
**FOR IMMEDIATE RELEASE**

HUMAN RIGHTS AUTHORITY-CHICAGO REGION

REPORT 17-030-9027
RIVEREDGE HOSPITAL

## INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Riveredge Hospital, a 210-bed psychiatric facility in Forest Park. Claims were made of an adult patient being given psychotropic medication in violation of the Code.

The rights of patients receiving services at Riveredge are protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The HRA visited the facility where representatives including those involved in this patient's care were interviewed. Hospital policies were reviewed as was the patient's medical record with proper authorization.

## COMPLAINT SUMMARY

It was said that the adult patient was given Zyprexa four times without his consent during his time in the hospital. He was reportedly given them without being harmful and without having a choice or opportunity to refuse.

## FINDINGS

Under the Mental Health Code,

*If the services include the administration of ... psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks and benefits of the treatment, as well as alternatives to the proposed treatment…. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the*

*treatment. …. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2-107 or 2-107.1….* (405 ILCS 5/2-102a-5).

*An adult recipient of services…must be informed of the recipient's right to refuse medication…. The recipient…shall be given the opportunity to refuse generally accepted mental health services…including but not limited to medication. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm and no less restrictive alternative is available.* (405 ILCs 5/2-107).

Records:

Exactly four administrations of Zyprexa were found in the patient's chart: on 5/10, 5/11 (2) and 5/12/2017, according the medication administration record. Orders were previously written for scheduled and PRN, or as needed, Zyprexa on 5/8 and the prescribing physician entered a consent verification in an electronic system. The electronic system did not signify whether the consent was informed, i.e., based on written drug education, or based on the patient's capacity to make a reasoned decision about the treatment. A medication consent form was entered on 5/12, showing verbal consent for the Zyprexa. The consent form signified that written education was provided and that the patient had decisional capacity, which was determined and signed by a registered nurse. There was no written capacity determination by the physician prior to the medication's administration and no restriction notices applied to his right to refuse medication in the record.

An oral Zyprexa PRN was given on 5/10 at 6:58 p.m. Psychiatry notes from that morning described the patient as suspicious and loud, refusing his Zyprexa. A nursing entry at 2:10 p.m. stated that the patient was isolating in his room and the next note at 10:45 p.m. observed his confusion and withdrawal, which was relieved after "meds was [sic] given for anxiousness". There were no other notations about the circumstances under which the medication was given.

On the following morning, 5/11, the psychiatrist wrote that the patient was hyperverbal, rambling and paranoid and referenced him taking Zyprexa the night before. He was given an oral dose of Zyprexa PRN at 12:35 p.m., and the corresponding nursing note stated that it was for potential harm to self or others. According to the note, which we asked the staff to decipher, the patient was combative and uncooperative with staff and the doctor. The note is so difficult to read that it is hard to determine whether he had a choice in taking the medication. The psychiatrist's note a day later referenced this event and wrote that the patient "needed PRN Zyprexa for agitation." The second administration on the 11th was a scheduled Zyprexa given by mouth at 7:32 p.m., and a nurse wrote that the patient had taken it but remained hyperverbal and delusional.

The same oral medication was given one final time on 5/12 at 7:51 a.m. The only documentation surrounding that time was a nursing assessment note from the morning shift that said the patient had been loud and verbally aggressive with a peer, although it is not clear whether that description related to the patient taking his PRN.

Interviews:

It was explained to us that a newer computerized medication system had been implemented at Riveredge that continues to be updated. It includes a way to track consent but was not intended to replace the paper form, and the physician in this case relied solely on the computer to verify his patient's consent. In general, they always get consent for psychotropics whether scheduled or PRN unless an emergency allows no time. A physician or registered nurse will talk to a patient about proposed medications, provide the teaching in writing and then ask for his consent and to sign the consent form. A verbal consent can be documented on the form as well. The physician said he tries to make capacity determinations himself but he and the other staff were unsure of where that was made in writing in the record at the time medications are proposed. The nursing director assured us that patients are always given an opportunity to refuse medications, scheduled or PRN, and agreed that there could have been better documentation in this record. If a patient is escalating and needs help to calm and he refuses medication, they will try less restrictive alternatives and redirections, which was done at all times with this patient.

CONCLUSION

Although whether the patient actually had a choice in getting the Zyprexa remains speculative from the HRA's view, even for oral doses, the chart contained no documented indication of struggles with him over the medications, there were no corresponding restriction notices for forced administrations, a number of other refusals and redirections were allowed and listed in the record, and, given the treatment staffs' insistence that he did have choices and opportunities to refuse, we have no evidence to say with fact that the four doses were given against the patient's will or for no adequate reason. However, there is no informed consent based on the patient's physician-determined capacity to provide it before the voluntary medication was started. And, while a physician's designee may share the required written drug information and verify it by signature on the consent form, a physician must complete the capacity determination part as required by the Code (405 ILCS 5/2-102a-5). The complaint that the patient was given psychotropic medication in violation of the Code is substantiated.

The staff at Riveredge already committed to remedy the computer/form discrepancy and address the capacity determination issue during our discussions, but the HRA is interested in the outcome and provides a couple recommendations:

RECOMMENDATIONS

-Revise the consent form to separate the capacity determination to exclusive physician attention.

-Be sure that informed consent policies include the physician-determined capacity statement before non-emergent medication administrations.

SUGGESTIONS

-Be sure to list any stated emergency treatment intervention preference on all respective treatment plans. (405 ILCS 5/2-102a; 2-200d).

**RESPONSE**

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

Riveredge Hospital

February 18, 2018

Ashley Casati, Chair
Human Rights Authority
Illinois Guardianship and Advocacy Commission
1200 S. 1st Ave. Box 7009
Hines, Illinois 60141-7009

Re: #17-050-9027

Dear Ms. Casati:

This letter is in response to the Human Rights Authority findings for the investigation identified above.

Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the alleged or conclusions set out in the Conclusion and Recommendation sections of the HRA Response Report. The Hospital submits this Plan of Correction in accordance with regulations and the Plan of Correction documents the actions taken by the hospital to address the cited deficiencies.

Recommendations:

1. Revise the consent form to separate the capacity determination to exclusive physician attention
    a. The Patient Consent for Psychotropic Medications form has been revised and submitted for approval to the Riveredge Executive Committee of the Medical Staff.

2. Revise policy to address physician-determined decisional capacity
    a. The Informed Consent policy has been revised and submitted for approval to the Riveredge Executive Committee of the Medical Staff.

Riveredge Hospital and their medical staff are concerned to hear of any potential quality issues and strive to provide the best and safest environment for our patients to receive care. We value the input from our patients and families and welcome feedback to improve our patient care.

Thank you for allowing us the opportunity to provide information regarding the actions taken in response to allegations related to care. Please feel free to contact me if you have any questions. I can be reached at (708)209-4185.

Sincerely,

Sheila M. Orr, JD, BSN, RN
Chief Compliance Officer
Riveredge Hospital