



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #15-100-9010
Dreyer Medical Clinic

The North Suburban Regional Human Rights Authority opened an investigation of possible rights violations regarding Dreyer Medical Clinic. The complaint alleged that a client with developmental disabilities received inadequate medical treatment subsequent a fall. Clients receiving services at Dreyer Medical Clinics are protected by the Hospital and Ambulatory Care Facilities regulations (77 Il Admin. Code 205).

According to its web-site, Dreyer Medical Clinic sites offer walk-in treatment for **minor, non-life-threatening illnesses and injuries**. Walk-In Care is open to the public and no appointment is necessary. Visits are much less costly than a visit to a typical emergency room. Radiology (x-ray) and laboratory services are available at all three Walk-In Care sites. Patients enrolled in certain types of insurance plans may be required to obtain authorization from their HMO/PPO, and/or make a copayment for treatment when they arrive. The web-site states that the Dreyer sites respect and serve people without regard to race, religion, age, disability, gender, sexual orientation, or socio-economic status within financial limits of the organization. The best interest of the patient must be the number one priority of both physicians and associates. Health care services must be accessible to patients who, in turn, require Dreyer to offer services at convenient hours for patients, within reasonable travel time, without excessive waiting, and at a reasonable cost. Patients are entitled to certain rights including considerate and respectful care. Patients will receive personalized care dedicated to meeting their needs.

Method of Investigation

The HRA reviewed portions of a client's clinical record, with consent. The HRA interviewed a Physician that initially treated the client at the clinic. The HRA also interviewed the guardian, co-guardians and the client's Case Manager.

Findings

The complaint stated that the client was taken to the Dreyer Clinic subsequent to a fall. It was stated that the client had fallen about 5 years prior to this fall and had sustained a broken ankle. The complaint stated that the Physician at the clinic assumed the recent injury was because of the previous injury and only x-rayed and only focused on the ankle. The client was sent home with an ice pack. Days later the client was still in extreme pain; subsequent x-rays revealed a broken leg. It was stated that the Physician should have initially x-rayed more than just the ankle.

The medical record revealed data on an adult female with developmental disabilities. On Monday August 11, 2014, she was taken to the clinic by staff members from her residential placement. The examination documented that she had slipped on the floor on Saturday August 9, 2014, and that she had pain in her calf and pain in her right dorsum of her foot. It was noted that

she was able to weight bear and walk but these actions aggravated the injury. And x-ray was taken of the foot that revealed no fracture or dislocation. The client was to use a walker, keep the foot elevated and use over the counter medication for pain and swelling. The note indicated that the client should follow-up with her primary care physician if symptoms persist or return to the clinic for reevaluation if symptoms persist or worsen. It was further noted that the clinic would call if there was a discrepancy in the x-ray reading and that ongoing pain may require further imaging.

According to documentation, the patient returned to the Clinic on August 14, 2014, at which time the x-rays were repeated “given the persistence of the swelling and pain.” It was noted that the x-rays did not show any acute changes “but there was an area proximal to her lateral malleolus at the fibula which showed a lucency [in radiology, a region in an image caused by an absorber of lower x-ray attenuation than its surrounding tissues] suggestive of an old fracture or a new one”. [The lateral malleolus is a bony prominence on the fibula, one of the long bones that makes up the lower leg. The fibula is the narrowest of the long bones, situated on the outside of the leg, with this prominence creating the distinctive bump on the outside of the ankle]. At this time it was recommended that the client see an Orthopedic and the Clinic applied a postop mold.

The client returned four days later (8/18/2014); the x-rays were reviewed and no acute changes were noted. It was documented that the area of pain did not correlate with the areas of the old fracture. The client was advised to return in four weeks if the symptoms persisted. The client returned to the Clinic again on 8/21 and 8/29/14. The examination on the 29th documented that the “fall several weeks ago with pain under the right knee down to the foot. Comparison is made to a prior radiograph of the right foot and ankle from 8/14. Again demonstrated are findings consistent with healed or nearly completely healed fractures of the fourth and fifth metatarsals. Minimal first MTP degenerative changes seen. Old chip fracture off the medial cuneiform is again noted. Again, this patient apparently fell a couple weeks ago and this fracture may have occurred at that time, slight deformity at the fibular neck may be related to old healed fracture.”

At the site visit, the physician stated that he examined the client and recalled that she was able to verbalize where the pain was – he stated he did an x-ray based on the information that he was provided. It was offered that the clinic sees many individuals from the area social service agencies, and the disability does not factor into the treatment provided.

The Case Manager stated that she had taken the client to the clinic on numerous occasions. She stated that the client is very verbal and is able to make her needs known. However, the client was not able to pin-point where the pain was coming from – she just knew her leg hurt. The Case Manager stated that she would accompany the client into the examining room, and would address questions as needed. She stated that the physician did not conduct a hands on examination, explaining that the physician never touched the client’s leg to determine where the pain was generating from. It was stated that after repeated visits to the clinic and no pain relief for the client, the Case Manager made an appointment at another medical facility. At this facility the examination included manipulating the leg and when the client’s knee was touched, the client showed obvious signs of pain. The entire leg was x-rayed and a break was found.

A review of Dreyer Clinic’s Patient Rights & Responsibilities statement notes (in part) that, “it is your right as a Dreyer patient to receive considerate and respectful care. To receive care without regard to your race, color, creed, national origin, religion, ability, age, gender, disability, or lifestyle.”

Conclusion

Pursuant to the Hospital and Ambulatory Care Facilities regulations, Section 205.240, “h) The policies and procedures manual shall include a written patient rights plan that includes the

designation of a grievance officer, a system to protect and promote patient rights, and a system to investigate violations or incidents and grievances.”

The complaint alleged that a client with developmental disabilities received inadequate medical treatment subsequent a fall. Though no one should ever have to walk on and experience the pain of a broken leg for a month before the injury is properly assessed, the HRA cannot substantiate inadequate medical treatment because the record showed that treatment was provided based on medical assessments and information provided.