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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 17-030-9022

CHICAGO LAKESHORE HOSPITAL

Case summary: The HRA did not substantiate the complaint that a recipient and his attorney were required to meet in the hallway of the psychiatric unit where their conversations could be overheard by other patients and staff.

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 a recipient and his attorney were required to meet in the hallway of the psychiatric unit where their conversations could be overheard by other patients and by staff.

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.

COMPLAINT SUMMARY

The complaint alleges that when the recipient met with his attorney they were told there was no room in which they could meet. They were forced to meet in the unit hallway where other patients and staff could hear their conversation. Allegedly, the attorney contacted the Patient Advocate and complained of the situation, and the Advocate indicated that she would address the matter, however the attorney never heard from her again. Allegedly, at times attorneys as well as independent examiners have had to meet in the Quiet Room, on an uncovered mattress, to visit with their client.

FINDINGS

The record shows that the recipient was admitted to Lakeshore on 1/30/17 and discharged 2/10/17. The recipient's Initial Psychiatric Evaluation and Treatment Plan is included in the record and it states, "The patient is a 53 year old male with paranoid schizophrenia who was transferred here from an outside hospital due to disorganization of thought process, delusional thought content, and violent behavior. The patient was brought to the ER by the police after he attacked the police officer. The patient struck the police. The patient was talking in a disorganized fashion about working for Donald Trump and being forced to kill people. He mentioned that he killed 150 people. He stated that the police were trying to keep him quiet. He has history of multiple hospitalizations in multiple states and chart information from [area hospital]. There is collateral information initially this patient did give [sic] verbal consent for them to contact his friend, ... , and then the patient retracted the consent and states they were able just ...[illegible] and not give any information about the patient. The friend reported that the patient would ramble about different topics and talking about ten commandments and not want the pastor's blood in his conscience, also talked about going to Iraq. He has never been in Iraq. The friend also told the hospital that the patient should be on medications, but identifies and knows when the patient is not taking the medication, because he starts behaving this way and in the ER the patient also stated that he was going from Michigan to DC, so he can work with Donald Trump. He also told that he was in jail and being told to shoot people and that he wanted to die. This patient resisted arrest from jail. He made comments about sexual remarks and prostitutes and child molestation. The patient was yelling and agitated in the ER. During my interview with this patient, he was clearly disorganized in his [thought] process, very paranoid, delusional, grandiose, presenting loosening of associations, disorganized speech, and tangential. He was talking about violence, aggression, and being misjudged. He raised his voice multiple times during the interview in rage and posturing. At one point, he hit the table with full force and extremely angry and threatening. The patient talks about religion and sexual content and also talks about being arrested, killing people, talking about people that are killed, and extremely unpredictable and violent during interview. He completely refuses to take any medications. He denies to respond that he has ever been diagnosed with any psychiatric illness. He does state that he has been in the hospital multiple times. He also states that he has been in jail. He denies any visual or auditory hallucinations. He denies depressive symptoms. He does not have any victim identified. He does state that he has a history of violence." The recipient's diagnosis is listed as Paranoid Schizophrenia.

Hospital Representatives' Response

Hospital representatives were interviewed about this complaint. All of the staff present for the site visit adamantly denied that an attorney would have to meet in a hallway or quiet room to visit with their client. They indicated that there is a dedicated room (419) on the recipient's unit in which to meet. Additionally, there is the Clinical Care Manager's room on the same floor and a number of administrative rooms on the first floor in which to meet. Also, if the attorney required a room and these were all occupied, the Nursing Manager, the Nursing Supervisor or the Administrator on Call could take them to another unit or secure a room for them. They indicated that all staff would know the process for getting a room in which to meet. Staff noted

that they would not allow attorneys to meet in the quiet room specifically because it might be needed and they could not risk having it occupied at that time. Hospital representatives pointed out that the Patient Advocate at the time of the complaint began a maternity leave shortly after the complaint was filed and remains away from the office. At her departure two interim patient advocates were chosen to cover for her and neither of these advocates recall a complaint regarding room availability

STATUTES

The Mental Health Code (405 ILCS 5/2-103) states, "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."

The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110 et seq.) states that, "All records and communications shall be confidential and shall not be disclosed except as provided in the Act." The Act defines "recipient" as "a person who is receiving or has received mental health or developmental disabilities services." The Act defines "Confidential communication" as any communication made by the recipient or other person to a therapist or to or in the presence of other persons during or in connection with providing mental health or developmental disability services to a recipient. Communication includes information which indicates that a person is a recipient. The Act adds, "Records and communications may be disclosed: ... (ii) when, and to the extent, a therapist, in his or her sole discretion, determines that disclosure is necessary to initiate or continue civil commitment or involuntary treatment proceedings.... (740 ILCS 110/11).

The Illinois Hospital Licensing Requirements (77 Ill. Admin. Code 250.2280 e) states, "The following additional requirements for psychiatric units in general hospitals and psychiatric hospitals shall be provided for patient care units: A) Adequate office space for psychiatrists, psychologists, nurses, social workers, and other professional staff, B) Conference room, day room and dining room. C) Patient's laundry room."

CONCLUSION

The record in this case describes a complicated and sometimes aggressive recipient whose history suggests perhaps he should not be interviewed in an isolated or locked room. Aside from this consideration there is no evidence in the record to support this complaint and both the provider and the complainant are adamant in their positions. Since this complaint cannot be substantiated, the HRA asks the provider to remind staff of the process for obtaining a room for attorneys and their clients should the need arise, and we ask that the complainant contact the nursing supervisor, nursing manager, or administrator on call if they are unable to readily secure an appropriate room. The HRA also suggests that the hospital's visitation policy address this matter as well.