



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #15-100-9002
Elgin Mental Health Center

Introduction

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (hereafter referred to as Center) after receiving a complaint that alleged that due to a lengthy referral process, consumers are not scheduled for medical appointments in a timely manner. It was also alleged that due to a recent consumer unauthorized absence, off-site medical appointments have been cancelled and/or postponed and all consumer grounds passes have been suspended. The rights of consumers are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

Consumers receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

To pursue this investigation, the HRA met with the Director of the Forensic Treatment Program and reviewed portions of a consumer's chart, with written consent. Also reviewed were Center policies specific to the allegations.

Findings

A review of a consumer's Interdisciplinary Treatment Staffing dated June 2014 documented the following: *"[consumer] continues to have episodes of double vision. An ophthalmology appointment is still pending: the ophthalmology consultation was written on 09.23.13 and approved on 10.01.13, but the appointment was never scheduled, the primary care physician re-ordered it on 01.27.14. It was again reordered on 04.29.14. An appointment is finally scheduled for July 18."*

The HRA was advised that the July 18th appointment was cancelled due to a consumer elopement (not the consumer identified in this case) while the consumer was being transported to court. The consumer was seen by the ophthalmologist in October 2014.

At the site visit, the Director explained that when an off-site medical appointment is needed, the unit physician writes a consultation; this consultation goes to the facility Medical Director for approval/denial. If approved, the clinic is notified and this department schedules the appointment. During the visit, the HRA showed the Director the time-frame for obtaining the ophthalmology appointment. The Director immediately contacted the clinic to see if they had any documentation

concerning the appointments. They told him that they did not know what had happened in 2013, but assured him that the consumer had been seen in October 2014. The Director stated he would review the consumer's record to see if that would indicate why the appointments were not made. Subsequent to the visit, the Director stated that he found nothing to show why the appointment had not been scheduled, only to say that the clinic employed only two staff members. The clinic now employs four staff members to schedule and coordinate all off-site appointments.

The facility's Consultation-Out-Patient Services policy states that its purpose is to have a systematic process for initiating and follow-up of all medical consultations for effective patient care delivery. The policy states (to summarize) that: the physician completes a consultation form; the form is sent to the clinic; all community hospital consultations for clinics are scheduled by EMHC clinic staff at the discretion of the medical facility and after being screened by the Medical Director or designee. Units are notified of EMHC clinics via telephone from the clinic office; when consultations are returned from clinics at other facilities, copies are made for the clinic and originals go to the unit with staff and the patient. If more work-up is requested, it must be reordered by the unit physician; new appointments are recorded in the appointment book and units are re-notified weekly of the following week's appointments. This policy was revised in April 2014. The revisions include (to summarize) Consultation Tracking forms. Once the medical consultation has been initiated by the physician, the unit RN will log the consultation request in the Consultation Tracking Form. The RN places the consultation request in an envelope to be hand-carried to the clinic. The clinic RN will log the consultation in the clinic consult log and request approval for the service from the medical director. When the approval is received from the medical director, the clinic RN calls the appropriate clinic for an appointment and informs the unit RN of the appointment details. The unit RN enters in the consult tracking form the date the call was received for the appointment and the date of the appointment. If an appointment is not kept, the reason will be documented in the medical record by the unit RN. In addition, the unit RN and the clinic RN will make an entry in their respective logs. The clinic will reschedule the appointment.

Regarding the allegation that all off-site appointments were cancelled due to the elopement of a consumer, the Director stated this was an accurate statement as Central Management Services assessed the vehicles used to transport the consumers and it was determined that the vehicles were not secure. The vehicles needed to be modified per Central Management Services to include screens on the windows before further transportation could occur. Once a few of the vehicles were modified, off-site appointments resumed within the month (while the remainder of the vehicles are updated). Security was also cited as the reason the grounds passes were suspended; the passes were reinstated within a few weeks.

The facility's Forensic Transport Guidelines policy states that "It is the policy of the Forensic Treatment Program to transport patient to all types of appointment off EMHC grounds, including but not limited to: court, pre-placement, and medical. All trips will have staff assigned; an MEO (Maintenance Equipment Operator) to drive and Security or STA (Security Therapy Aide) staff to escort. Other professional staff may also accompany them when needed. Patients will be properly secured in handcuffs and waist belts for their safety and the safety of others."

Conclusion

Pursuant to Section 2-112 of the Illinois Mental Health and Developmental Disabilities Code, every recipient of service shall be free from abuse and neglect. From the onset of complaints about double-vision, it took over a year for the consumer to obtain the recommended medical examination. The HRA concludes that this is neglectful, to say the least. Since measures have recently been implemented to track medical consultations/appointments, the HRA has nothing to recommend.

Pursuant to Section 2-102(a) of the Illinois Mental Health and Developmental Disabilities Code, "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 HRA recognizes that safety must be maintained. Consumer rights were not being violated while the vehicles were being modified to ensure secure transport. However, the blanket group punishment to suspend all grounds passes was not based upon individualized clinical judgment; thus it is concluded that consumer rights were violated when all grounds passes were suspended.

The Center must ensure that all restrictions are imposed on an individual basis pursuant to that consumer's individual services plan.

RESPONSE

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



Bruce Rauner, *Governor*

Melissa A. Wright, *Acting Secretary*

**Division of Mental Health - Region 2
Elgin Mental Health Center**

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

February 20, 2015

Ms. Kori Larson - Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #15-100-9002

Dear Ms. Larson:

Thank you for your thorough review of this case. We agree that there were unacceptable delays in scheduling this medical appointment. As stated in your report, following an internal review of our appointment scheduling in April 2014, the policy was changed to include an improved method of tracking appointments. We also increased the number of Nurses working in the Clinic Department to further improve medical services. Also, as stated in your report, the July 18 appointment was canceled after a patient elopement. For approximately one month, all our vehicles had to be retrofitted with new security equipment. All non-emergency/general appointment trips were limited during that time, necessitating the July appointment cancellation. Since that time, medical appointments have been back on schedule and much improved.

In reference to withholding patient grounds passes following the elopement, it has been our practice to clinically review all passes and security systems following a serious security incident. Passes were subsequently reinstated once those reviews were completed. Passes issued by the criminal court are authorized at the "discretion of DHS" and, as such, are not considered an individual patient right. We appreciated the patient concerns on this matter and worked diligently to expedite our security reviews.

We also appreciate your continued efforts to improve services for our patients. Please include our response with any public release of your Report of Findings.

Sincerely,

A handwritten signature in black ink, appearing to read 'Meredith Kiss', written over a horizontal line.

Meredith Kiss, MA
Acting Hospital Administrator

MK/JP/aw