported that it was not an emergency situation; the medication was offered to the consumer and according to the nurse, the consumer took it willingly. It was stated that an emergency situation must mean imminent harm to the consumer or others and a Restriction of Rights Notification would be completed. Staff members recalled that the patient in this case was medication compliant, but she was also wary about contaminated medication/food items/ bed linens – insisting for example, that staff members wash their hands in her presence to ensure that the staff had not touched any items with unsanitary hands.

Progress notes documented that on the day of admission, the consumer had a cane as she had trouble with weakness in her legs. The cane was placed in the supply room and she was given a wheelchair to use. The day after admission, progress notes documented that the consumer was lying on the floor in the dayroom claiming that she had fallen out of her wheelchair, that she had cracked her tailbone and that she was too weak to move any part of her body. The consumer's vitals were taken and no abnormalities were noted. The progress note goes on to say that this occasion is behavioral and the consumer had been somatic all morning, as she has been seen ambulating on her own and with ease – even meditating and doing yoga in her room. It was documented that when the consumer notices that staff members are in the vicinity/watching her, she promptly becomes somatic once again and acts like she is in pain and cannot move on her own.

Regarding the allegation that staff members are disrespectful, the HRA noted the following chart entries all written by the same behavioral health staff member and brought them to the attention of hospital personnel: *"pt is extremely manipulative and acts entitled. Pt can also be very rude and prejudiced. This pt needs to be seriously monitored because of her manipulation. Pt is a nuisance to others and is totally disrespecting the treatment and care of the other pts on the unit. This pt should be in seclusion for the security and care of the unit."* The HRA pointed out that the employee seemed very frustrated with this consumer, and the HRA was fearful that the frustration documented might have spilled over into how the employee interacted with the consumer. The discussion of this allegation began with hospital personnel stating that this employee no longer works at the hospital. The HRA was assured that upon review of the chart, the Director was taken aback by the documentation. She stated that

she reviewed not only chart documentation with all staff members, but more importantly, that all consumers must be treated with respect and dignity.

There was nothing in the clinical record (nor did we expect to find anything) that staff members were talking about consumers in public areas. However, hospital personnel acknowledged that this allegation is plausible and will remind staff of the importance of confidentiality.

The hospital's Admission policy states that all patients will be admitted to the Behavioral Health Inpatient Unit on a voluntary basis, unless indicated otherwise by the physician or intake department due to an involuntary status. The policy indicated that the following forms are to be given upon an involuntary admission: Rights of Admittee, Petition for Involuntary Admission, Certificate, all forms as indicated under Voluntary Admission.

The hospital's Consent to and Administration of Psychotropic Medication policy states (in part) that the physician must first determine if the patient has the capacity to make a reasoned decision about the proposed treatment with psychotropic medication. The physician's decision must be documented in writing in the patient's chart. The patient may withdraw consent or refuse medication at any time; any patient refusing medication will not be given the medication unless he/she is a danger to himself/herself or others.

The hospital's Code of Conduct policy states that all personnel are expected to provide quality patient care and support services to all patients, resident, family, caregivers and the public at large with respect and kindness. All treatment decisions must be based solely on medical necessity and be in the best interest of the patient. The policy also states that Presence Health is committed to maintaining the confidentiality of the patient, personnel and proprietary business information in accordance with applicable legal and ethical standards and internal policies. Presence Health Personnel must not access, disclose or discuss with either internal or external parties, any private patient or confidential or proprietary business information, except to the extent necessary to the performance of their jobs.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 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."

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 2-107, "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"

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 3-205, "Within 12 hours after the admission of a person to a mental health facility under Article VI or Article VII of this Chapter the facility director shall give the person a copy of the petition and a clear and concise written statement explaining the person's legal status and his right to counsel and to a court hearing. Following admission, any changes in the person's legal status shall be fully explained to him. When an explanation required by this Chapter must be given in a language other than English or through the use of sign language, it shall be given within a reasonable time before any hearing is held."

Pursuant to the Illinois Mental Health and Developmental Disabilities Confidentiality Act, Section 3 (a) "All records and communications shall be confidential and shall not be disclosed except as provided in this Act".

The clinical record contained documentation showing that the consumer received a copy of her admission documents (petition/certificate) and documentation showed that she received her discharge instructions. It is concluded that rights were not violated; the allegation is unsubstantiated.

The consumer was medication compliant; her emergency intervention preference was medication. The consumer did report receiving unwanted medication while sleeping; she was assured that medication has not been given. The HRA found nothing to conclude that the consumer was given medication without her consent; the allegation is unsubstantiated.

The consumer was found lying on the floor claiming that she had fallen out of her wheelchair; her vitals were taken and no abnormalities were noted. She had been observed ambulating on her own with ease and doing yoga in her room. The allegation that the consumer fell and did not receive medical attention is unsubstantiated.

Nothing was found to support the allegation that staff members breached confidentiality by discussing consumers' in public areas. However, the HRA takes this opportunity to remind all staff members that confidentiality must be maintained at all times.

Although the chart contained some troubling entries, the HRA cannot prove or disprove that hospital staff members were directly disrespectful to this consumer. The HRA takes this opportunity to stress that each consumer must always be treated with respect and dignity.