FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 17-050-9004
Andrew McFarland Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of potential rights violations at Andrew McFarland Mental Health Center in Springfield. Allegations are that a staff member's conduct was upsetting to a patient and his sister which impeded their visit, the patient's clothes are often urine soaked and the medical condition of his feet is lacking attention.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and Department of Human Services Rules (59 Ill. Admin. Code 112).

McFarland is a Department of Human Services hospital that cares for civil and forensic populations. Staff from the patient's unit and administration were interviewed, and relevant facility policies were reviewed as were records with authorization.

Complaints say that the patient's sister/guardian, recently stood outside the unit ringing the door's bell for at least twenty minutes. The employee (tech) who finally let her in yelled at her repeatedly to "stop with the buzzer, we're busy" and "don't push the buzzer, we're busy, this is nonsense". He was said to be furious and that his eyes were glaring, the patient meanwhile overheard it all which made him upset. The sister asked to see someone in charge to complain and was soon approached by another staff and a security guard who told her she had to move her car to another parking area. This further upset the patient and they were left with about thirty minutes to visit. It was also reported that the patient's clothes and feet were urine soaked when the visitor has seen him on multiple occasions. His feet are in poor condition with plantar warts and the facility does not provide adequate medical attention.

FINDINGS

According to the tech named in the complaint, it was more like two minutes or less that the sister waited outside while pushing on the bell. He recalled it was a Sunday around 2 p.m. and that there were three or four staff on duty. There were normal activities going on and nothing was making them unusually busy. He said the sister kept ringing the bell and when he

approached her he told her there was no need to keep doing it. He denied being furious or glaring at her. She brought in some bags which he wanted to inspect but she refused to open them and told him he could wand them on the outside, which is using a hand-held detector. He decided to leave it alone and opened the conference room for their visit. Asked about the patient's whereabouts and reactions in the meantime, the tech said the patient remained on the unit, behind a closed door until the conference room was opened which meant he would not have overheard what went on in the entry area where his visitor was greeted. He does not remember the patient being upset during or after the visit and was not involved in the parking dispute that followed. There were no witnesses except for another unidentified patient who played a guitar in the same area before he was asked to leave.

Administrators said they received an email from the lead nurse on the unit who met with the sister in the conference room along with security. The security person was there to ask her to move her car. She reported that the sister complained about being singled out on parking and was not happy with having to move. They showed us where she had parked, which was immediately in front of the unit, along a no parking curb/emergency route and adjacent to construction vehicles where pavement work was underway. They said she was not singled out and that no visitor would be permitted to park there. As to having no chart documentation on the situation, they believed it was not a major incident and that it was handled appropriately on the spot and needed no further attention. They also had no reports from unit staff on the patient reacting negatively or being upset, which, if that were the case, would likely have caused some documentation.

We met with the patient during our time at the facility. He was thrilled to hear that his sister had concerns about him but seemed to have no interest of the visit in question. His clothes and feet were dry and he did not smell of urine.

Regarding the next complaints, nursing staff explained that the patient struggles with incontinence and plantar warts, both of which are addressed in his treatment plan by toilet monitoring, skin breakdown prevention and podiatry care, in and outside the facility. They said the patient often waits to the last minute to use the bathroom and there has been a time or two when he urinated himself while his sister was visiting. It has been an ongoing problem and the staff typically tries to use prompting and encouragement to get him in the bathroom on time, but in September they reluctantly agreed with the patient's sister to have him wear Depends garments. Reluctantly because the staff believed their prompts were not failing, that the patient was capable of toileting on his own and that the garments would relieve that responsibility. He has worn them since but they continue to encourage and prompt him in the meantime, and he is checked every two hours for wet diapers, bedding or clothes and any potential skin breakdown. He uses an incontinence pad on his bed in addition to the Depends. The nurses were confident they are not neglecting the patient and his needs and confident that the unit staff are not allowing him to roam around in wet clothes or shoes. They also insisted that his physician continually monitors and adjusts his medication regime for any causes of the incontinence and closely watches the condition of his feet.

The patient has seen a podiatrist several times in the past year, the most recent in December 2016, according to the nursing staff. They always give the sister a heads up and

options to attend the appointments but so far she declines to go. Most of the care they provide in-house is with foot creams and ointments and they have taken him out for new shoe fittings at the sister's request and on the podiatrist's approval, all which can be verified in his record.

Related documentation from September through November 2016 was reviewed for support. The patient's treatment plan shows that he has been at McFarland since 2012 and that urinary incontinence and altered skin integrity (feet condition) were problems added in 2014. The most current comprehensive plan cites incontinence monitoring via two-hour staffing checks as well as the use of Depends as requested by his guardian. He is encouraged and prompted to ask for help with toileting under plan objectives. Nursing interventions for the incontinence include strong encouragement to use the bathroom, monitoring his hygiene for skin integrity and disinfecting personal items and washing bed linens. We were provided daily monitoring sheets from September through November wherein staff noted every two hours whether the patient was dry or wet (signifying diaper, sheets or clothes), asleep or awake, and whether helped in the toilet or changed as necessary and the time the observations or assistance were done. Every single day was thoroughly completed for the sample period. Numerous treatment notes and plan reviews throughout the same time referenced the staffs' constant encouragement and praise to the patient when he remained dry or used the bathroom appropriately or their assistance in helping him change and shower when he needed and there were continuing directives to keep it up. The most recent annual medical exam from 2016 identified incontinence as a periodic and chronic problem for which the physician continued Oxybutynin, which treats an overactive bladder. The medication was started a year earlier and has been given daily since according to order sheets.

The same medical report noted a decrease in the patient's plantar lesions since the previous exam and that he had seen a podiatrist a number of times. Calluses and warts to the feet; stable, were continued diagnoses and the plan was to schedule podiatric follow ups as needed. Orders included a variety of soothing ointment and creams to be applied daily along with several directives to schedule podiatry appointments. McFarland provided consultation reports from those appointments. The patient was taken to a podiatrist four times in the previous year: December 2015 and May, September and December 2016 where his nails and calluses were debrided per the reports. The podiatrist wrote an order at the May visit to have the patient fitted for supportive, "not too flexible" shoes. A shopping authorization form and a receipt for shoes from a specialty shoe store showed that that was carried out in July.

CONCLUSION

McFarland policy (#TS620) states that visits are encouraged to promote recovery while maintaining safety and security. It is also established that employees are to conduct themselves in a responsible, professional manner refraining from conduct that could adversely affect the confidence of the public (#PER506).

The Mental Health Code stipulates that visits are to be unimpeded, private and uncensored absent the need to prevent harm and that all care is to be adequate and humane (405 ILCS 5/2-103; 2-102a).

The HRA's concern in the first complaint in addition to how visitors are treated is whether the patient's emotions and time with his sister were adversely affected by the employee's alleged conduct. Two minutes versus twenty at the door is quite a gap and while the visitor's claim is not discredited, it remains in dispute between one person's word and the other's. The tech denied taking attitude toward the visitor and without a witness that is disputed as well. It is also routine practice not to retrieve patients from a secured unit until visitors and their bags are checked and meeting space is ready so there is some credibility that the patient could not overhear the exchange. And again, while it is possible that the patient and his visitor were offended by the lead nurse and security approaching them, there is no evidence of emotional harm to the patient or that his visit was intentionally impeded. A violation of the patient's rights is unsubstantiated.

McFarland Treatment Plan Requirements (#TS101) call for a medical component that details active high or low conditions or problems, the high end being addressed with goals and interventions. Clinical nurse managers and medical physicians are responsible for overseeing identified problems and revising or updating that part of the treatment plan as needed. Nursing policies (#NUR200) state that they are to prioritize care to assure patient needs are met.

Under the Mental Health Code, a recipient shall be free from neglect, which is the failure to provide adequate medical or personal care and maintenance which results in the deterioration of his condition. He is provided adequate and humane care pursuant to an individual services plan, which is formulated and periodically reviewed with the participation of any substitute decision maker. The plan must include the recipient's treatment needs and recommendations for treatment and be reviewed no less than every thirty days (405 ILCS 5/2-112; 1-117.1; 2-102a; 5/3-209). Department Rules state that each person admitted shall have a thorough physical examination on an annual basis. It shall include an evaluation of the recipient's condition, diagnoses and plan for medical treatment and care (59 Ill. Admin. Code 112.30 a, 1, A).

The second complaint questions the care provided to the patient for incontinence and the condition of his feet, and each is being addressed in his treatment plan; it is formulated with input from his guardian and includes a medical component. The patient is verbally encouraged and prompted to use the bathroom and he is supplied with assistive garments and bedding on a daily basis, and, he is checked for wet clothes and appropriate hygiene every two hours in addition to getting prescribed medication to combat the incontinence. Nursing and medical staff monitor his feet routinely, apply ointments as prescribed and ensure he is seen for nail and wart debridement regularly. Based on the nursing staffs' statements and considerable supportive documentation, the patient's right to be free from neglect and to receive adequate and humane care pursuant to an individual plan is not being violated. The complaint is not substantiated.

COMMENT

Any patient/visitor situation that generates an email to administration ought to be documented.