



FOR IMMEDIATE RELEASE

**METRO EAST HUMAN RIGHTS AUTHORITY
REPORT OF FINDINGS
HRA CASE # 16-070-9007 & 16-070-9010
GATEWAY REGIONAL MEDICAL CENTER**

INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of alleged rights violations at Gateway Regional Medical Center (GRMC), a private hospital that provides medical and behavioral health services in Granite City, Illinois. The Inpatient Behavioral Health Unit serves 340 consumers a month. The allegations being investigated are:

1. the hospital violates patients' rights when it fails to provide care in the least restrictive environment and when it fails to follow mandates when admitting patients to the psychiatric unit.
2. The hospital violates patients' rights when it fails to allow communication between patients and advocacy agencies; and the facility grievance policy is inadequate.

If found substantiated, the allegations represent violations of the Illinois Mental Health and Developmental Disabilities Code, Hospital Licensing requirements, and GRMC internal policies.

METHODOLOGY

To pursue the investigation, an HRA team conducted a site visit, interviewed Gateway Regional Medical Center staff, and reviewed hospital policies. In addition, the team reviewed relevant sections of the patient's clinical records with the patient's written consent.

FINDINGS

The first complaint alleges that a patient took herself to the emergency room and was admitted to the Adult Psychiatric Unit when though she thought she was being admitted to a regular medical floor.

The HRA reviewed the GRMC Behavioral Health Services Application for Voluntary Admission, Rights of Voluntary Admission and Rights of Individuals Receiving Mental Health and Developmental Disabilities Services, all of which were dated January 19, 2016 and signed by the consumer. The admitting diagnosis indicated major depressive disorder with psychotic features as well as urinary tract infection (UTI).

The Behavioral Health Service Intake and Triage Biopsychosocial Assessment dated 1/19/16 reads:

Patient presented to the ED with insomnia. She states she hasn't slept in three days. States she doesn't remember things like how she got to the store and leaves things cooking on the stove.

Patient denies feeling suicidal or homicidal. She feels like she may harm herself or hurt someone else when she blacks out. Patient states she is depressed and is stressed.

The second complaint alleges that the hospital fails to allow communication between patients and advocacy agencies and claims that the facility grievance policy is inadequate. The HRA coordinator received a call from a patient of GRMC who wanted to report that the chicken served for lunch had blood in it. The HRA coordinator explained that this is not the type of complaint that the HRA handles and that she should ask to speak with a manager on duty. The patient stated that when she attempted to file a complaint, she was handed a blank sheet of paper on which to write her complaint and was told it would then go in her chart. The HRA coordinator heard a staff member tell the patient that she must end her call. The patient explained to the staff member that she was speaking with the HRA and the staff member stated that she didn't care who she was talking to, that her time on the phone was up, and that she would disconnect the call. The call was disconnected shortly thereafter. The HRA coordinator immediately called the Administrator of Behavioral Health at GRMC and explained the situation. The coordinator made the Administrator aware that this same staff member's attitude towards the patients also came up during the previous complaint. An HRA complaint form was faxed to GRMC and the Administrator took it to the patient, helped her fill it out, spoke with her about her complaints and faxed the signed complaint back to the HRA. The Administrator apologized to the patient as well as the HRA for the staff member's behavior and ensured that staff would be re-educated on attitude, patient rights and patient complaints.

The Administrator made a general note in the patients electronic record that reads:

Met with patient and Unit Director to address a customer service concern. I became aware of pt. concerns through contact with the Guardianship and Advocacy Commission (GAC). Patient had contacted GAC; however, the patient was not able to obtain the releases and complaint form from GAC. Facilitated receipt of paperwork and presented it to the patient. Listened to patient concerns with a bloody vein in chicken, poor attitude from staff related to allowing her to speak freely with GAC.... Agreed to get pt. something to eat. Informed her that I would investigate her concerns. Apologized for staff attitude. Verified that we would fax back paperwork for GAC. Reviewed above with nursing. Gave instructions to order another meal....

The Administrator indicated that the staff have been re-educated on the Complaints and Grievances Policy and the patients' right to speak with advocates and attorneys. During the site visit, it was revealed that there is no formal complaint form available to the patients; however, there is an online complaint procedure that can be filed after the patient is discharged from the hospital.

MANDATES/REGULATIONS

According to the Mental Health and Developmental Disabilities Code:

Sec. 2-102. (a) 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. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. 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. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan. (405 ILCS 5/2-102, 104)

Sec. 3-400. (a) Any person 16 or older, including a person adjudicated a person with a disability, may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary-admission.

(b) For purposes of consenting to voluntary admission, a person has the capacity to consent to voluntary admission if, in the professional judgment of the facility director or his or her designee, the person is able to understand that:(1) He or she is being admitted to a mental health facility. (2) He or she may request discharge at any time. The request must be in writing, and discharge is not automatic. (3) Within 5 business days after receipt of the written request for discharge, the facility must either discharge the person or initiate commitment proceedings.

(c) No mental health facility shall require the completion of a petition or certificate as a condition of accepting the admission of a recipient who is being transported to that facility from any other inpatient or outpatient healthcare facility if the recipient has completed an application for voluntary admission to the receiving facility pursuant to this Section. (405 ILCS 5/3-400)

Sec. 2-103 states that: Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation.

(a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items.

(b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director.

(c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the

recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.

(d) No facility shall prevent any attorney who represents a recipient or who has been requested to do so by any relative or family member of the recipient, from visiting a recipient during normal business hours, unless that recipient refuses to meet with the attorney.

(e) Whenever, as the result of the closing or the reduction in the number of units or available beds of any mental health facility operated by the Department of Human Services, the State determines to enter into a contract with any mental health facility to provide hospitalization to persons who would otherwise be served by the State-operated mental health facility, the resident shall be entitled to the same rights under this Section.

The Centers for Medicare and Medicaid (CMS) Conditions for participation by hospitals requires the following regarding a patient grievance process:

The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum: (i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital. (ii) The grievance process must specify time frames for review of the grievance and the provision of a response. (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. (42 CFR 482.13 (a) (2))

GRMC Patient/Resident Complaint/Grievance policy (IPC.SUP.003) states:

1. A "patient grievance is defined as "a written or verbal complaint (when the verbal complaint is not resolved at the time of the complaint by staff person) by a patient or the patients representative regarding the patients care, abuse or neglect, issues related to the hospitals compliance with the Centers of Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (COPs)...
2. A verbal complaint is a patient grievance if:
 - a.) It cannot be resolved at the time the complaint by the staff present;

- b.) Is postponed for later resolution;
 - c.) Is referred to other staff for later resolution; or
 - d.) Requires investigation and/or requires further action or resolution.
3.
4. A written complaint is always considered a grievance (including email or fax), whether from an inpatient, outpatient, released or discharged patient or their representative as long as the concern expressed in the grievance concerns one of the three areas constituting a grievance...
12. A patient complaint or grievance is deemed “resolved” when the patient or his or her representative is satisfied with the actions taken by the hospital on their behalf. There may be times when the patient or his or her representative continues to be dissatisfied with the hospital’s actions even when the hospital has taken reasonable actions to address the applicable concerns. In these circumstances, the hospital deems the complaint or grievance resolved even though the patient or his or her representative is not satisfied with the outcome.

In the event a patient or the patient's family or representative have a comment, complaint or grievance he/she is encouraged to do one or more of the following:

- Inform or ask any staff member.
- Speak to the Department Director or Manager of the area involved
- Request to speak with someone in Administration
- Other complaints may be received anonymously or from patient/family satisfaction surveys or comment cards.

CONCLUSION

The allegation that GRMC failed to provide treatment in the least restrictive environment is **not substantiated**. Based on the documentation provided, the consumer signed in as a voluntary admission to the Behavioral Health Unit.

The allegation that GRMC fails to allow communication between patients and advocacy agencies is **substantiated**. The patient was denied access to an advocacy agency when the phone was disconnected while the patient was attempting to file a complaint. The HRA would like to acknowledge the Administrator’s quick response to this situation.

The allegation that the GRMC complaint/grievance policy is inadequate is **substantiated**. Patients are not provided with a form to file a complaint; consequently, there is no way for a formal tracking procedure to occur. Patients are offered a blank piece of paper and threatened with having the complaint put in their chart with their other records. The Chief Quality Officer admitted during the site visit that the complaint process is informal and acknowledged the need for a complaint form to be provided to patients. In addition, the hospital grievance policy lacks federal provisions required by the Centers for Medicare and Medicaid, Conditions of Participation for hospitals.

RECOMMENDATIONS

The HRA recommends that the hospital revise its complaint/grievance policy to ensure compliance with federal grievance requirements and educate staff accordingly.

The HRA also recommends that the hospital ensure communications between patients and advocacy entities and educate staff accordingly.

The HRA also suggests: Complaint forms should be developed and offered to all patients upon admission and should be readily accessible to patients and guests. A complaint box should be considered as it would enable patients to submit complaints anonymously.