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**FOR IMMEDIATE RELEASE**

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North Suburban Human Rights Authority  
Report of Findings  
Vista Health System  
HRA #17-100-9010

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Vista Health System. In September 2016, the HRA notified Vista Health System of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaints alleged the following:

1. Patients are not properly monitored during transports to areas outside of the behavioral health program.
2. Inadequate patient safety. For example, pictures on the walls are secured with nails, patients use non-plastic silverware.
3. The program is not adequately staffed. For example, newly admitted patients are not assessed; psychiatric evaluations are not completed within the mandated timeframe- this results in paperwork being back-dated.
4. A patient was physically restrained for reasons other than to prevent harm to the patient or others.
5. One-to-one sitters are not trained.
6. There is no structured programming- patients watch television and color.
7. Clinical records are not maintained in a secure location.
8. Intake personnel are not certified.
9. There is mold/mildew on the units.
10. Outpatient behavioral health patients receive services with the patients receiving services in the in-patient locked units.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5), the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), and the Illinois Administrative Code (77 Ill. Admin. Code 250).

The HRA was not provided with specific patient information, therefore the investigation focused on provider policy and practice. Upon receipt and review of the requested policies, a site visit was conducted at which time the allegations were discussed with hospital personnel.

The HRA acknowledges the full cooperation of hospital personnel.

Background

According to its web-site, Vista Health System is a community healthcare provider that that includes two hospitals in Waukegan, Vista Medical Center East and Vista Medical Center West. The health system also has several locations for imaging, patient therapy and physician practices. Vista Health System's Behavioral Health Department (located at the Vista Health West site) offers

comprehensive programs for adults, adolescents, children and families. After an initial evaluation, an individualized treatment plan is developed that may involve intensive outpatient care, inpatient care or partial hospitalization. The Department includes a team of psychiatrists, psychologists, licensed therapists, nurses and support staff that create an atmosphere of encouragement and help patients heal. The adult program is a 26-bed unit which services adults from the ages of 18-90+. The Child/Adolescent is a 16-bed unit; the child wing contains 6 beds and the adolescent wing contains 10 beds.

**Allegation #1: Patients are not properly monitored during transports to areas outside of the behavioral health program.**

**Findings**

In response to the request for a hospital policy that would address the supervision/monitoring of behavioral health patients needing off-unit services, the hospital provided a policy titled Escorting and Transporting Patients. The policy states (in part) that patients will be accompanied by an appropriate person, if necessary, when being transported between hospital departments. Upon completion of procedure, patient is to be returned to his/her patient care area and the RN will be informed that the patient has returned.

At the site visit it was stated that when a mental health patient needs off unit services, the patient is escorted by either a mental health technician or an RN from the behavioral health program. It was stated that to ensure the safety of all involved, only behavioral health staff members are used as off-unit escorts. When asked if there had been any incidents of a patient not being properly supervised while off-unit, it was stated that they had not had any incidents.

**Conclusion**

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). It was alleged that patient rights are being violated because patients are not properly monitored during transports to areas outside of the behavioral health program. According to hospital personnel, measures are in place to ensure the safety of all involved when an escort off-unit is needed. It is concluded that patient rights are not being violated.

The hospital has a policy in place that addresses escorting and transporting patients for, what seems to be, patients in the medical setting. It is suggested that the hospital develop a policy that would address the same for patients in the behavioral health program.

**Allegation #2: Inadequate patient safety. For example, pictures on the walls are secured with nails, patients use non-plastic silverware.**

**Findings**

During the site visit, the HRA toured an adult unit and noted that all pictures were affixed to the walls by screws and could not be removed manually. Also observed were the eating utensils which are plastic. The staff member conducting the tour stated that all silverware is counted both before and after each meal and that plastic knives are not provided.

**Conclusion**

The Illinois Administrative Code (77 Ill. Admin. 250.1980) states that hospital grounds and hospital buildings shall be “in a clean condition free of safety hazards.”

It was alleged that patient rights are being violated due to inadequate patient safety. The pictures on the walls were not able to be removed manually and patient eating utensils are plastic; based on this information obtained, it is concluded that patient rights are not being violated.

**Allegation #3: The program is not adequately staffed. For example, newly admitted patients are not assessed; psychiatric evaluations are not completed within the mandated timeframe-this results in paperwork being back-dated.**

**Findings**

At the site visit, it was stated that the program has two psychiatrists on staff at all times and that there are on-call psychiatrists. It was stated that no one can be admitted to the program without an assessment and a physician's order. The Director of the program (for both the adult and child/adolescent programs) periodically reviews the clinical records to ensure that documents are completed as mandated.

The hospital's Staffing policy states (in part) that staffing level and assignments are based on many factors, including staff qualifications, the physical design of the units, the diagnostic mix of the patients, the number of patients with co-occurring conditions, acuity levels, and the age and developmental functioning of the patients. Staffing levels are set to minimize circumstances that contribute to restraint or seclusion use and to maximize safety when restraint and seclusion are used. There will be at least two (2) staff members on the unit at all times when patients are present, one of which is a clinical personal trained in CPR (Cardiopulmonary resuscitation) and first aid.

**Conclusion**

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 3-205, "When any person is first presented for admission to a mental health facility under Chapter III of this Code, within 72 hours thereafter, excluding Saturdays, Sundays, and holidays, the facility shall provide or arrange for a comprehensive physical examination, mental examination, and social investigation of that person. The examinations and social investigation shall be used to determine whether some program other than hospitalization will meet the needs of the person, with preference being given to care or treatment that will enable the person to return to his or her own home or community."

Pursuant to the Illinois Administrative Code Section 250.910, "The hospital shall provide an organized nursing service. The hospital shall maintain a staff of nursing personnel organized to provide the nursing care for its patients commensurate with the size, scope and nature of the hospital."

To protect patient rights, the hospital has a policy in place to address staffing levels and the program Director reviews clinical records to ensure documentation compliance. Based on available evidence, the allegation is not substantiated.

**Allegation #4: A patient was physically restrained for reasons other than to prevent harm to the patient or others.**

**Findings**

At the site visit, it was stated that each employee receives CPI (Crisis Prevention Institute is an international training organization that specializes in the safe management of disruptive and assaultive behavior) training provided by certified CPI trainers. The program does not utilize restraints often, and that each incident is reviewed with hospital personnel to ensure Mental Health Code mandates. It was offered that restraints are only used to prevent the patient from harm to self and or others. At the site visit, the HRA received the restraint data for January – September 2016. For the first quarter there were no restraint events for the either the adult or adolescent program; for the second quarter there were two adult events and one adolescent restraint event; for the third quarter there were five adult restraint events and no adolescent restraint events.

The hospital's Restraint and Seclusion policy states (in part) that restraint will be used in a manner designed to preserve patient rights, dignity, self-respect and well-being; restraint will not be used as a means of coercion, discipline, convenience or retaliation by staff; restraint will only be

initiated to ensure the immediate physical safety of the patient, staff or others and will be discontinued at the earliest possible time, regardless of the order's length of time; only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff and others, and be the type and technique that is the least restrictive intervention.

### **Conclusion**

The Mental Health Code (405 ILCS 5/2-108) mandates that 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.

To protect patient rights, the hospital trains all employees in the safe management of disruptive and assaultive behavior. The hospital has a policy in place that addresses the criteria for the use of restraint. Based on the available information, the allegation is not substantiated.

### **Allegation #5: One-to-one sitters are not trained.**

#### **Findings**

At the site visit, it was explained that sitters would be pulled from the Visits East site (the medical site) when necessary. Each sitter receives CPI training upon initial employment. When asked if the sitters mind being pulled to the behavioral health program, it was stated that surprisingly – many prefer this program and are very comfortable monitoring and providing services to the patients.

The hospital provided the HRA with the training modules pertaining to the orientation of Float/Agency staff. The training materials included a copy of the hospital competency assessment/verification and educational procedures; unit safety, every 15 minute observations; unit orientation guidelines, etc. The policy indicates that when on a 1:1 observation, the staff member must be within arm's reach at all times and are responsible for completing and documenting observation checks to assure safety and medical stability. Safety checks include ensuring status (awake, sleeping, pacing, etc.) and location (dining room, group room, bedroom, etc.). Checks of patients who are sleeping includes at least: assessment of medical stability and breathing within normal limits. The training module includes checklists that shows that a RN/LPN has observed and/or discussed when the skill/procedure is completed.

#### **Conclusion**

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). To protect patient rights, the hospital trains all employees in the safe management of disruptive and assaultive behavioral. The allegation is not substantiated.

### **Allegation #6: There is no structured programming- patients watch television and color.**

#### **Findings**

At the site visit, it was stated that this is simply not an accurate statement. Each program has a daily schedule that is posted on the unit and is given to each patient. All patients are expected and encouraged to attend programs throughout the day. While touring the adult unit, the HRA noted that a group was in process. We did not observe any patients that were just sitting idly.

The hospital provided the HRA with a copy of both the adult and adolescent daily schedules that shows programming throughout the day and evening hours. Programming begins at 9:00 a.m. and ends at 9:00 p.m. The following groups were noted on the schedule: process group, community group, exercise group, health and wellness, coping skills, art therapy, spirituality, etc.

#### **Conclusion**

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). To protect patient rights, the hospital has measures in place to ensure that patients are provided with structured programming. The allegation is not substantiated.

**Allegation #7: Clinical records are not maintained in a secure location.**

**Findings**

At the site visit, it was stated that about three years ago, the records became computerized. Thus, there is a very limited paper record maintained on the unit; the HRA observed these records at the nurses' station. It was offered that the 1:1 monitoring charts are completed by hand and would be kept on the unit, but that the majority of other data is entered via the computer. Staff members are not to take any hard-copy record off the unit. While touring the unit, the HRA was shown the computers used to enter the data. We observed both the computer being used and a staff member charting data on a clipboard.

The Medical Records Security policy states that medical records must be maintained in a secure and confidential manner. The facility HIM (Health Information Management) Director, Practice Manager or other individual with PHI (Protected Health Information) maintenance responsibilities will be responsible for the security, storage and maintenance of medical records (including paper) and/or individual patient reports against loss, defacement, tampering, and unauthorized access. The policy further states that removing records from the building/setting for purposes other than those stated below (in response to a subpoena or court order) will result in immediate disciplinary action.

**Conclusion**

HIPAA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals and other health care providers. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.

Pursuant to the Illinois Administrative Code Section 250.1510, "Medical records shall be stored safely. Medical records shall be handled so as to assure safety from water seepage or fire damage and are to be safeguarded from unauthorized use."

To protect patient rights, the hospital has measures in place to ensure that patient records are maintained in a secure location. The allegation is not substantiated.

**Allegation #8: Intake personnel are not certified.**

**Findings**

At the site visit it was explained that a Crisis Clinician (Intake worker) responds to inquiry calls regarding services and provides appropriate information and referrals. This employee oversees the admission process including the appropriateness of the admission, completion of all required paperwork, pre-certifications and benefit verifications and coordination of the Physician, Social Worker, Utilization Coordinator and treatment team. The Clinician must maintain all data/records regarding the intake and admission process. It was stated that an employee would not be hired if he/she did not meet the specific job educational requirements.

The hospital provided the HRA with the job description for a Crisis Clinician that describes the education qualification requirements.

**Conclusion**

The Illinois Administrative Code (77 Ill. Admin. 250.430) states that employees shall not be assigned duties which exceed their education training, experience, and qualifications.

To protect patient rights, the hospital has educational qualification requirements for employment. The allegation is not substantiated.

**Allegation #9: There is mold/mildew on the units.**

**Findings**

While touring the unit, the HRA noted what appeared to be mold in the bathroom. The Director conducting the tour noted that it was hard to keep the area clean.

**Conclusion**

The Illinois Administrative Code (77 Ill. Admin. 250.1710) states that the entire facility, including but not limited to the floors, walls, windows, doors, ceiling, fixtures, equipment and furnishings, shall be maintained in good repair, clean and free of insects, rodents and trash.

It is concluded that there is what appears to be mold in the bathroom that was observed by the HRA; thus the allegation is substantiated. It is recommended that the hospital take measures to ensure that all bathrooms are free from mold and mildew.

**Allegation #10: Outpatient behavioral health patients receive services with the patients receiving services in the in-patient locked units.**

**Findings**

At the site visit, it was stated that the hospital does provide outpatient services, but that the programming does not take place on the in-patient units. The HRA observed the area where the outpatient clients have programming. It is adjacent to the unit inpatient unit, but not on the unit.

**Conclusion**

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). To protect patient rights, the hospital does not program the outpatient clients in the locked inpatient area. The allegation is not substantiated.

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## **RESPONSE**

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

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March 14, 2017  
IGAC  
Patricia Getchell  
9511 Harrison Ave  
W-335  
Des Plaines, IL. 60016-1565

RE: HRA # 17-100-9010

Dear Ms. Getchell,

This is in regards to the report received in February from IGCA. Below are Vista Health Systems actions in response to the allegations.

In relation to allegation #1: Patients are not properly monitored during transports to areas outside of the Behavioral Health Unit – we have a written policy for transportation of patients. We have created a policy specifically for the Behavioral Health Unit. Please see enclosed policy.

In relation to allegation # 9: There is mold/ mildew on the units- we have included a policy regarding the cleaning of bathrooms and showers. In addition, the showers and bathrooms have been thoroughly cleansed and sanitized on a daily basis.

Please contact me if anything further is required.

Thank you,

A handwritten signature in black ink that reads "Victoria Craig". The signature is fluid and cursive.

Victoria Craig, Quality Manager, Vista Health System  
847-360-4150 victoria\_craig@quorumhealth.com



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**Policy Title: Transport Behavioral Health patients within the Hospital**

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**Audience: Behavioral Health employees**

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**I. PURPOSE**

To establish guidelines for safe and proper transport of Behavioral Health patients from the Behavioral Health Unit to other areas in the hospital.

**II. POLICY**

Patients in the Behavioral Health unit will be transported safely to other areas of the hospital.

**III. PROCEDURE**

- a. A licensed staff member will determine the method of transport (i.e., wheelchair or stretcher) and will assess the patient prior to transport.
- b. A Behavioral Health patient will not leave the unit unescorted. A Behavioral Health Tech or Nurse will accompany the patient to other areas of the hospital if needed- Emergency Room or Radiology Department
- c. The Behavioral Health staff member will stay with the patient at all times and escort back to the unit when Emergency Room or Radiology visit is complete.

**CHSPSC, LLC**

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**Policy Title: Cleaning of Patient Showers****Audience: Behavioral Health Environmental Services Personnel****I. PURPOSE**

To clean and disinfect showers

**II. POLICY**

Patient showers in the Behavioral Health unit will be cleaned on a daily basis with a cleanser that kills mold and mildew.

**III. PROCEDURE**

- a. The Environmental Services Personnel, assigned to the Behavioral Health unit, will thoroughly clean and disinfect the shower rooms, on a daily basis, with a cleanser that kills mold and mildew.