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North Suburban Human Rights Authority  
Report of Findings  
Advocate Good Samaritan Hospital  
HRA #17-100-9008

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Advocate Good Samaritan Hospital. The complaint alleged that a patient was threatened with restraints, she was not provided with the prescribed medications and staff members breached confidentiality by discussing the patient in a public area.

The rights of mental health patients receiving services at Advocate Good Samaritan Hospital are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5), the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) and the Medical Patient Rights Act (410 ILCS 50).

To pursue this investigation, the HRA interviewed hospital personnel. The HRA reviewed the patient's clinical record with written consent. Also reviewed were hospital policies relevant to the allegations.

### **Background**

According to its web-site, Good Samaritan/Advocate Health Care provides addiction services, adult services and out-patient services. The focus of this investigation is the adult services program. The multidisciplinary teams offer assistance to patients with depression, schizophrenia, bipolar, anxiety, other psychiatric diagnoses and dual diagnosis.

### **Findings**

It was reported that the patient is autistic and that staff members called everything she did a "behavior" that needed correction. The patient was allegedly threatened with restraints and this led to hyperventilating. It was reported that she was then scolded for this "behavior". It was reported that the patient was given medication for seizures but that she was not allowed to have any anxiety medication. Lastly, it was reported that the patient was at the end of a hallway and could hear staff members "gossiping" about her. The patient then yelled to the staff that she could hear them – staff members replied that they were just talking about how to best help her.

According to clinical documentation, the 30-year-old patient presented to the Emergency Department with complaints of suicidal ideation; she was admitted on January 27, 2016 and discharged January 30, 2016. Medical history included: autism spectrum disorder, anxiety, PTSP (post-traumatic stress disorder), and a previous history of bipolar disorder.

Regarding the allegation that the patient was threatened with restraints, on January 28<sup>th</sup>, 2016, a review of the 15-minute Precaution Monitoring Sheet showed a brief fifteen period on the 28<sup>th</sup> that she was noted to be agitated and tense. However, nothing further was documented to show that any behavior intervention was needed. At the site visit, hospital personnel stated that a patient would not be threatened with restraints. However, should restraints be necessary, the patient is advised that the intervention might be needed and the patient would be taken to an area adjacent to the unit that is used for patients to gain control.

A review of the clinical record showed the patient had the following medication orders: albuterol-as needed to treat asthma; clonazepam-as needed to treat anxiety; hyoscyamine- as needed to treat spasms; levothyroxine- every morning at 6:00 a.m. to treat hypothyroidism; montelukast-every evening to treat asthma; pantoprazole-twice daily before 6:00 a.m.-4:00 p.m. as a stomach acid reducer; and Seroquel-three times a day to treat sleep/anxiety; Topamax –twice daily to treat seizures. According to the Medication Administration Record (MAR), the patient did not need the albuterol or the hyoscyamine during the hospitalization. She refused the Seroquel and once took the clonazepam on the 28<sup>th</sup>; all other medications were given as ordered. At the site visit, the nurse was unsure how to address the allegation. The patient had medication orders and the medication was given as ordered; when medication was refused, the refusal was honored.

In discussing the confidentiality allegation, staff members were very adamant that conversations do not take place within hearing range of others. It was stated that when at the nurses' station, they point to a document that would have the patient's name on it, so that the name is not said out-loud. It was stated that all staff members are very aware of and conscientious about confidentiality matters. It was offered that confidentiality is addressed at the time of employee orientation and on an annual basis.

A review of the hospital's The Rights and Responsibilities of Advocate Health Care Hospital Patients policy states that the patient has the right to be free from any form of restraint or seclusion that is not medically necessary or is it used as a means of coercion, discipline, convenience, or retaliation by staff. Restraints and seclusion are to be used only to improve the patient's well-being or protect the patient from harm, and only when the patient or family has been informed. This policy also states that the patient has the right to personal privacy and to be assured that medical and personal information will be handled in a confidential manner. And an additional policy reviewed, the Patient & Associate Information Confidentiality policy, states that all associates have a responsibility, during and after employment by Advocate Health Care, to Advocate, its patients, associates, and customers to not wrongfully use and/or disclose confidential information.

## **Conclusion**

Pursuant to Section 2-108 of the Illinois Mental Health Code, "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff." The HRA found nothing to support the claim that the patient was threatened with restraints; the allegation is unsubstantiated.

Pursuant to Section 2-102 of the Illinois Mental Health Code, "If the services include the administration of electroconvulsive therapy or 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, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. The physician or the physician's designee shall provide to the recipient's substitute decision maker, if any, the same written information that is required to be presented to the recipient in writing." Pursuant to the Medical Patient Rights Act (410 ILCS 50/) Section 3, "The following rights are hereby established: (a) The right of each

patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law...”

Medications were ordered and given as prescribed; the allegation that the patient was not provided with the prescribed medications is unsubstantiated.

Pursuant to the Illinois Mental Health and Developmental Disabilities Confidentiality Act Section 3, “All records and communications shall be confidential and shall not be disclosed except as provided in this Act. Unless otherwise expressly provided for in this Act, records and communications made or created in the course of providing mental health or developmental disabilities services shall be protected from disclosure regardless of whether the records and communications are made or created in the course of a therapeutic relationship.” The HRA found nothing to support the claim that patient’s confidentiality was breached; the allegation is unsubstantiated.