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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT #16-030-9006
RIVEREDGE HOSPITAL

Case Summary: The HRA substantiated the complaint that the facility did not follow Mental Health Code requirements when staff administered forced emergency medication to a recipient. The provider response follows.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Riveredge Hospital. It was alleged that the facility did not follow Mental Health Code requirements when staff administered forced emergency medication to a recipient. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100 et. seq.).

Riveredge is a 110-bed private psychiatric hospital located in Forest Park, Illinois.

To review this complaint, the HRA conducted a site visit and interviewed the Chief Executive Officer, the Chief Compliance Officer, the Chief Nursing Officer, and the Psychiatrist. Relevant program policies were reviewed as were sections of the recipient's record upon written consent.

COMPLAINT SUMMARY

The complaint alleges that the recipient was administered emergency injections of psychotropic medication for no adequate reason. The complaint indicates that the recipient refused all psychotropic medication so it was clear that she did not want it, however when staff offer an oral medication, particularly in an emergency situation, the complaint alleges that it is assumed that recipients will receive an injection if they refuse it. The complaint indicates that the recipient in this case refused medication but that she would not resist or fight back when staff

offered forced medication on her because she did not want to be injured or “handled” by security.

FINDINGS

The recipient was admitted to Riveredge on 7/27/15. The recipient’s Psychiatric Evaluation is included in the record and it states, “.... The patient was seen and evaluated at [local hospital] where she was brought for an evaluation of psychotic and bizarre behavior. The patient apparently was found in Wal-Mart when she was wandering and exhibiting psychotic behavior. The patient states she injured her ankle and that was the reason why she called for help. The patient was not able to present details regarding her injury although states that she plans to hire an attorney and sue Wal-Mart. Her thought process was evidently disorganized. She was having difficulty staying on topic and was making delusional statements. She states she works for the government, that she is a senator, a congress woman, a representative, and the mayor of Skokie. The patient states people are trying to steal her identity and her real name is ... and her current name is just a cover. The patient was also saying that people are making fraud of Medicare and trying to use her identity for that reason. She also mentioned about her kidnap in 1979 when people were trying to stalk her house and kill her. The patient evidently was psychotic. The patient stated that she had not been on any psychiatric medications ‘for many years.’ She stated she had been taking Prolixin and Cogentin in the past and medications were working well for her. The patient denied any suicidal ideations. She was evidently get [sic] more upset, angry and irritable when I continued asking her more questions and suddenly decided to not speak with me anymore...” The Medication Plan is included in the evaluation and it states, “We will start the patient on a small dose of Prolixin and Cogentin. Consider Prolixin Decanoate on discharge, p.r.n. [as needed] medications if needed.” The record shows that the recipient refused all regularly scheduled psychotropic medications throughout her hospitalization.

The clinical record contains the PRN and STAT Medication Administration Record. It shows that the recipient received an intramuscular injection (IM) of Ativan on 8/02/15 for “anxiety”, an IM of Zyprexa on 8/11/15 for increased “agitation”, and an IM of Ativan on 8/18/15 for increased “anxiety.” Each of these injections was given voluntarily, according to this chart. The record also contains the Patient Consent for Psychotropic Medications. The medications Risperdal, Prolixin and Cogentin are listed but there is no indication of the patient’s consent. In the Comments section it indicates that on 7/28/15 “Pt refused consent stated ‘only here for my legs.’” A second comment entered on 7/030/15 indicates, “refused to sign consent.” The record also contains a form, My Safety Crisis Plan, which has not been filled in but has the statement, “I don’t get triggers or stressed out.” Additionally, the Conditions of Admission and Consent for Treatment document is not signed by the recipient but instead indicates that the recipient was unable to sign.

The record contains all the Physician Orders for medication. An Order written on 7/28/15 lists the medications Risperdal 1 mg PO (by mouth) each evening for psychosis, and Ativan 1 mg PO twice daily as needed for anxiety. The order states, “May give IM if pt. is unable to take or refuses PO or if pt requests IM”. The same statement is added to the order for Benadryl.

Progress Notes from the recipient's treatment episode are included in the record. A medication stamp indicating a prn medication shows that on 8/02/15 the recipient was given an injection of Ativan 1 mg for anxiety. There is no entry in the notes which describe an event necessitating this emergency medication. There is no Restriction of Rights Notice for this medication administration.

Progress Notes from 8/11/15 indicate with a medication stamp that the recipient received an injection of Benadryl 25 mg and Zyprexa 10 mg at 4:00 a.m. Notes state, "Patient is very disruptive, screaming at the top of her lungs, waking up other patients, demanding to leave because her brother is outside waiting for her. Unable to respond to staff direction, refusing p.o. prn when offered." There is no Restriction of Rights Notice for this event.

Progress Notes from 8/18/15 do not contain a medication stamp, however the notes indicate that emergency medication was utilized; "...Pt observed slamming phone down and walking to her room while shouting obscenities at staff and yelling bizarre religious statements. Writer approached pt in her room with intent to find out what was upsetting her so much. Pts behavior escalated with screaming chants that were not audible. Writer requested prn medication Ativan 1 mg PO from med nurse. Pt consented to taking medication. Will continue to monitor pts behavior as per treatment plan." The recipient's PRN and STAT Administration Record indicates that the medication was given by injection. There is no Restriction of Rights Notice for this event.

Hospital Representatives' Response

Hospital representatives were interviewed about this complaint. They indicated that the recipient had been very angry, uncooperative, and delusional throughout her hospitalization. Her physician confirmed that she had refused all psychotropic medication during her treatment episode and indicated that from his first suggestion that she take medication for her symptoms, she became very angry toward him and refused to speak with him or engage in her treatment. When the physician approached her she generally responded by calling him names and cursing him, and he filed a petition for involuntary medication, which was later rescinded. Nevertheless, staff believe that the recipient accepted the emergency medications that were ordered for her because the staff did not complete Restriction of Rights documentation for these events and there were no calls for security assist and she was never placed in a hold, which generally accompanies an order for forced medication by injection. Staff indicated that injections are not the necessary result of refusal of oral medications and patients always have the right to refuse medication. In this instance, the recipient was offered and she accepted, both oral and injected PRN medication.

STATUTORY BASIS

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment, and describes the requirements for the administration of psychotropic medication and its refusal:

"If the services include the administration of...psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2- 107 [to prevent harm]...." (405 ILCS 5/2-102a-5).

Should the recipient wish to exercise the right to refuse treatment, the Mental Health Code guarantees this right unless the recipient threatens serious and imminent physical harm to himself or others:

"An adult recipient of services...must be informed of the recipient's right to refuse medication... The recipient...shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication... 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. The facility director shall inform a recipient...who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services" (405 ILCS 5/2-107).

Additionally, the Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

HOSPITAL POLICY

Riveredge provided the hospital policy and procedure for the administration of medication (Policy No. 1621043 Medication Administration). It indicates that if a patient refuses medications, the Nurse will encourage compliance and then notify the physician of the patient refusal. In the event the medication is necessary to prevent the patient from causing serious harm to self or others, the Nurse will continue with the procedure for Emergency medication use, which is initiated by a report to the physician of behaviors that may warrant emergency/PRN medication use (if not indicated in a standing order), and the Nurse then obtains a one time medication order. Emergency or PRN medication policy states that the physician must determine the need for differing types of non-scheduled medication: Emergency or PRN (as needed), Now (must be administered within 2 hours of order receipt) or STAT (must be administered within 60 minutes of order receipt) and writes physician orders accordingly. The Nurse ensures that a Restriction of Rights form is completed including the rationale for the involuntary medication.

CONCLUSION

The recipient in this case feared that if she refused oral emergency medication, that it would be given by injection, with the assistance of security, and possibly the threat of injury.

The physician order for Ativan confirms this fear, because it states, “May give IM if pt. is unable to take or refuses PO or if pt. requests IM.” Based on this order, along with the progress notes, there is no evidence that the recipient was given the opportunity to refuse emergency medication, particularly for the administrations on 8/02/15 and 8/11/15. The administration on 8/18/15 appears to be voluntary, however if it was, there is no consent for the medication that was given, and no consent for her medications in general. The HRA substantiates the complaint that the facility did not follow Mental Health Code requirements when staff administered forced emergency medication to a recipient.

RECOMMENDATION

1. Train staff and physicians that if psychotropic medications are administered against the recipient’s refusal, then the clinical rationale for overriding her right to refuse medication should be included in the record and reflected in the progress notes and Restriction of Rights Notice. If the medication is administered at the recipient’s request or given voluntarily, then a consent for this medication must be obtained, along with a written decisional capacity statement, and reflected in the record. The HRA realizes that the extant complaint did not include the issue of consent, and this is the only reason it is not listed as a finding, however the recipient’s right to be informed of the risks, benefits and alternatives of her treatment was denied her.

2. Implement the use of a Preferences for Emergency Treatment document and ensure that the preferences are noted in the treatment plan and accessible should the need arise. If the recipient is unable to complete this task at Intake, return when the recipient is stable to obtain this information.

RESPONSE

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



Riveredge Hospital

February 18, 2016

Ashley Casati, HRA Chairperson
Illinois Guardianship and Advocacy Commission
1200 S. 1st Ave. Box 7009
Hines, Illinois 60141

Re: #16-030-9006

Dear Ms. Casati:

This letter is in response to the Human Rights Authority findings for the investigation identified above.

Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the alleged or conclusions set out in the Conclusion and Recommendation sections of the HRA Response Report. The Hospital submits this Plan of Correction in accordance with regulations and the Plan of Correction documents the actions taken by the hospital to address the cited deficiencies.

Recommendation

1. Train staff and physicians to accurately document the rationale for use of emergency medications and consent.
 - a. Issue discussed in Medical Staff Executive Committee and members agreed that it is important to accurately document the rationale and use of emergency medications in the medical record.
 - b. Issue discussed in unit meetings and importance of accurately documenting the rationale for use of emergency medications. Also, if the patient consents to voluntarily take the medication, the consent needs to be documented in the medical record. The Restriction of Rights form needs to be completed for all involuntary emergency medication administration.
 - c. A memo was distributed to all Medical and Nursing staff outlining the expectations for documentation.
2. Preference for Emergency Treatment Form
 - a. Riveredge Hospital currently documents the patient Preference for Emergency Treatment on the Patient Care Profile/Crisis Prevention Plan form. It is located in the observation rounds book and is available to all staff. The importance of completely and accurately completing this form was discussed at all unit meetings.
 - b. A memo was distributed to all nursing staff outlining the expectation.

Riveredge Hospital and their medical staff are concerned to hear of any potential quality issues and strive to provide the best and safest environment for our patients to receive care. We value the input from our patients and families and welcome feedback to improve our patient care.