FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #16-100-9009
Streamwood Behavioral Healthcare Center

Introduction

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Streamwood Behavioral Healthcare Center (Streamwood BHC) after receiving a complaint of alleged rights violations. The complaint accepted for investigation was that a patient was scratched by staff members during a restraint episode; staff members disputed this saying the patient scratched herself. It was also alleged that staff members did not protect the patient after the patient's roommate threatened physical harm; the patient's communication was not private and unimpeded; and the patient was showing signs of medication side effects and this was not addressed in a timely manner. The rights of patients receiving services at Streamwood BHC are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

According to its website, Streamwood BHC provides a continuum of mental healthcare services for children, adolescents and young adults. Services include: Inpatient Stabilization, Partial Hospitalization Day Treatment, Outpatient Assessment and Treatment and Therapeutic Day School Programs.

Methodology

Relevant policies were reviewed as were the consumer's record with authorization. The HRA met with hospital personnel to discuss the allegations.

Allegation:

- A patient was scratched by staff members during a restraint episode; staff members disputed this saying the patient scratched herself.
- The patient's communication was not private and unimpeded.

Findings

The clinical record revealed data on a 13-year-old female admitted to the hospital on October 15, 2015; she was discharged on October 30, 2015. Admission documentation noted that the patient had been hospitalized twice, including a hospitalization at Streamwood BHC the prior week. Documentation indicated that the patient was admitted due to expressing suicidal ideation and command auditory hallucinations to hurt herself. It was noted that the evening prior to the admission, the patient had dug her nails into her skin to feel pain. On October 21, at about 3:30 a.m., progress noted documented that the patient's mental status had changed. It was noted that she seemed to be very hyperactive and confused. She was sent to the quiet room to draw and color in an effort to help her calm down. It was documented that she paced the hallways instead, talking to

imaginary friends. Documentation indicated that she had to be redirected back to the quiet room several times due to loud outbursts and the disturbance of the unit. She refused to go to the quiet room, so she was sent to the dayroom while staff members closely observed her. Progress notes documented that she started climbing on the chairs and the window ledge; she was jumping up and down and she started drawing on the window with a crayon. She tried to move the wooden cabinet from the wall and was banging on the wooden shelf while trying to remove it. She came out of the room and was "making loud outburst" while pacing the hallway. She was redirected back to the dayroom; she became agitated and started using inappropriate language towards staff. It was documented that she sat down on the chair and scratched her left thumb. She then opened up the door and yelled to the staff "Why did you scratch me bitch".

It was documented that the staff member then reported the accusation to the nurse. Progress notes showed that the patient was given medication to help her calm down; her vitals were taken and her scratch was assessed by the nurse. The nurse documented that the patient was noted to have a small superficial linear scratch on her left anterior thumb about 20m in length. No active bleeding was noted and the patient denied pain or discomfort. The nurse documented that she/he reviewed the video (used to monitor public area) and no inappropriate behavior was noted/observed by unit staff. The entry concluded by noting – mother made aware. There was nothing in the chart to show that restraints were used.

Later in the day it was documented that the patient's mother called to say that her daughter called her and said that she had been restrained and that she had bruises and staff had scratched her. The mother was advised that the patient had not been placed in restraints. The mother wanted to know why she had not been advised of the scratch. The staff member documented that if they had missed telling her some information, they apologize, but they were doing their best to keep her safe. The note said that the mother was understanding and cooperative and verbalized that the patient is very manipulative and is very good at it. It was further documented that the patient's psychiatrist was called and advised of the situation and the patient's behavior and the physician then ordered supervised phone calls. The note indicated that the mother was notified of the physician's order. The order was discontinued the following day.

At the site visit, hospital personnel stated that restraints were not used in this incident, and that restraints are used only as a last resort. It was stated that the patient was in the dayroom, alone, and was observed rubbing her thumb (verses scratching it with her nails). It was stated that when the patient stated that a staff member had scratched her, the unit video was immediately reviewed and nothing was found to support the claim that a staff member had touched the patient. The HRA asked if the Department of Children and Family Services (DCFS) was contacted regarding the patient's claim that a staff member had scratched her. Hospital personnel stated that DCFS was not contacted for this claim. It was explained that if the patient had been a DCFS client, they would have been called. For all non-DCFS clients, the hospital will make a judgement call regarding DCFS notification. It was explained the patient was under constant supervision and no one was in the room with her when she made the claim.

The HRA toured the unit and observed the dayroom. The dayroom is surrounded by windows and from the hallway, the entire room is visible. Also observed was the telephone that is used for supervised calls. This phone is located in the nurses' station. When needed for supervised calls, the phone is placed on speaker and the patient stands in the hallway talking into the nurses' station window. When asked about privacy, it was started that the other patients would be in the dayroom.

The HRA discussed this allegation with the Psychiatrist, inquiring about the criteria for a communication restriction. He stated that communication would be restricted when it is known that an outside source (gang member, drug dealer) would be found to be harmful to the patient. He

said he did not think supervised calls constituted a restriction. But since he was not sure, he called the unit's nursing supervisor for clarification. The nursing supervisor advised him that supervised calls are considered a rights restriction and thus a physician's order and a Restriction of Rights (ROR) Notice would be completed. A review of the clinical record showed that physician orders were written to implement and discontinue the supervised calls, but no reason was given for the directive. A ROR was not located in the record. There is nothing in the chart to show that the patient made or received a telephone call(s) during this 24-hour period.

The hospital's Patient Rights and Organizational Ethics policy states that "If therapeutic indications necessitate restriction on visitation, telephone calls, mail, or other forms of communication, those restrictions are evaluated for their therapeutic effectiveness at least every 24 hours by the clinically responsible staff (physician and multidisciplinary treatment team)."

Conclusion

Pursuant to Section 2-112 of the Illinois Mental Health and Developmental Disabilities Code, "Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect." Based on the information obtained, the HRA found no evidence to support the claim that a patient was scratched by staff members during a restraint episode (since restraints were not used, this portion of the allegation is without merit). The allegation is unsubstantiated. The HRA takes this opportunity to remind administration of the Hospital Licensing Act (210 ILCS 85/9.6) which states that "No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital. Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this Section."

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section, 2-103, "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. 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." Section 2-201 of the Illinois Mental Health and Development Disabilities Code states that "(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian…"

The patient was placed on supervised communication per a physician's order. Based on the information obtained from hospital personnel, supervised communication means that the patient must talk on a speaker phone in a common public area. Although the restriction was not carried-out with this patient, the procedure does restrict a patient's right to private communication. Thus the reason for the restriction must be documented in both a physician's order and ROR Notices as mandated by the above noted Mental Health Code Sections.

Recommendation

The hospital must ensure that communication rights are restricted only to protect the patient or others from harm, harassment or intimidation and policy and documentation must indicate same. ROR Notices must be completed for all restrictions.

Allegation:

- Staff members did not protect the consumer after the consumer's roommate threatened physical harm

Findings

The clinical record contains two scenarios regarding the altercation between patient and her roommate. One entry states that the patient "was having a fight with another pt. as she was splitting up the room to keep her belongings in place. As pt. put the last of her things away, she called the other patient 'bitch' that prompted the other peer [other pt.] to pull her hair and slap her in the face." The patient was examined and given a pain reliever and an ice pack to her face; it was documented that the patient's mother was notified. The entry ends by saying the patients were placed on separate sides of the unit.

The second scenario documented that the patient appeared to be very restless during group activities. She was unable to work on group activities and she was unable to get along and work together with her peers. She got into arguments with her peers during group time and she was noted to be very disruptive. It was documented that the patient admitted to calling the other patient a bitch. And, as the patient "was gathering her belongings to switch rooms her roommate whom she had this verbal altercation with, pulled her hair and slapped her in the face."

At the site visit, staff members were not really sure about the sequence of events because no staff members witnessed the altercation. Hospital personnel did say that when roommates cannot get along, either in the room or out on the unit, they are separated.

Conclusion

Pursuant to Section 2-102(a) of the Illinois Mental Health and Developmental Disabilities Code, "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." Based on the information obtained, we found evidence that showed the patient and her roommate were in a verbal altercation – however it is unclear if this occurred prior to the patient entering the room or before. Nothing was in the record to indicate that the patient might have required protection from her roommate. Clearly a physical altercation occurred, but it is not concluded that this occurred because staff members failed to protect the patient. The allegation is unsubstantiated.

Allegation:

- The consumer was showing signs of medication side effects and this was not addressed in a timely manner.

Findings

Admission documents indicated that the patient was receiving Geodon, Prozac and Adderall. The initial treatment plan was to stop the Prozac, maximize the Geodon and consider alternative antidepressants if necessary. On October 18, 2015, nursing notes documented that the patient came to the nurses' station and complained of slurred speech, she reported her jaw felt numb and she was unable to swallow water. The physician was called and intramuscular medication was ordered for

EPS (extrapyramidal symptoms); it was documented that the guardian and nursing supervisor were notified. Medication was ordered for the EPS and was discontinued three days later. The following day it was documented that the patient was tired from the medication, but she did go off the unit for meals and she participated in therapy groups. On October 23rd, Seroquel 50 mg. was introduced. Four days later (October 27), it was documented that the patient had uncontrollable body and facial spasms; she was unable to sit in her chair and she was talking to herself. On this day, it was also documented that the patient was informed that she would not be discharged the following day because her medication needed adjusting. The physician documented that the patient needed to be assessed to determine if her fidgetiness was related to the Seroquel or if the fidgetiness was behavioral. On the 28th, the physician documented that the patient was observed in the morning and afternoon and she appeared to be less fidgety but she had been hyperactive and impulsive in groups despite the Adderall. It was documented that the possibility of Akathisia (movement disorder characterized by a feeling of inner restlessness and a compelling need to be in constant motion, as well as by actions such as rocking while standing or sitting, lifting the feet as if marching on the spot, and crossing and uncrossing the legs while sitting) was discussed with the mother. It was documented that they discussed a decrease in the Seroquel to rule out side effects. The medication dosage was then decreased from 50 to 25 mg. It was documented that if the fidgetiness continues, the Seroquel would be discontinued. The patient, as noted earlier, was discharged on October 30, per the mother's request. A review of Seroquel information lists twitching or uncontrollable movements of the eyes, lips, tongue, face, arms, or legs as possible side effects.

In discussing this allegation with the physician, he stated that side effects are sometimes a byproduct of taking medication. It was stated that some symptoms are obvious (unable to swallow) while others are not as obvious. He stated that especially in the adolescent population, medical personnel must assess all actions to determine its cause – whether it be medical or otherwise.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-107, "An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy."

On October 18th, the patient complained of symptoms that were identified as EPS; this was immediately addressed. Later in the hospitalization, the patient was showing signs that were not as readily identified as EPS, but nevertheless, medication was subsequently decreased. The HRA does not substantiate the allegation that medication side effects were not addressed in a timely manner.

RESPONSE

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

May 24, 2016

Guardianship & Advocacy Commission

North Suburban Regional Office

9511 Harrison Street, Room 335

Desplaines, IL 60016-1565

RE: HRA # 16-100-9009

Attention: Patricia Getchell

This communication is in response to the complaint mentioned above. We have informed our staff verbally about the procedures regarding "Supervised Phone Calls" and posted a memo on all units. Please let us know if there is anything else that we need to do.

Thank You

Patricia Chessier

630-837-900 ext. 4287

Memo

Streamwood Behavioral Healthcare System

Date: May 20, 2016

To: All Staff

From: AL B. TIU RN, BSN
Nurse Manager

Subject: Supervised Phone Calls

To provide maximum safety and privacy during supervised phone calls of patients and their families, a designated telephone by the nurses' station will be utilized and monitored by a qualified staff. During all supervised phone calls, the patient will be required to talk via speaker phone to ensure that both parties are speaking/behaving appropriately. A physician's order must be written and a Notice Regarding Rights of Recipients (ROR) form must be completed stating the specific reason for the supervised call. Patient's family or guardian will be notified via phone or mail.
After 24 hours, the order for the supervised phone call will be reviewed by the treatment team and a renewal order by the physician will be required to continue supervised phone call.