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**Egyptian Human Rights Authority  
Report of Findings  
Carbondale Memorial Hospital  
HRA# 15-110-9014**

**INTRODUCTION**

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations in the care provided to a recipient at Carbondale Memorial Hospital in Carbondale, IL. The specific allegations are as follows:

- 1. Proper procedures were not followed prior to discharging a patient to a state operated mental health facility.**
- 2. The patient was not transferred to the least restrictive environment.**

If the allegations are substantiated, they would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Carbondale Memorial Hospital currently has 21 beds to accommodate patients of all needs. The allegations were discussed with staff involved in the recipient's care. Relevant policies were reviewed as were sections of the recipient's record with authorization.

**COMPLAINT SUMMARY**

The complaint stated that Carbondale Memorial Hospital did not follow proper procedures when discharging a patient to a state operated mental health facility by not properly following the involuntary admission process. The second allegation for least restrictive environment was due to the patient being sent to a maximum security state operated mental health facility rather than a less restrictive setting.

**FINDINGS**

**Interviews**

The HRA team spoke with the Quality Improvement Manager, Patient Relations Manager, Emergency Department (ED) Physician, ED Nurses, ED Sitter, ED case manager, as well as an ED Nurse and ED Tech upon the recipient's second visit to the ED on March 3<sup>rd</sup>, 2015.

The Quality Improvement Manager, and Patient Relations Manager gave the overview information of how the ED operates. They noted that it typically takes hours to process through the Emergency Department, but can take days depending on the situation. They stated that upon an arrival of a recipient the triage nurse will assess the situation. The physician will then assess, and clear the patient. After that is completed a mental health facility in the community will assess for placement. The hospital will provide a sitter for the recipient at this time. If the security or city police feel the recipient is a danger to himself or others, or if they are an elopement risk then there is a restraint policy that will be utilized and followed.

The Quality Improvement Manager, and Patient Relations Manager stated that they do receive yearly training on suicidal patients, risk assessments, and triage.

1. The Emergency Department physician stated that he initially saw the patient after 12-16 hours in the Emergency Department. The physician stated that he was there when the patient left for transport to a state operated mental health facility with the evaluation paperwork already completed, but was just waiting on the placement. The physician stated that the recipient was transported by a private company. This company doesn't require restraints, but they put soft restraints on the recipient for transportation as the recipient was paranoid and psychotic, and more of a flight risk as he had tried to elope from the Emergency Department before the transport took place. The police department brought him back to the Emergency Department a second time after he eloped from the ambulance and allegedly hijacked a car.

2. The hospital sitter stated that she was outside of the recipient's room all day. At one point he woke up and yelled at the sitter but was redirected when she told the recipient to "get out of her face." The recipient ran 3 times, but only made it out of the hospital once. The recipient wasn't violent, and he was able to be redirected. The recipient stated he wanted to see his wife and mother, and when his mom visited he was able to calm down. The recipient stated that he needs his medicine, and he was "not a threat just sick".

3. The three nurses who were in charge of the recipient's care while he was at Carbondale Memorial Hospital were also interviewed. The first nurse stated that the recipient did not try to elope, but there were police there to watch him. The second and third nurses stated that the recipient did attempt elopement but did not get out, and there were no officers present. The team of nurses stated that the recipient was very paranoid and insistent. He eloped when he had a sitter and the hospital called security; the recipient made it out of the hospital, but the police ended up bringing the recipient back to the Emergency Department. While in the Emergency Department the recipient claimed that his wife had been kidnapped, but his mother said that he doesn't have a wife. The police brought him in after he had been following a woman thinking it was his "honey wife".

The Case Manager had difficulty finding transportation for the patient once he had been accepted for admission into a state operated mental health facility. The Case Manager called several transportation companies to get transportation for the recipient. Voluntary and involuntary transfers are considered to be a "first flight risk." The police and the sheriff both stated that they do not typically transfer psychiatric patients as per the Case Manager.

Another transportation provider will not transport if the recipient needing transport is medicated, so the hospital tries to manage without medications if a recipient is not violent. The recipient had stated that he was not on any medications at home. The recipient was cooperative if staff kept his attention, but he was consistently fixated on his "wife". A transportation service from another town eventually transported the recipient via ambulance. However, the recipient broke restraint and eloped from the ambulance en route to the state operated mental health facility.

4. Another Nurse and Emergency Department Technician who treated the recipient upon the second admission, after the elopement from the ambulance, were interviewed. The nurse and the technician did not remember much except that the recipient eloped from the ambulance. The recipient eloped from the hospital around 7am; the police were called and the recipient was returned to the hospital. It was then decided that it was in the recipient's best interest to take him to the police department for his safety due to his elopement and his hijacking of a car with a

woman and child in it. The recipient was not violent, as per staff, but he was just trying to get home.

Summary of Events: There were two petitions and certificates completed on the recipient. It appears from the petition and a physical exam that the recipient arrived at the hospital on 12-14-14 at 7:00 p.m. The first vitals were taken at 7:13 pm as per the physical exam form. The first Petition for Involuntary Admission was signed by a crisis clinician from the screening mental health facility at 2:15 am on December 15, 2014. The accompanying certificate was signed by the physician at 12/15/2014 at 2:21 am. The Petition states that the recipient was found wandering around confused in a town about thirty minutes from his home. The involuntary petition also states that the recipient was brought to the Carbondale Memorial with psychosis and delusion symptoms. His mother states that he is single but has delusions that his wife has been kidnapped, that other women are at risk of being kidnapped, raped, and being held against their will. The Client stated that Allah came to him spiritually, and wanted to meet him in the park. The petition and certificate appear to be in compliance with the Mental Health and Developmental Disabilities Code.

The recipient was discharged to a state-operated mental health facility on 12/15/14 at 6:00 p.m. after the crisis worker found a placement for him there. In route to the facility, the recipient broke restraint and eloped from the ambulance. He allegedly hijacked a car at that time and was dropped off in Carbondale where he was again picked up by the police department and returned to the hospital on 12/15/14 at 9:07 p.m. A new certificate was completed at the hospital by a physician who examined the recipient on 12-15-14 at 9:15 p.m., upon readmission. It was accompanied by a second Petition that was completed by a crisis counselor on 12-16-14 at 3:15 a.m. The state operated facility was once again contacted about admitting the recipient but advised the hospital that he had to be cleared again medically before they would consider admitting him again. He was discharged from the hospital at 7:00 a.m. on 12/16/15 and was transported by the police department to jail for his own safety due to his high elopement risk until an alternative placement could be found. On 12/17/15 an Order was entered authorizing the jail to transport the recipient to the maximum security state operated facility and he was transported that same date.

Record Review:

The HRA team found that the Emergency Room Report stated the recipient has the following diagnoses: "Positive Alcohol abuse, Positive Bipolar disorder, Positive Noncompliance medications, Positive Schizophrenia, Positive Other(Psychosis)". As per the HRA team's chart review, the recipient was initially brought to the Emergency Department on December 14, 2014 by the police for what they claimed was "bizarre behavior". The recipient stated that he was bipolar, feeling anxious and agitated, and also looking for his wife, but according to the Emergency Room Report the recipient's mother stated that the recipient has never been married. The recipient appeared very delusional, and a sitter was acquired to be with the recipient. The recipient attempted to elope from the Emergency Department on multiple occasions, but was contained by staff on all occasions but one. The one time the recipient did manage to elope out of the Emergency Department was on 12/14/14 around 7:50 p.m. when he "bolted past the sitter and ran out the front door in his gown." The hospital called security and the police, and the recipient was brought back to the Emergency Department at approximately five minutes past the eight o'clock hour.

In the progress note from Carbondale Memorial Hospital dated 12-15-2014 it is stated that the recipient was recommended for involuntary placement at a state operated mental health

hospital. In an effort to find a placement, all hospitals that could accommodate involuntary admissions were contacted, but all were full. The recipient would stay in the Emergency Department until a placement was found as per the notes. At 5:00 am on 12-15-2014 the primary, less restrictive, state operated mental health facility was contacted and they had an opening for referral. The discharge summary dated 12-15-2014 stated that the recipient was told on the transport that he was headed to the state operated mental health facility. When the recipient heard where he was headed, he broke the restraint, jumped out of the moving ambulance and hijacked a car.

In a second pre-screening note from Carbondale Memorial hospital dated 12-16-2014 it states that the hospital spoke with the less restrictive mental health center that had originally accepted him for placement. The mental health center stated that before they would reconsider admitting the recipient; a reassessment of the recipient would be required, and it was completed. The progress notes also stated that state operated facility had indicated that the recipient needed a more secure and restrictive environment due to the elopement risks that the recipient presents and advised that the supervisors at the facility were in a meeting discussing it at that time.

On a different pre-screening note dated 12-16-2014 it stated that the physician was called at the less restrictive state operated mental health center, and given the information about the recipient. The physician stated that there would be no acceptance of the recipient at the mental health hospital at this time and recommended that he be transferred to the maximum security state operated mental health facility. On the second petition for involuntary admission, it stated that a peace officer detained the recipient and took him to jail [while awaiting placement] for his own safety due to elopement risk. The officer did not fill out the petition or certificate; however, the officer's name, employer, and badge number was recorded and filled out on the form.

In the Patient Care Summary it becomes clear that Carbondale Memorial Hospital's Emergency Department performed a medical screening on the recipient. It is stated in the chart by the crisis worker, that the recipient did receive a copy of his rights, and that his rights were explained to him. On the back of the form is the "Inpatient Certificate" and on the inpatient certificate it stated that the recipient was informed of the purpose of the examination. The form was signed and dated by his treating physician on December 15th, 2014.

The maximum security state operated hospital referral document stated that the state operated mental health hospital, not Carbondale Memorial Hospital, determined that he did in fact need a more secure environment than they could provide and they completed the referral paperwork.

A Circuit Court order dated December 17, 2014 ordered transport of the recipient from jail to the most restrictive state operated mental health facility due to elopement risks, and security reasons. This order specified that maximum security hospital.

### **POLICY REVIEW**

In the Carbondale Memorial Hospital's policy titled "EMTALA [Emergency Medical Treatment and Active Labor Act] - Mental Health Treatment/Referral" it states, "The hospital provides as safe an environment as possible for persons needing mental and/or behavioral health treatment. Appropriate referrals are made for those patients requiring a higher level of care." The procedure states:

- 1.0 A nurse provides the initial triage assessment.
- 2.0 Patients presenting to the ED with a primary complaint of mental health issues, or who are suicidal, violent, or destructive shall be placed in direct observation.

- 3.0 Patients shall be placed in a hospital gown and will have clothing, medications, personal belongings, and any dangerous objects removed from them and from the exam room.
- 4.0 If needed, Security or Plant Operations staff may assist with observing the patient.
- 5.0 Safety devices may only be used if the patient is harmful to self or others.
- 6.0 Patients presenting to the ED shall receive a medical screening examination, including drug screening and other appropriate testing deemed necessary by the examining qualified medical person.
- 7.0 Once the patient is medically screened, a mental health consult shall be requested. The policy then lists various hospitals and community mental health services that serve as mental health consults.
- 8.0 Patients with an Emergency Medical Condition that require transfer to a mental health facility will:
- 8.1 Be stabilized and transferred in accordance with the hospital's policy SY-ED-002 Provision of Care – Medical Screening Examination/Treatment and Transfer/Acceptance of Patients with Emergency Medical Conditions;
  - 8.2 Be transferred via ambulance, or other appropriate mode of transfer in accordance with the hospital's policy SY-ED-003 Determination of Transportation Mode for Transfers to Other Health Care Facilities;
  - 8.3 Have transfer acceptance made physician to physician unless the receiving facility has authorized a non-physician mental health provider to accept a transfer on behalf of an accepting physician. In the event that the receiving facility has authorized a non-physician mental health provider to accept a transfer on behalf of an accepting physician, the mental health provider's name and the accepting physician's name are recorded in the patient's medical record; and Policy # SY-ER-006: Emtala - Mental Health Treatment/Referral System
  - 8.4 Have a copy of the patient's medical records (relevant to the patient's condition) from the ED visit sent with the patient or faxed to the receiving hospital.
  - 8.5 (For involuntary admission to a mental health facility) have a certification completed and a petition for involuntary admission per the mental health consultant. A copy will be posted with the patient's medical record.
- 9.0 The mental health team will assist in arranging voluntary and involuntary admission transportation. An RN will verify all arrangements with the receiving facility and give report to the receiving RN, or other designee.
- 10.0 Patients who do not have an Emergency Medical Condition and are deemed stable for discharge by the ED physician, the mental health provider shall:
- 10.1 Explain a "no harm" contract to the patient, and ask the patient to sign the contract prior to discharge.
- In the Carbondale Memorial Hospital's policy titled "Suicide and Mental Health Risk Assessment" it provides the procedure on appropriate transfer:
- 1.0 Transfer of the patient to other facilities for care is accomplished by contractual agreements with outside vendors.**
- 1.1 If the patient is an involuntary admit:
    - A. Physician completes the certificate.

- B. [A community mental health provider] designated staff member completes the petition.
- C. The original completed certificate and petition are sent to the receiving facility.
- D. A copy of the completed certificate and petition is placed in the patient's medical record.
- E. The certificate and petition are valid for up to 72 hours.
- F. If the patient is held longer than the original physician's shift, the physician on duty at the time of transfer completes a second certificate.
  - 1) The original of the first certificate is placed in the patient's medical record.
    - a) In this situation, a copy of the first certificate is not sent to the receiving facility.
  - 2) A copy of the second certificate is sent to the receiving facility with the petition.
- G. Time stamp on the certificate must be after the time stamp on the petition.

#### STATUTES

**Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102):**

“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. 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.”

**Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-600):**

3-600. A person 18 years of age or older who is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization may be admitted to a mental health facility pursuant to this Article.

**The Mental Health Code (405 ILCS 5/3-601) also provides that:**

“(a) When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, **any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the facility director of the facility.**

(b) The petition shall include all of the following:

1. A detailed statement of the reason for the assertion that the respondent is subject to involuntary admission on an inpatient basis, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.
2. The name and address of the spouse, parent, guardian, substitute decision maker, if any, and close relative, or if none, the name and address of any known friend of the respondent whom the petitioner has reason to believe may know or have any of the other names and addresses. If the petitioner is unable to supply any such names and addresses,

the petitioner shall state that diligent inquiry was made to learn this information and specify the steps taken.

3. The petitioner's relationship to the respondent and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent. If the petitioner has a legal or financial interest in the matter or is involved in litigation with the respondent, a statement of why the petitioner believes it would not be practicable or possible for someone else to be the petitioner.

4. The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.

(c) Knowingly making a material false statement in the petition is a Class A misdemeanor.

**According to the Mental Health Code (405 ILCS 5/3-602):**

“The petition shall be accompanied by a certificate executed by a physician, **qualified examiner**, psychiatrist, or clinical psychologist which states that the respondent is subject to involuntary admission on an inpatient basis and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, psychiatrist, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, psychiatrist's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208.”

Section 3-208 states “Whenever a petition has been executed pursuant to Section 3-507, 3-601 or 3-701, and prior to this examination for the purpose of certification of a person 12 or over, **the person conducting this examination shall inform the person being examined in a simple comprehensible manner of the purpose of the examination; that he does not have to talk to the examiner; and that any statements he makes may be disclosed at a court hearing on the issue of whether he is subject to involuntary admission.** If the person being examined has not been so informed, the examiner shall not be permitted to testify at any subsequent court hearing concerning the respondent's admission.”

**The Code (405 ILCS 5/3-604) requires the following with regard to detaining an individual:**

“No person detained for examination under this Article on the basis of a petition alone may be held for more than 24 hours unless within that period a certificate is furnished to or by the mental health facility. If no certificate is furnished, the respondent shall be released forthwith.”

**Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-606):**

“A peace officer may take a person into custody and transport him to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer may complete the petition under Section 3-601. If the petition is not completed by the peace officer transporting the person, the transporting officer's name, badge number, and employer shall be included in the petition as a potential witness”

**Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-206):**

“Whenever a person is admitted or objects to admission, and whenever a recipient is notified that his legal status is to be changed, the facility director **of the mental health facility shall provide** the person, if he is 12 or older, with the address and phone number of the Guardianship and

Advocacy Commission. If the person requests, the facility director shall assist him in contacting the Commission.”

### **CONCLUSION**

Because the community mental health case manager together with the receiving state-operated hospitals, versus Carbondale Memorial Hospital, determined the level of placement and also because it was by Court order that the recipient was transported to the most restrictive state operated mental health facility, the complaint that the patient was not transferred to the least restrictive placement is **unsubstantiated**.

With regard to the complaint that the hospital did not follow proper procedures prior to discharging a patient to a state-operated mental health facility, the HRA examined the involuntary admission process used in this case. It appeared that the first petition and certificate were appropriately completed, that rights information was given and that he was informed of the purpose of the examination, all of which fell in line with the Code’s involuntary process.

**However**, regarding the second admission, although the certificate was completed upon the recipient’s return to the hospital on 12/15/14 by the physician on staff at the time, around 9:15 p.m., the Petition was not completed until 3:15 a.m. on 12/16/14 by the crisis worker. Per hospital policy “*Suicide and Mental Health Risk Assessment*” in section 1.1 G it states that the “*Time stamp on the certificate must be **after** the time stamp on the petition.*” Therefore, the HRA **substantiates** a violation of hospital policies and **recommends following it by completing petitions before evaluation certificates**.

The HRA also offers the following suggestions for consideration:

### **SUGGESTIONS:**

1. Although the admitting hospital demanded a renewed petition before transfer and is responsible for filing, Carbondale Memorial is cautioned against successive petitioning as they are not provided for under the Code’s involuntary process. While certificates have 72-hour-prior-to-admission time restrictions, petitions do not and the hospital’s authority to detain the patient began with the original petition completed appropriately some 26 hours prior to the second one. The first, original petition is to follow the patient and reveal his true journey to the courts (405 ILCS 5/3-600, 601).
2. Since the hospital’s authority to detain a mental health patient begins with a petition, Emergency Department staff should be trained in completing them in case of any evaluator’s delayed arrival. (405 ILCS 5/3-601).



3. It states under the hospital's policy titled "Suicide and Mental Health Risk Assessment" that the certificate and petition are valid for up to 72 hours. This is not true for petitions and the policy should be clarified to follow the Code's intended involuntary process (405 ILCS 5/3-600 et seq.).
4. Consider whether or not a working agreement with the community mental health provider that would delineate the roles of the provider and hospital with regard to the discharge/transfer process is warranted.
5. Disrobing policies for mental health patients should be considerate of each patient's circumstances and experiences since all medical and mental health care is to be individually determined. Carbondale Memorial should consider revising policy "EMTALA [Emergency Medical Treatment and Active Labor Act] - Mental Health Treatment/Referral" to take into consideration individual patient circumstances.