



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 17-030-9017

CHICAGO LAKESHORE HOSPITAL

Case Summary: The HRA did not substantiate the complaints that staff told a recipient it would be months before she would be discharged if she did not sign a voluntary application; that the recipient had to clean bodily fluids from the floor of her bathroom; and that many of the daily activity groups which are posted on the Unit are not held.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Chicago Lakeshore Hospital (Lakeshore). It was alleged that:

1. Hospital staff told a recipient it would be months before she would be discharged if she did not sign a voluntary application;
2. The recipient's roommate had medical problems which resulted in blood/feces being on the floor in their bathroom, and when the recipient asked staff to alert cleaning services, staff told her that the roommate would have to clean it herself. No one came and the recipient had to clean it herself;
3. The unit has a detailed chart showing daily activities however many of the groups are not held.

If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Lakeshore is a 101-bed private psychiatric hospital located in Chicago.

To review this complaint, the HRA conducted a site visit and interviewed the Manager of Clinical Services, the Chief Nursing Officer, the Administrative Director of Adult Services, and the Coordinator of Risk Management. The HRA obtained the recipient's record with written consent.

FINDINGS

The Lakeshore Facesheet indicates that the recipient was admitted on 11/16/16 at 9:00 a.m. The record includes an Application for Voluntary Admission completed on 11/17/16 at 12:00 p.m. It indicates that the recipient was informed of her rights and given a copy of them. The Intake Assessment, completed on 11/16/16 at 9:00 a.m. states, "pt. is a 20 yr old Caucasian female who was brought to the Ed by [ambulance] from [a local hospital] for Psychosis. Patient is alert and oriented x3 [person, place, and time] hypervocal and with pressured speech, presents with delusions, poor insight/judgement. Patient endorses occasional use of marijuana and ETOH [alcohol], last use was 11/15/16 at bedtime, denies any illicit drugs. Patient stated her friends called the ambulance for her because her brain wasn't working, no oxygen was going to her brain and they all saw her losing her mind. Denies any pain or discomfort, no signs of exposure to any infectious disease... Admission orders given by Dr. ..." The Conclusion states, "20 year old white female believes she has had a mental breakdown. Pt. presents extremely paranoid, believes someone is stealing her identity, can't trust anyone; people are laughing at her, doesn't trust medication she's been given. Pt. transferred from [local hospital]. Pt gave her alias that she goes by ... Pt had experienced recent trauma when the apartment she lived in experienced a fire and a roommate was found to be using drugs. Pt appears to be out of touch with reality. Pt reports no drug use and limited alcohol. Pt reported losing 20-30 lbs. in last month..." The recipient's Initial Psychiatric Evaluation, completed on 11/16/16, is also included and it only slightly expands on the Intake documents, except that it states, "... In the ED, the patient endorses that the hospital staff laughed at her face and calls [sic] her 'Faggot'. She needed chemical restraint due to agitation..."

The record indicates that the recipient remained hypervocal, with disorganized thoughts and pressured speech, and required medication for several anxiety attacks throughout her hospitalization. There is no indication from the record that she complained of being pressured to sign a voluntary application for admission or that she would be hospitalized longer if she did not, however several progress notes indicated that she was confused regarding her hospitalization. On 11/17/16 notes indicate that the recipient stated, "I'm here involuntarily and I need to be discharged." On 11/19/16 in a family session, the recipient expressed the opinion that she was able to care for herself even after her physician determined that she could not: "...Patient remains hypervocal with grandiosity and narcissistic tendencies. Patient believes that she has figured her entire illness out and has a complete understanding of what is going on in her brain. Patient continuously interrupted aunt and CCM when they tried to talk, reporting that she knew better than anyone. Patient remains focused on her legal rights and how they have been violated. Patient continues to call her 'lawyer' to discuss her rights, though this person is not her lawyer. Patient believes that she can discharge now and go stay with a friend. Aunt reports that friend is not willing to take patient because he does not think she is stable." Also, the record does not reflect a complaint from the recipient regarding the cleanliness of the unit.

Lakeshore representatives provided a schedule of groups and activities for the recipient's unit. Additionally, the recipient's Group Notes Form for Daily Process and Education were reviewed for group attendance. The record shows that during the recipient's hospitalization only one group was cancelled on 11/21/16, however the recipient refused six groups within that timeframe.

The recipient's Request for Discharge, signed 11/17/16 at 2:20 p.m. is included in the record. The recipient was discharged on 11/25/16 at 11:08 a.m., within the statutory timeframe allowing for the Thanksgiving holiday on 11/24.

Hospital Representatives' Response

Hospital representatives were interviewed about the complaint. They indicated that the staff in the Intake Unit are specifically directed not to tell patients how long their hospitalization might be. This is due to the uncertainty of the patient's response to treatment, medication, the court process or other factors that impact the patient's stay. To avoid misunderstandings, staff are forbidden to discuss length of stay at the onset of treatment. Staff also indicated that the patient signed consent for her treatment and medication and was apprised of all of her rights. All patients undergo a comprehensive Intake assessment (which may take a day to complete) and are offered an opportunity to sign in as a voluntary recipient, without any pressure to sign in voluntarily.

Hospital representatives were interviewed about the Unit's housekeeping policy and practice. They indicated that housekeeping services are always readily available and follow standard and universal precautions in accordance with all State regulations. They also reported that the hospital staff adhere to the policy that "Every employee works in housekeeping" to emphasize the part each staff person plays in keeping the Unit clean. Also, staff indicated that if there would be an emergency or an accidental spill of any kind, the nurse would respond immediately and call for assistance if need be.

Hospital representatives were interviewed about the Unit schedule of activities. They indicated that the recipient was housed on the Intensive Treatment Unit, which is the most acute unit with the possibility of the most disruptive activity throughout the day. However, staff were certain that all of the process, or clinical groups are held each day and are led by licensed, master degree- level staff. Community, or social groups, are led by Mental Health Workers, and these groups are not documented in the same way as the clinical groups (attendance is checked but there is no narrative regarding content or participation), however the hospital is currently working on a more formal and thorough documentation of all groups held on the Unit. Hospital representatives indicated that if the hospital issues an emergency Code White, Yellow or Blue, that staff may be pulled away from group to respond to the situation, however the scheduled groups would only be delayed or postponed, and not cancelled. Also, staff indicated that patients have the right to refuse group at any time, and again, this is documented in the progress notes. Staff acknowledged that alternatives to the group must be offered to patients who refuse to attend group.

STATUTES

The Mental Health and Developmental Disabilities Code states that: "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." (405 ILCS 5/2-102 a).

The Mental Health Code states, "Any person 16 or older 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 deems such person clinically suitable for admission as a voluntary recipient" (405 ILCS 5/3-400). "The application for admission as a voluntary recipient may be executed by: the person seeking admission, if 18 or older; or any interested person, 18 or older, at the request of the person seeking admission; or a minor, 16 or older.... The written application form shall contain in large, bold-faced type, a statement in simple nontechnical terms that the voluntary recipient may be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after giving a written notice of his desire to be discharged, unless within that time, a petition and 2 certificates are filed with the court asserting that the recipient is subject to involuntary admission. Upon admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to the recipient and to any parent, guardian, relative, attorney, or friend who accompanied the recipient to the facility." (5/3-401). Additionally, the Code states, "No physician, qualified examiner, or clinical psychologist shall state to any person that involuntary admission may result if such person does not voluntarily admit himself to a mental health facility unless a physician, qualified examiner, or clinical psychologist who has examined the person is prepared to execute a certificate under Section 3-602 and the person is advised that if he is admitted upon certification, he will be entitled to a court hearing with counsel appointed to represent him at which the State will have to prove that he is subject to involuntary admission (5/3-402)."

The Illinois Administrative Code, Title 77, Part 250, Section 250.1710 Housekeeping, states that "There shall be an organized housekeeping department under competent supervision... The number of supervisory and support personnel shall be related to the size and complexity of the facility and to the scope of the services provided... The entire facility, including but not limited to the floors, walls, windows, doors, ceilings, fixtures, equipment, and furnishings shall be maintained in good repair, clean and free of insects, rodents, and trash...."

HOSPITAL POLICY

Lakeshore provided its policy on Admissions. The policy states that the Intake Department will admit patients in accordance with the legal guidelines set forth in the Mental Health and Developmental Disabilities Code. It states that all Involuntary Admissions will provide a completed petition and certificate. For voluntary admissions, the policy indicates that the patient will sign consents for admission. The policy also indicates that "Patients shall be admitted under the care of a physician who shall be a member of the medical staff or has temporary privileges according to the medical staff bylaws. The patient's condition and provisional diagnosis shall be established on admission by the patient's physician.

Lakeshore provided the Policy and Procedure for Standard Universal Precautions (Policy #IC 17). It states, "It is the intent of this facility that: 1) all patient blood, body fluids, excretions,

and secretions other than sweat, whether or not they contain visible blood; non-intact skin; and mucus membranes will be considered potentially infectious and 2) Standard precautions will be used for all patients. Standard precautions are designed for care of all patients in the facility; both inpatient and outpatient, regardless of diagnosis or presumed infection status, to reduce the risk of transmission from both recognized and unrecognized sources of infection. Standard precautions combine the features of universal precautions and body substance isolation. Standard precautions apply to all patients regardless of their diagnosis or suspected infection status.”

Lakeshore provided its Housekeeping Cleaning Schedule (SM-17) and its Housekeeping Cleaning Procedures (SM 18). These policies indicate that there is a schedule to maintain the thoroughness and frequency of cleaning all areas of the hospital. In the event that an area requires more frequent or emergency cleaning, Environmental Services staff can be reached by radio at all times.

CONCLUSION

The record in this case does not indicate any pressure from the Intake staff for the recipient to sign a voluntary application for admission, nor does the Intake documentation reflect any displeasure on the part of the recipient with her admission. Additionally, the record does not support a complaint from the recipient regarding the cleanliness of her room and progress notes do not show that the recipient mentioned that she was forced to clean her own room. Finally, the record shows that only one of the scheduled daily process and education groups was cancelled while the recipient was hospitalized. It should be noted that attendance at community groups and social groups is not documented with a narrative regarding content and participation but only checked for attendance and the hospital indicated that they are in the process of revising this documentation. Additionally, groups that are refused by recipients will generate a more formal response in the future.

The HRA does not substantiate the complaints that staff told a recipient it would be months before she would be discharged if she did not sign a voluntary application; that the recipient had to clean bodily fluids from the floor of her bathroom; and that many of the daily activity groups which are posted on the Unit are not held.