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HUMAN RIGHTS HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 17-050-9013 PASSAVANT AREA HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) conducted a review into patient care at Passavant Area Hospital in Jacksonville after receiving complaints that the hospital does not have adequate abuse reporting policies or procedures, a substantiation of which would violate patient protections under the Hospital Licensing Act (210 ILCS 85/9.6).

A Memorial Health System affiliate, Passavant is a 131-bed facility that includes a newer 10-bed psychiatric unit. The HRA met with administration and legal representatives and discussed their relevant policies and procedures.

This review centers on alleged patient abuse within a hospital and the reporting requirements that follow, not on suspected abuse of those coming into the hospital, under the Elder Abuse and Reporting or Abused and Neglected Child Reporting Acts, for example.

<u>FINDINGS</u>

Staff described the Safety Event Notification System for Organizational Reliability or the SENSOR, an electronic program where they enter all complaints or incidents that are tracked and ultimately make their way to top officials for assured resolution. There are various types of complaints that may include patient safety, safety conditions and unusual incidents or outcomes. Patient abuse of any kind would be considered a grievance to be entered, tracked and resolved via the SENSOR. Department heads are typically responsible for investigating since they are not engaged in direct treatment and training on detecting abuse is completed upon hire and repeated annually for all employees through computer-based learning (CBL) programs.

The hospital adopted a newer, abuse/neglect-specific policy this year, one that clearly states a process for alerting management of potential situations. That policy along with samples of CBL training were provided to the HRA.

The new policy states that all grievances of abuse, neglect, harm, harassment or violation of a patient's rights will be reported and investigated and that the patient environment is to be free from each of these. An employee immediately reports his concern to a manager, supervisor or director and enters the information into the SENSOR. An on-call administrator is notified right away and will oversee the investigation. Patients and families who cannot access the SENSOR may reach managers, etc. as well or the patient representative. Any suspected aggressor is to be removed from patient contact until the investigation's conclusion. Department managers will conduct investigations, covering all information in detail through interviews and written statements. Anonymous reports will be investigated and all grievances and investigations are to be reported to a strategic leadership team. A template to guide the investigator is attached to the policy. It identifies the specific type of complaint, abuse, harassment, etc., the circumstances, injury, and persons involved or with knowledge of the situation. The template ends with a checklist to signify whether a SENSOR entry was done, the alleged aggressor was removed and a thorough investigation was finished within 14 days.

We reviewed the training CBL, classified under Annual Safety Education, that covers abuse and neglect, provides different scenarios on how to interact with suspected patient victims and then instructs on when and how to report according to hospital procedures.

CONCLUSION

Major points of the Hospital Licensing Act (210 ILCS 85/9.6) under the facility's responsibility include:

• No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital. (9.6 a).

This is achieved in the new policy's stated purpose.

• 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 notify or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department [of Public Health] as required by this Section. (9.6 b).

Upon receiving a report under subsection (b) of this Section, the hospital shall submit the report to the Department within 24 hours of obtaining such report. (9.6 d).

This is partly achieved by the new policy's directive to immediately report to an administrator but failed by not reporting a reasonable cause to believe a patient has been abused to the Department within 24 hours.

• Upon receiving a report under this Section, the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and may include...removing suspected violators from further patient contact during the hospital's internal review. (9.6 e).

This is achieved in the new policy's directive to immediately begin investigating and by removing any suspected aggressor from patient contact until the investigation is concluded.

• All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings must be documented and filed according to hospital procedures.... (9.6 f).

This is achieved by the policy's call for department heads, who, as stated by the Passavant team, are not involved in the alleged victim's treatment.

• No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage good faith reporting of patient abuse under this Section. (9.6 j).

This is achieved by adoption of a new policy specific to patient abuse that mandates employee reporting.

• Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter. (9.6 k).

This is achieved according to the CBL materials provided as Passavant employees are trained in the detection and reporting of abuse annually, which is stricter than the Act.

Each hospital requirement from the Act seems to check off except that nothing in the recently adopted policy, or any other hospital SENSOR related policy, directs a report to be made to the Illinois Department of Public Health. In fact, the investigation template allows a 14-day investigation completion time for all complaints, which in some cases would grossly exceed the twenty-four-hour reporting requirement. If an employee were to witness abuse and alert the designee, they have more than a reasonable cause to suspect patient abuse, which must be reported to the Department within 24 hours. The template is a misleading and inaccurate tool. This was raised with the System attorney who said that all administrators in their hospitals just know to do this and that in recent interactions the Department had no concerns with their polices, so the System has no concerns either. Although there is no violation of the Act, which does not require a written policy, the HRA implores Passavant and the Health System to reconsider its practice and intentions.

SUGGESTIONS

In the spirit of responsible patient care, the hospital is encouraged to make sure to follow the law and add it the 24-hour rule to policy.

It was said that department directors will investigate abuse grievances as they are not considered in direct care for patient treatment. This is questionable and a potential Act violation as directors are typically well involved in any patient milieu, especially on a psychiatric unit where s/he is responsible for approving capacity for admission and reviewing restraint/seclusion use and any rights restrictions. Passavant should designate an administrator apart from program departments.

Newer policy (9000-110) should refer to and define mental abuse/injury, particularly now t	hat
he hospital has a psychiatric unit. Abuse means any physical or mental injury or sexual about	use
ntentionally inflicted on a patient by a hospital employee, agent or medical staff. (9.6 t).	