

**Governor Quinn's  
Nursing Home Safety Task Force  
Thursday, November 19, 2009  
Minutes**

- I. Opening Remarks, Michael Gelder, Chair
  - a. Purpose of the task force, summarized the previous hearings and who has been heard from already. Discussed testimony before the Senate panel. Laid out three different categories/areas in no particular order that should be dealt with simultaneously:
    - i. Assessment/screening/diagnosis
    - ii. Standards/treatment
    - iii. Expanding home and community based options
  - b. Went over schedule and future meetings for December and January, said that the TF is on track to achieve its goal of producing a report to the Governor by January 31<sup>st</sup>. The testimony today is to fill more gaps and provide a more complete picture.
  
- II. Requested testimony and question period
  - Mark Epstein, J.D., Epstein and Epstein
    - Mr. Epstein has been an attorney for 39 years and has been practicing mental health law in Illinois for 35 years. The issue as he saw it was the benefits and implications of imposing the Mental Health Code in nursing homes. He says that it already applies under *Muellner v. Blessing* to NH's treating the Mentally Ill. He told a story of a case in which a woman with anorexia nervosa was put in a NH and locked in with the consent of her guardian. The NH had 5 days to file saying that she was mentally ill and was reasonably expected to inflict serious harm to herself or others or was unable to care for herself. The MHC applies theoretically but it is not enforced. The implications (look at Chicago Reed or Northwestern Memorial Hospitals) are to look at a MH facility if committed against ones will. He said that under the MHC a person would have a right to a lawyer, a jury and to cross-examine witnesses. Ust
  - Patrick Knepler, Legal and Legislation Liaison, Division of Mental Health of the Illinois Department of Human Services
    - Discussed two things: 1) Restraint and 2) medication. He says that the Nursing Home Care Act (NHCA) will trump the MHC. Said that there is a 30 day treatment plan, though in the MHC.
    - Q by M.G.: What % are committed involuntarily? A: Nearly Zero, almost all are voluntary
    - Q by M. Milano: What keeps agencies from enforcing the MHC?
    - A by Epstein: Doesn't know but thinks it's the will of the agencies. Illinois has a broken MH system. There are confidentiality issues causing info not to flow. Central guardianship/judge regarding this MI person, consequence of non-compliance by MI patient is rehospitalization in psychiatric hospital.
  - Daniel Bluthardt, Director of the Division of Professional Regulation
    - Mission is to protect the public in 2 ways: 1) licensing, 2) enforcement of standards.
    - Advisory board determines curriculum.
    - Licensing process: All nursing homes must meet the minimum requirements: education, experience, testing, National exam, and evaluation. Advisory board determines the curriculum.
    - Enforcing the standards on a complaint basis.

- Pat Comstock and Member of the Healthcare Council of Illinois
  - Recommends how to change the sub-part S rules. Additional requirements and admission criteria. Offered 8 recommendations
  - 6.) Beef up formalized discharge planning requirements
  - 7.) Staffing ratios shall be increased, continuous monitoring of residents that are a threat/danger
  - 8.) MHC would apply to any facility with even 1 person
  - Admission/Discharge
  - Extensions and additions to previous testimonies.
  - Certification program to make sure services are adequate
  - Screening- Centralized tool to assess and reassess. (make screening process less complicated)
  - Clearly define admissions/discharge procedures
  - On-going assessments. Constantly updating patient care every 30 days.
  - Staffing Ratios- 1 psychiatric rehabilitation coordinator per 30 residents (current)
  - Recommendation: 1 psychiatric rehabilitation coordinator (PRC) per 25 residents and 1 PRC on duty 24hrs.
  - Section or wing with a barrier to keep dangerous patients.
  - Residents that are immediate risk should be monitored 24hours.
  - Better training
  - Assessment and improvement programs. Get elderly to assisted living.
- Marylynn Clarke, M.S., J.D., Senior Director, Health Policy and Regulation and Kathleen Pankau R.N., J.D., Staff Counsel Legal Affairs for the Illinois Hospital Association
  - Discharge takes place when Dr./Physician decides the patient is ready. If patient breaks hip and can't get up to a 3<sup>rd</sup> floor walkup. If medical/surgical, then case manager calls that agency that does PAS. Patient can be taking up a Long Term bed (no reimbursement). Dr. determines discharge. Medicaid plays a key role in the treatment of MI.

### III. Discussion by Task Force members

- Attending
  - State Police
  - Department of Corrections
  - Department of Veteran's Affairs
  - Housing Development Authority
  - Guardianship and Advocacy Commission
  - Department of Human Services
  - Department of Public Health
  - Department of Healthcare and Family Services
  - Department on Aging

### IV. Open Public Comment Period

- Ms. Joy Hoofnagle
  - If a Dr. prescribes something there is nothing that can be done to question it. Someone can be committed w/out any recourse. Told story of her friend who was administered to many psychotropic drugs and died.
- Ms. Rebecca Catalano, New Beginnings

- Introduced several of her clients who have they have helped to rehabilitate and live in the community rather than an institution. Says that New Beginnings has saved the State \$656k.
- Fairweather Lodge Model- New Beginnings is using this
- Model helps people reintegrate themselves into the community by providing emotional support, places to live, and employment.
- This model is proof that SMI's are less likely to return to the hospital if they live and work together as a group.
- Costs less than conventional treatment programs.
- Joe Zimmerman – He was in the audience. Joe is a nursing home owner. He would not like to testify personally.
  - “NO ONE in nursing homes is there involuntarily. They would immediately be discharged if the person was capable of living in a community setting.”
  - Wants a mediator to turn to. When he has a problem at a nursing home, he can't get any help because he never knows who to call. He wants a specialist who can alleviate the aggravation of calling twelve different numbers with no answers.
  - When you place incompetent MI patients into the community, they end up going back to the hospital or prison, and it creates a vicious cycle.
  - He wants to see Nursing Home owners testify to tell the NHSTF where the gaps are from firsthand experience.

V. Closing remarks by Chair

- Next meeting: December, TBA