FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Behavioral Health Hospital
HRA #17-100-9013

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In November 2016, the HRA notified ABBHH of its intent to conduct an investigation pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a patient was given medication without his consent.

The rights of mental health patients receiving services at ABBHH are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

To pursue this investigation, the HRA requested the patient's chart with written consent; the chart was received in January 2017. Also requested and reviewed were hospital policies specific to the allegation. A site visit was conducted at which time the allegation was discussed with hospital personnel.

Background

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

Findings

The patient whose rights were alleged to have been violated stated that he was given Haldol without his consent. He stated he did not sign any form for Haldol, and when it was given, he had an adverse reaction. His throat swelled and he was given medication to alleviate the swelling. He stated that his Physician stated that he had not received Haldol, and that maybe it was a food allergy.

According to the clinical record, the adult patient presented to an Alexian Brother's medical site on September 9, 2016, for an evaluation of depression and wanting ECT (electroconvulsive therapy). Since there were no beds at the Alexian Brothers Behavioral Health Hospital, he was transferred to another provider. After a three day stay at that hospital, he was transferred back to ABBHHC for ECT. The Psychiatric Evaluation documented that the patient receives his psychiatric care from a psychiatrist in Rockford and is prescribed Trazadone, Wellbutrin, Prozac and Trileptal. The initial treatment plan was discussed and the patient consented to continue the Prozac, Wellbutrin and Trazadone and discontinue the Trileptal.

The chart contained a Home Medication Admission Orders document that lists the drug, dose, route, frequency and last home dose of the medications and whether to order or stop that medication. The document showed Haloperidol as an "as needed" medication to be used for agitation. The Physician stopped that order but it was immediately reordered.

A nursing note written on the evening of admission (at about 7:00 p.m.) documented that the patient arrived from the other hospital with suicidal ideation but no plan. He stated that his depression had been getting worse and he would like his medications decreased as much as possible and be started on ECT. He stated he preferred to be off medications if ECT can control his depression. The Nurse noted that the patient was pleasant and cooperative.

A nursing note written on the evening of September 19, 2016, documented that, *"patient was admitted on the hospital of 9/13/16 patient went through the admission process and after got agitated and anxious, patient had [word illegible] and reports anxiety. Patient presented with a lot of agitation at about 10pm. Patient had standing orders for Haldol 5 mg po/im Q 4 hours prn for agitation. Patient was given Haldol 5 mg po at 2257 to help ease the agitation. It being a prn, RN asked the patient if he would consider a Haldol to help him calm down. Patient agreed to take the Haldol 5 mg and it was administered by mouth. Pt. did not report any sensitivity to Haldol".*

On the 15th, a nursing assessment indicated that the patient reported tongue protrusion from medication; Benadryl and Cogentin were given. On the 16th, a Physician documented that the patient was very upset and concerned about the way he talks, as his tongue was rolling, causing difficulty in speaking. The patient denied facial numbness, weakness, or motor weakness in his extremities and he thought it might be from Haldol. The Physician noted that after reviewing the record, the patient had received Haldol orally once on Tuesday. The chart showed that the patient was allergic to lorazepam, lithium, olanzapine.

At the site visit it was stated that at the time of admission, the nurse obtains a list of the medications that the patient is currently taking. At that time the dosages might be verified, if for example, the patient says he is talking 100 mg of Haldol. They also verify home medications with the patient's outside pharmacy if needed. Once the mediation has been verified (if needed) and approved by the physician, the list is sent to the pharmacy department where they check for any contraindications. No medication can be released to the unit without this process. At times, the unit staff can use "stock" medication, meaning medication that has been ordered and is available on the unit for common purposes. Hospital personnel explained that home medications do not require a written consent from the patient. When asked about decisional capacity, it was stated that the patient is determined to have capacity unless the physician documents otherwise.

The HRA inquired about the lapse in documentation regarding when the Haldol was given and when it was documented in the chart. The Nurse at the site visit stated that she probably just became too busy at that time to document that evening. It was stated that not all *as needed* medications must be documented as a nursing note. For example, if a patient requested medication for a headache or as in this case, became agitated but not out of control, the MAR (Medication Administration Record) would provide the necessary explanation for the medication. When asked then why was this entry documented, the Nurse stated that she always writes a note for non-routine medications.

The facility's Medication Management policy states that its purpose is to insure that patients are informed and consent to the use of psychotropic medications during treatment. The patient, parents or guardians provide informed consent for newly prescribed psychotropic medications. The physician obtains consent for scheduled and PRN medications and treatment procedures. The policy goes on to state that psychotropic medications that the patient has been taking prior to admission are considered consented at the time of the initial order. No additional medication consent is required for the admission medications. Psychotropic medications used for medical indications, i.e. sleep, withdrawal symptoms, etc., are covered under the medical consent.

Conclusion

Pursuant to Section 5/2-107 of the Illinois Mental Health and Developmental Disabilities Code, "(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

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."

The patient was prescribed and given psychotropic medications on a voluntary basis throughout the hospitalization. This means that patient consent and teaching were required under the Mental Health Code and written capacity statements were required under the Mental Health Code, both of which were missing in this case.
Violations are substantiated.

Recommendations:

1. Ensure that the Physician provides education to the patient/parent/POA agent/guardian that includes medication, indication , benefits, risks, alternative treatment options and the right to refuse medication for all newly prescribed medication and psychotropic medication that the patient has been taking prior to admission. The policy must be revised accordingly.
2. Hospital practice to say that a patient has capacity unless the physician documents the lack of, fails to
   meet the Code's requirement to document decisional capacities. The policy must be revised reflect this requirement.

The HRA requests that a copy of the revisions be included in the required response.

Suggestion

The HRA suggests that the Hospital reassess the policy statement that states that - Psychotropic medications used for medical indications, i.e. sleep, withdrawal symptoms, etc., are covered under the medical consent.

RESPONSE

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

AMITA HEALTH

July 10, 2017

Mr. Arthur A. Savage, Vice Chairperson
North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

RE: HRA #17-100-9013

Dear Mr. Savage,

Thank you for your letter, dated April 5, 2017, of the findings of the investigation into the above referenced case. Our response to the recommendation by the Commission is explained below.

The recommendation made by the Human Rights Authority (HRA) is to "ensure that the physician provides education to the patient/parent/POA/guardian that includes indication, benefits, risks, alternative treatment options and the right to refuse medication for all newly prescribed medication and psychotropic medications that the patient has been taking prior to admission and to document the patient's decisional capacity".

At Alexian Brothers Behavioral Health Hospital, all patients/parents/POA/guardian are informed of their right to refuse any treatment, which would include medications. Section 2-102 of the mental health code states "the physician or 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.**" Psychotropic medication that the patient is taking prior to admission was not interpreted to be proposed treatment but rather current treatment and the patient has a right to refuse the current medications. While we respectfully disagree with the recommendation, we have taken the recommendation under advisement and until the language in the code is clarified between current and proposed treatment, we are changing our practice and policy to provide information as listed above under Section 2-102 of the Mental Health Code.

The Nursing Department and the Medical Executive Committee worked on the process to provide information and obtain consent for psychotropic medications the patient is currently on when admitted and has the capacity to make decisions. (Please see attached form to be utilized on admission). Education is being conducted for all nurses and physicians on the change in the process. The policies will be forthcoming with the changes made since the focus has been on developing the process, educating staff and providers.

We would like to thank you for your recommendations and welcome the opportunity to work with the Commission to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,

Patricia Getchell

Senior Director Risk Management for Amita Health Psychiatric Services

[redacted]

AMITA Health Alexian Brothers
Behavioral Health Hospital
Hoffman Estates
1650 Moon Lake Blvd.
Hoffman Estates, IL 60169

800.432.5005

AMITAhealth.org

AMITA HEALTH

Patient Consent/Notification for Current Psychotropic Medications from Home

Patient/Guardian/Substitute Decision Maker:

By signing below for psychotropic medication prescribed, I acknowledge that my physician/designee has advised me in writing of the side effects, risks and benefits of the medication(s), as well as alternatives to the proposed medications(s). I understand that the dosage of medication(s) may change based on my condition. I agree to take the medications(s) and understand that I can revoke this consent at any time.

Physician/Designee:

By signing below the physician/designee attests for each psychotropic medication prescribed:

1. The physician/designee has advised the patient, in writing, of the side effects, risks and benefits of the medication(s), as well as alternatives to the proposed medication(s).
2. The patient was examined and has the current capacity to make informed decisions regarding treatment.
3. The physician/designee has provided the same information, in writing, to the patient's guardian and/or substitute decision maker, if applicable.

Current Psychotropic Medications from Home		
Medication Name	Consent Given Yes	No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Patient/Guardian or Substitute Decision Maker Signature	Date/ Time	Physician/Designee Signature	Witness Signature (Verbal or Telephone Consent Only)	Date/ Time	Physician Co-Signature