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HUMAN RIGHTS AUTHORITY-PEORIA REGION

REPORT 17-090-9010
UnityPoint Health – Methodist/Proctor

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Methodist/Proctor in Peoria. It was alleged that a mental health patient in the emergency department was administered involuntary psychotropic medication for no valid reason.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The hospital's emergency department sees about four hundred mental health patients per month, primarily within a special behavioral health section where they await disposition. There is an overflow room in the general emergency area where they are first triaged. Also referred to as the safe room, it contains no hazardous equipment or objects. The hospital has a sixty-seven-bed inpatient unit. The HRA visited the facility where representatives including those involved in this patient's care were interviewed. His medical record was reviewed with proper authorization.

FINDINGS

The record revealed two potentially related injections during the patient's stay, January 29-30, 2017.

First injection:

The patient was in the safe room for about an hour after arrival when he was given a Zyprexa injection in the arm. Surrounding entries described him as being labile and agitated. He refused to get into a gown, had disorganized thoughts and yelled at the staff when they tried to help him; security was on standby. Other than notations of bizarre statements and delusions,

there was no other related documentation and he was soon taken to a room in the adjacent behavioral health section.

The nurse who gave the injection remembered the patient and the situation. Asked if there was a need to prevent serious and imminent physical harm, she did not recall it that way. She said he was making such off the wall statements and was so agitated. The physician thought the medication would help him relax, and the patient never struggled or even objected when she approached him and explained the medication and purpose.

Second injection:

According to the record, the second injection came in the behavioral section just after the patient was let out of seclusion. Notes prefacing the incident described how the patient leaned over the nurses' desk and got in their faces. That was at 2:58 p.m.; an order for a Haldol injection was placed at 3:04; he was let out of seclusion at 3:19: "Patient is able to be verbally redirected at this time.", and the injection was given at 3:20 p.m. when the situation was over. No other medications were given through discharge the next morning, and except for details of common mental illness symptoms, there was no additional documentation related to a behavioral emergency.

The nurse who gave the injection remembered the patient and this situation as well. He said that the medication was given after release from seclusion not to prevent an emergency but to help the man relax, which the physician intended since he had been quite verbally aggressive. He said that at first the patient was apprehensive when approached with the shot but agreed to it once he explained what the medication was and how it would help him. As in the first incident, there was no struggle or objection from the patient.

CONCLUSION

Methodist/Proctor's emergency department has general consent/refusal policies and behavioral-specific restraint and safety policies but nothing related to psychotropic medication use.

Under the Mental Health Code, psychotropics may be administered based on a patient's capacity to give informed consent and may only be given if he refuses to prevent serious and imminent physical harm and no less restrictive alternative is available. (405 ILCS 5/2-102a-5 and 5/2-107).

At question is whether the patient was given involuntary doses when there was no need pursuant to the Code's standard. Nothing in the documentation pointed to treatment with a psychotropic for anything other than symptoms of psychosis and agitation in the first instance and the need to prevent imminent physical harm was contained by seclusion in the second. Nurses involved in both denied there was any need to force the injections and said the patient agreed to them. Based on the documentation and statements, the complaint is not substantiated.

COMMENT

It is troubling to find an emergency department that sees four hundred mental health patients per month without a formal psychotropic medication policy, whether for the general or behavioral sides. An example of how one would improve care and protect the hospital and patients at the same time is the fact that this patient was given voluntary psychotropic medication without *informed* consent. Both nurses said that they routinely explain the medications but never provide written information, nor is a patient's decisional capacity determined when the medications are proposed. General consent to treatment forms in the emergency department do not cover the Code's unique consent requirements and the hospital should have a policy in place to direct the staff when treatment is provided under the Code.