FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 16-050-9001
Andrew McFarland Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible violations at Andrew McFarland Mental Health Center in Springfield. Allegations are that a patient's right to refuse medication was restricted without cause, her telephone communication was restricted without cause and a staff member on her unit is a relative.

Protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5) apply.

McFarland is a Department of Human Services hospital with a 50-bed forensics program. The issues were discussed with staff involved in the patient's care. Relevant policies were reviewed as were sections of her record with authorization.

Complaints say that in her first months of admission the patient was placed in physical holds and given injections on several occasions without being dangerous and that the staff were too rough with her in the process. Her use of the phone was reportedly restricted many times as well but without appropriate reasons, and, it was said that a related staff member on her unit caused an uncomfortable, restrictive atmosphere for the patient.

FINDINGS

Right to refuse medication

The record revealed three incidents related to the complaint. According to nursing notes, restriction notices and orders on August 10, the patient came out of her room screaming vulgar obscenities at staff who just had just looked in on her. She was given time to cool down but resumed her yelling and any attempt to redirect caused her to escalate. She turned to a peer and screamed at her then shoved her and the two struggled and had to be separated. The patient continued to scream and threaten everyone around her. Three staff helped in holding her for two minutes until injections were given. She calmed down within moments and took a seat in the dining room. The emergency was over; she was given a restriction notice and wished no one to

be notified. The notice and her treatment plan verified that she had no emergency intervention preference.

Involuntary treatment was court-ordered on August 14. Nursing notes, restriction notices and orders on the next day stated that she became aggressive with another peer, advancing toward her with her fists up. Staff were able to intervene before any contact and the patient was asked to go to her room, which she did but then continued to scream and threaten to attack the staff. A code blue was called; she was physically held for one minute for injections, and was noted to be lying on her bed shortly after. As before she elected no one to be notified. An injury report followed the incident for a laceration to the patient's lip. A nurse completed the form and described the injury as small, closed without bleeding, swelling or abnormal appearance. She was monitored although she refused any further examination until the lip was resolved.

A third situation occurred on August 18. In this case the patient was refusing her scheduled medications. She was physically held for a few minutes to get the injections after swinging and kicking at staff, trying to bite them. A restriction notice was completed even though the medication was court-ordered, and again the patient asked for no one to be notified. She stayed in her room afterwards and came out about five minutes later without any further distress noted.

The staff explained that as clearly documented, the patient had a few instances where medication was needed and only after multiple attempts to let her calm down or leave the scenes had failed. The physical holds are always for very short periods, never to exceed fifteen minutes as was the case here. In the one event it was likely that her lip was bumped given her intensity, kicking and swinging at the staff who were trying to hold her, and as indicated in the report there was no serious injury. We verified that with two staff who were involved. They said there are typically several staff assisting with physical holds; two or three holding and another one or two standing by, all for safety with a very aggressive individual.

An Office of the Inspector General report on a claim of abuse for the lip injury was unsubstantiated.

CONCLUSION

McFarland defines an emergency as a mental condition that calls for immediate action to protect from harm or prevent further deterioration. Refusing medications in itself does not constitute an emergency but they are given when necessary to prevent serious and imminent physical harm. Nurses in consultation with physicians can determine whether an emergency exists based on personal examination. Procedures from there must follow 5/2-107 of the Code (#02.06.02.020).

Under 5/2-107 the recipient must be given an opportunity to refuse and forced medications may be given when there are no less restrictive alternatives, all of which in this case was assured with many documented attempts by the staff to de-escalate the situations before

holding and injecting the patient. Her right to refuse medication was restricted, but not without cause. A violation is not substantiated.

Right to telephone communication

There were three restricted phone communications in the record. The first on August 18 for an initial three days after repeatedly calling 911. According to orders, nursing entries and restriction notices she was only refrained from dialing that number and could make calls elsewhere. The order was extended for a full week on the next day when documentation referenced the patient's harassment of a cousin who complained to her treatment team and asked for the calls to stop. The patient wished no one to be notified.

At the end of the first restriction on August 26 the patient was noted to remain argumentative and defiant, resuming inappropriate calls to the cousin who again asked they be stopped. Her restriction was implemented a second time for another seven days, allowing her to make other calls with staff assistance. She wished no one to be notified.

The third on September 2 was another continuation of the restriction, which, at the cousin's request and treatment team approval following more struggles with unit rules and appropriate use of the phone went on for a final week. She wished no one to be notified once again and after the restriction was lifted had full access to the phone without assistance or further problems.

The staff said that they try to limit phone restrictions to three days or less as individually determined but in this case it was necessary to keep extending until the patient showed she could use the phone without harassing anyone. She went through several more months until discharge without any more phone restrictions.

CONCLUSION

McFarland Procedural Guide on Individual Rights and Restriction of Rights (Series #: HR126), states that individuals are allowed to conduct private telephone conversations. Any restriction is to be properly documented using the Notice Regarding Restricted Rights of Individuals. Unimpeded, private and uncensored communication by telephone may be reasonably restricted only in order to protect from harm, harassment or intimidation. A physician's order is required and a restriction notice is given to the individual and anyone designated, which identifies the date, time, nature, rationale and duration of the restriction, all in compliance with Mental Health Code requirements (405 ILCS 5/2-103, 2-200 and 2-201).

Documentation supported the need to restrict the patient's outbound phone communications, but only to the two destinations she was harassing, which follows standards under policy and the Code. A violation is not substantiated.

Staff member as relative

A particular nurse on the unit was alleged to be the patient's aunt. There were several record entries by this nurse, all of which were typical day-to-day notations of progress; nothing potentially revealing as complained. The nurse was asked for her take on it during the HRA's visit and she said that in no way was she related to the patient and did not know her outside of the facility. Other staff commented that the patient made several claims of other patients and staff being related as well, none of which were factual.

CONCLUSION

McFarland appears to have no specifically "related" policy. The Code however intends for all patients' view of a least restrictive environment to be considered (405 ILCS 5/2-102a), which, if there was any truth to the claim might create a compromising or counter-therapeutic setting for this patient. There is no factual evidence of it however, and the complaint is not substantiated.