FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #12-100-9023
Elgin Mental Health Center

Introduction

In June 2012, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (hereafter referred to as Center), Forensic Treatment Program, K Unit. A complaint was received that alleged that nursing personnel did not follow the physician's PRN (as needed) medication orders; a consumer did not have access to his radio and he had not received a Restriction of Rights Notice; a consumer had been unjustly placed on special precautions; a consumer's record requests have not been completed in a timely manner, and psychotropic medications were presented as sleep medications.

The rights of consumers are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 2-103, 2-201) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4).

Recipients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

Methodology

To pursue this investigation, the HRA reviewed the consumer's clinical record with written authorization for the month of May 2012. A site visit was conducted in July 2012, at which time the allegations were discussed with the recipient's Psychiatrist, his Social Worker and a representative from the Nursing Department. The consumer whose rights were alleged to have been violated was interviewed both in person and by telephone.

Allegation: Nursing personnel did not follow the physician's PRN medication orders.

Findings

The clinical record reveals data on a consumer who was admitted to the Center on May 1, 2012 after revocation of his conditional release. According to the Illinois Department of Human Services Forensic Handbook, *"Conditional Release means the release from either the custody of the Department of Human Services or the custody of the Court of a person who has been found not guilty by reason of insanity. If within the period of the defendant's conditional release the State's Attorney determines that the defendant has not fulfilled the conditions of his or her release, the State's Attorney may petition the Court to revoke or modify the conditional release of the defendant."*

On the day of admission, the PCP (Primary Care Physician) ordered Milk of Magnesia (MOM) every 8 hours PRN for constipation. On May 2nd at about 3:00 p.m., the consumer complained of constipation; the MOD (Medical Officer of the Day) was contacted and a stat MOM order which was given. The MOD examined the consumer and noted no nausea/vomiting and the abdomen was within normal limits. A few hours later, it was noted that the consumer reported that he had diarrhea. The following morning the consumer reported to his psychiatrist that he was not getting his MOM as ordered; it was documented that this would be conveyed to nursing personnel. Later in the morning, the PCP documented that the consumer reported that he had not moved his bowels in 2/3 days and that he had one dose of the MOM the previous night. The PCP documented that the consumer stated that he was upset that nursing did not follow the standing order for the MOM written on 5/1/12 and that another physician was called for a stat order. The PCP documented that the order was reviewed with the consumer and Citrate of Magnesia PRN was added to the order. During the remainder of the month, the consumer would periodically request the MOM and it would be given.

At the site visit, the nurse stated that all standing orders are carried out as written. PRN orders are different, in that the medication is given only as needed. For constipation medication, the consumer would need to report constipation symptoms to nursing personnel so that the medication can be administered. Without the consumer report, nursing personnel would not realize that the medication is needed.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 2-102, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." An order was written for medication that was to be administered on an *as needed* basis. The consumer received the medication when the symptoms were reported to nursing personnel. The allegation is unsubstantiated.

Allegations:
- A consumer does not have access to his radio and he has not received a Restriction of Rights Notice.
- A consumer had been unjustly placed on special precautions.
- Psychotropic medications were presented as sleep medications.

Findings

The Illinois Department of Human Services Program Directive on Special Observation states that, *"It is the policy of the Department of Human Services (DHS) that all individuals accepted for admission to a mental health facility shall be assessed at admission to determine the need for special observation. A safe and therapeutic environment entails providing a level of observation for each individual served that is appropriate to the individual's clinical needs. In some instances, an individual's clinical condition requires enhanced levels of observation/monitoring to ensure the safety and well being of the individual and others."* The Directive goes on to say that Frequent Observation means that the individual will be monitored by staff every 15 minutes. And that *"individuals on special observation are restricted to the unit except for medical tests, court visits, or as ordered by the facility medical director or his or her physician designee"*.

According to the clinical record on the second day of admission, the consumer and a peer had an argument. The consumer denied any thoughts of harming the peer or himself and stated that he would stay away from the peer. It was documented that frequent observations were not indicated at that time as both consumers agreed to stay away from each other. Later in the day, another peer reported that the consumer intimidated him by the way he talked to him about getting off the telephone. And another peer reported that he did not like the way the consumer asked him to turn down his radio. The physician then ordered frequent observations for unpredictable behavior and

for the protection of self and others. The physician ordered this precaution daily for the month of May. Observations during the month included the consumer reporting being threatened by another peer, the consumer saying he would hit his peer, the consumer mocking a peer and that the consumer puts himself in harms way by bothering his peers.

On May 4th, the psychiatrist wrote that the consumer was showing an irritable mood, a decrease in his sleep, pressured speech, circumstantial thoughts and paranoia. He was taking excessive notes about everything and he was not eating any solid food at this time. It was documented that he was offered medication for sleep as well as his mood but he refused.

At the site visit, the psychiatrist stated that given the consumer's symptoms, medications were recommended but the consumer refused and thus nothing was ordered. It was stated, and the record confirms, that the consumer will no longer meet with his psychiatrist, he refuses blood draws and all forms of therapeutic treatment. It was further stated that the consumer was placed on frequent observations for his safety as well as the safety of others. It was explained that his current behavior, as well as his past behavior of suicide attempts have factored in the need for the precaution. And, it was stated that the reason he is not allowed to have his radio is for safety reasons because of the electrical cord.

The HRA has received many Restriction of Right Notices indicating that the consumer is restricted from dangerous personal possessions. The restrictions show that the consumer has been given a copy of the Notices.

The Center's policy on Restriction of Rights states that whenever any rights of a patient are restricted, the patient shall be given prompt notice of the restriction and the reason for the restriction.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-104, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission. (b) The professional responsible for overseeing the implementation of a recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm".

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 2-102, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. 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".

Based on the verbal and written information obtained, the consumer does not have access to his radio due to safety reasons; the Restriction of Rights Notices indicate that he is receiving copies of the Notices; nothing was found to support the claim that the frequent observation precaution was unjust; the allegations are unsubstantiated.

Psychotropic medication is defined as any medication capable of affecting the mind, emotions and behavior. Many psychotropic medications note that sedation/drowsiness might be a side-effect. The HRA concludes that rights were not violated when the physician recommended medication for sleep as well as the consumer's mood.

Allegation: A consumer's record requests have not been completed in a timely manner.

Findings

According to the clinical record, on May 2nd the consumer requested to see his record. The following day he requested a copy of his previous discharge summary. On May 4th, documentation showed that the Social Worker made five copies (it did not say of what) of three pages and gave the copies to the consumer. On May 7th the consumer was given five copies of letters he had written. On May 8th he consumer was given copies of his past discharge summary. On May 10th the consumer requested his past treatment plans; he was advised that he needed to complete an Authorization for Release of Information consent and request the past records in writing from medical records. On May 11th he was given a copy of his current treatment plan. On May 17th he requested and was given his court number; he also requested his records from the recent incarceration and he was advised those cannot be released because they are Department of Corrections records. On May 18th he made a request for the entire manual that governs the Center. He was advised that could not get the entire manual but he can get specific policies.

At the site visit, the Social Worker stated that the consumer has made numerous documentation requests and that it is his right to obtain these documents. The Social Worker stated that he does his best to honor the requests in a timely manner.

The Center's Patient Access to Records policy states that a patient is entitled to inspect and request copies of the patient's medical records.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Confidentiality Act, Section 4, "The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof: (1) the parent or guardian of a recipient who is under 12 years of age; (2) the recipient if he is 12 years of age or older…"

Documentation showed that the consumer's requests for medical records as well as other documents have been copied for him within a reasonable amount of time with the exception of records related to his incarceration; 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.

Pat Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler, *Secretary*

Division of Mental Health - Region 2

Elgin Mental Health Center — Singer Mental Health Center

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

August 13, 2012

Ms. Kori Larson - Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016 1565

Re: HRA # 12-100-9023

Dear Ms. Larson:

Thank you for your thorough review of this matter. I note that none of the allegations were substantiated. The staff at the Elgin Mental Health Center strives to provide the best possible care and treatment for our consumers. As always, we will continue to work to quickly resolve any consumer concerns.

Please include our response with any public release of your Report of Findings.

Sincerely,

Paul Brock, M.P.A., M.H.A.
Hospital Administrator

PNB/JP/lf

Elgin Mental Health Center
750 S. State St.
Elgin, IL 60123-7693
Voice (847) 742-1040
TTY (847) 742-1079

Singer Mental Health Center
4402 N. Main St.
Rockford, IL 61103-1278
Voice (815) 987-7096
TTY (815) 987-2079