FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 14-030-9011
St. Bernard Hospital

Case Summary: The HRA did not substantiate the complaint that the facility staff physically removed a recipient to his room. The HRA did substantiate the complaint that the facility did not follow Code mandates when staff administered forced psychotropic medication. The facility's response follows.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at St. Bernard Hospital. It was alleged that the facility did not follow Code procedures when staff physically removed a recipient to his room and when staff administered forced psychotropic medication. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Hospital Licensing Act (210 ILCS 85).

St Bernard Hospital is a Catholic teaching hospital sponsored by the Religious Order of St. Joseph and serves the community of Englewood. The hospital incorporates a 40 bed Adult Behavioral Health Unit.

To review these complaints, the HRA conducted a site visit and interviewed the Vice-President of Care Coordination, the Chief Quality Officer, the Director of Nursing, and the Manager of Behavioral Health. Relevant hospital policies were reviewed, and records were obtained with the written consent of the recipient.

COMPLAINT SUMMARY

The complaint alleges that on 10/12/13 a recipient was on the phone with his mother and he told her he was in pain. She told him to go ask the nurse for Tylenol. He reportedly went to the nurse's station where a staff person told him to get away from the nurse's station or he would get an injection. The recipient then stated, "Don't give me a shot; my Mom said don't give me a shot." The staff person then allegedly dragged the recipient by his collar down the hall to the recipient's room. The staff person then pulled the phone cord out of the wall and the recipient's mother was disconnected as per the complaint. The recipient was then reportedly given an

injection even though the mother, who is the recipient's Power of Attorney (POA) for Healthcare agent, repeatedly requested that he not be given an injection.

FINDINGS

The record shows that the recipient was voluntarily admitted to St. Bernard on 9/15/13, complaining of hearing voices. On 9/18/13 the recipient signed a Request for Release of Patient on Informal or Voluntary Admission, however the form was not completed by the hospital. The record also contains a Notice to Rescind Request for Release, signed by the recipient, however it is not dated or signed by a witness. An Inpatient Certificate was completed on 9/25/13 by the recipient's psychiatrist giving the following reason for his need of inpatient treatment: "Pt. is a 24 yr old African American male in need of inpatient psychiatric treatment due to his hearing voices telling him to harm others."

The record contains the recipient's Mental Status Examination, completed the same day, which states, "Upon admission affect was labile, somewhat blunted. Appearance- patient was properly attired and was anxious, isolative, guarded, withdrawn. Gate normal rate and rhythm. Patient was noted to appear suspicious and anxious. Thought content- positive for hallucinations, positive for delusions. Thought process was very loose. During psychiatric evaluation patient stated that the voices were telling him to kill President Obama. Patient went on to state that 'I was in the Marines in 2006 and they gave me something there that made me hear voices telling me to kill the President, the republicans did. Thought process was very loose and disorganized, patient bounced from one unrelated subject to unrelated subject, but denied thoughts of harming self or others while on the ward. Patient went on to state that voices were telling him to kill the President but he would not listen to them. Mentation- patient was well oriented times three, memory unable to assess secondary to psychosis, judgment impaired, concentration poor, impulse control poor. Patient presently psychotic and at risk to self and others." The recipient's admitting diagnosis is listed as Acute Schizophrenic Episode.

The record shows that the hospital became aware of the recipient's Power of Attorney on 9/16/13 and on that day the recipient's POA called the hospital and faxed her POA documentation. Social Service notes from 9/18/13 state, "[POA] calling this a.m. requesting help with adding her name to the release list; so that information may be shared with her. The patient agreed to do so; she was given an update as to his current …" There is no indication from the record that the mother had requested that her son not receive emergency psychotropic medication by injection until after the administration on 10/12/13.

The record indicates that the recipient received emergency psychotropic medication injections on 9/29, 10/03, 10/4, 10/8, 10/11, and three times on 10/12. He received requested oral PRN (as needed) medication on 9/30 and 10/8. He was restrained on 9/30. There are no Restriction of Rights Notices in the record for the administrations of psychotropic medication except for the restraint completed on 9/30/13. The record does contain a Psychotropic Medication Consent form, signed by the recipient, for Zoloft, Risperdal, Trazodone, Haldol, Ativan, Thorazine, and Cogentin. The record does not contain the patient's Preferences for Emergency Intervention information.

The clinical record shows that the recipient experienced anxiety, delusions, periods of psychotic behavior, and auditory hallucinations throughout his hospital stay. Notes from 9/17/13 state, "Patient is mumbling to self and pacing naked in quiet room. Claimed that he was hearing voices telling him to kill President Obama and kill himself." On 9/19/13 the notes indicate, "Patient observed pacing the Unit responding to internal stimuli, patient focused on discharge, pt is combative and hyper- verbal towards staff, pt constantly at nurses' station window, pt has to be redirected several times, pt mood labile affect unpredictable."

On 9/29/13 progress notes show that the recipient was given a PRN (as needed) injection of Haldol and Ativan: "Patient increasingly anxious and restless, pacing back and forth, jumping up and down, running down the hall, increasingly agitated when being redirected." The following day the record states, "The patient approached staff complaining of hearing voices. Noted to be restless, unable to keep still while talking to the writer, states, 'I'm hearing voices. It's getting louder and louder. I hear God talking to me.' Patient requested PRN Haldol 5 mg and Ativan 2 mg Im given …"

Progress Notes written on 10/03/13 at 9:22 p.m. state, 'Patient acting bizarre while sitting in the dayroom, holding his nose blowing it continuously and doesn't give any verbal response when called by staff. Later on, he started pacing back and forth in the hallway with his right eye covered with paper towel under his glasses, very restless and continuously talking to self. Medicated with Haldol 5 mg and Ativan 2 mg IM on his right deltoid muscle at 9: 21 p.m. Instructed on safety precautions related to side effects of medication. Will continue to monitor."

Progress Notes written on 10/04/13 at 1:51 p.m. state, "Pt seen pacing the Unit and running up and down the halls. Bizarre and delusional. Pt continue to state he is Barack Obama. Affect and mood labile. Hygiene and grooming fair… Haldol 5 mg with Ativan 2 mg IM at 10:09 a.m."

Progress Notes written on 10/08/13 at 10:219 p.m. state, "Patient is pacing back and forth talking too loud and later on he increasingly agitated shouting on top of his voice, came to the nurses' station asking for medication claimed he is hearing voices, telling him to hurt himself showing hostile behavior, asking for a shot. PRN such as Ativan 2 mg and Haldol 5 mg given Im on his right gluteal muscle, tolerated well."

Progress Notes written on 10/11/13 at 11:53 a.m. state, "Pt appears to be regressing-increasingly agitated, psychotic and bizarre. Earlier today, I met with patient to discuss about the meeting he had yesterday with Dr… and myself at about 5 p.m. He actually requested for this meeting. He wanted to correct what he perceived might be an error on his record. He told the doctor that it wasn't him that wanted to kill the president, that it was the voices. However, today he had no recollection of this meeting. At about 11:15, Pt walked up to the nurses' station and started to complain of hearing voices 'Telling me Hiroshima counterbalances the earth's rotation. I have to make a spaceship to go to Mars because God is coming with the power to take over the earth.' Pt was advised to go to his room as I was preparing PRN meds for him. He suddenly came out of his room and started yelling in the hallway 'We are all going to die! We are all going to die!' At this point he was taken to quiet room and was medicated with Haldol 5 mg and Ativan 2 mg on his left deltoid at about 11:23 a.m. Pt was placed in the quiet room to de-

escalate. Few minutes later, he was seen standing on the bed without his shirt on and was waving his shirt…."

Progress Notes written on 10/12/13 at 6:40 a.m., state, "Affect flat, mood labile, anxious upon approach. …Noted to be pacing back and forth in the milieu at various intervals… Remains labile and delusional. Stated, 'I had a dream last night that I was from Mars and I was meeting people on earth, I was trying to get back to Mars' …" The notes indicate that the recipient had been non-compliant with his scheduled medications since the day before. A Psychiatric PRN note is entered in the record at 7:48 a.m.: "Pt was pacing the hallways chanting, 'Fuck you. Fuck you.' Nonstop. Previously he had threw water on male peer. Pt told male staff that Pat Quinn the politician has been following him. Pt is non- redirectable he is grossly paranoid and delusional in regards to political figures. He was given Haldol 5 mg IM [intramuscularly] at 7:30 a.m. Pt was instructed to eat his breakfast. Pt is non medication compliant and he does not attend groups. Will assess for results." An entry made at 11:49 a.m. provides the follow-up: "States, 'I got upset this morning, that homosexual in the quiet room was messing with me, he was saying 'Want some good, want some good' and doing this, Patient moved his hands up and down, when asked what he meant states, 'Like he wants to fuck. I told him to stay away.' Noted to be smiling to himself while talking to this writer and asked, 'When can I go home, I'm going to my mother, get my money and go to California, be a porn star, a musician.' When asked if he was hearing voices, responded 'I don't know what you mean.' Behavior unpredictable. Denies suicidal/homicidal ideations." Another entry made at 12:48 p.m. states, "Pt. with increased agitation, pt. pacing quickly, walked toward peer and knocked phone out of male peer's hand causing male peer to confront pt., pt. in return confronted male peer, unable to be redirected, in fight stance, pt. given prescribed Haldol 5 mg and Ativan 2 mg IM at 12:40 p.m. with standby assist, will continue to monitor."

A Nursing note, entered on 10/12/13 at 7:38 p.m. states, "Pt was increasingly agitated, anxious, with intrusive behavior, cursing at staff, 'Fuck you.' Staff was unable to redirect the Pt. at 7:22 p.m. Pt was escorted to a quiet room and IM medication of Haldol, 5 mg and Ativan 2 mg was given to left deltoid. Pt. tolerated injection well…."

The record contains a Social Service note entered on 10/13/13 which states, "Met with the patients' mother and his POA re: her concerns about the patient receiving a 'shot' p.m. on 10/12 and staff's assistance with the receipt of shot. The mother reported that the patient should not have received the shot even though his behavior was described as 'increasingly agitated and unable to be re-directed.' She also reported concerns that the patient 'must receive his Cogentin because of the Haldol he is receiving.'"

HOSPITAL REPRESENTATIVE RESPONSE

Hospital representatives were interviewed about the complaint. They stated that they had never received a notice or complaint regarding the recipient having been dragged by his collar to his room. Although they had spoken with the recipient's POA agent on a number of occasions, she did not mention this to the hospital staff. They indicated that this complaint would be taken very seriously and all the required measures to address it would be implemented. Staff took the HRA to the area where the recipient was on the phone to demonstrate where he

would have been at the time of the complaint and it appeared that he was in the day room area but very close to the nurses' station. The phone receivers are removed during therapeutic groups, however in the evening when this event allegedly occurred, the phones would be enabled. Generally, if a recipient left the phone for any reason it would be immediately hung up by someone in order for the recipients to continue using it. Staff indicated that if a recipient would necessitate removal from the milieu, security would be called to assist.

Staff were interviewed about the administration of forced psychotropic medications. They stated that the record does not show that the recipient ever refused an injection and that at times, he requested a shot. Staff were asked if they generally note when a recipient accepts an emergency medication and they indicated that sometimes it is noted, however if a recipient refuses the medication, then a Restriction of Rights form is completed, as was done in the case of the recipient's restraint episode. They were asked if the recipient completed a Preference for Emergency Intervention form and they indicated that he had not. Staff also noted that at times the recipient refused his regularly scheduled medication as well as vital checks and blood draws and at these times he was not forced to accept them against his will. These refusals are always noted in the record. They also noted that all emergency medication injections are given in the quiet room, however none of the recipient's injections were accompanied by security assistance, which would occur if the injection was forced. Staff indicated that although the recipient was not violent, he was very intrusive and labile, so his behaviors could very quickly become dangerous or disruptive to the milieu.

Although it is not part of the extant complaint, the HRA noted that the recipient's Request for Discharge and Withdrawal of Request for Discharge documents were not complete. They indicated that since the complaint was issued, they have revised their Request for Discharge and Withdrawal of Request for Discharge so that it is more effectively processed and they will train staff in its use to comply with statutory requirements.

STATUTES

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment: "A recipient of services shall be provided with adequate and humane services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan." Section 2-200 d states:

"Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall advise the recipient as to the circumstances under which the law permits the use of emergency forced medication under subsection (a) of Section 2-207, restraint

under section 2-208, or seclusion under Section 2-109. At the same time, the facility shall inquire of the recipient which form of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record and communicated by the facility to the recipient's guardian or substitute decision maker, if any, and any other individual designated by the recipient. If any such circumstances subsequently do arise, the facility shall give due consideration to the preferences of the recipient regarding which form of intervention to use as communicated to the facility by the recipient or as stated in the recipient's advance directive."

The Mental Health Code describes the requirements for the administration of psychotropic medication and its refusal:

"If the services include the administration of…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. …. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2- 107 [to prevent harm]…." (405 ILCS 5/2-102 a-5).

Should the recipient wish to exercise the right to refuse treatment, the Mental Health Code guarantees this right unless the recipient threatens serious and imminent physical harm to himself or others:

"An adult recipient of services…must be informed of the recipient's right to refuse medication… The recipient…shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication... 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. The facility director shall inform a recipient…who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services" (405 ILCS 5/2-107).

Additionally, the Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

The Hospital Licensing Act (210 ILCS 85/9.6) sets mandatory standards for hospitals' responses to alleged abuse. "Abuse" is defined as any physical or mental injury or sexual abuse intentionally inflicted by a hospital employee on a patient at the hospital. "Mental injury" means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating, harassing, or threatening and which causes observable and substantial impairment. The Act prohibits any act of abuse by any hospital staff (a), and mandates that any staff member who has reasonable cause to believe that any patient with whom they have direct contact has been subjected to abuse in the hospital must promptly report or cause a report to be made to a designated hospital administrator responsible for providing these reports to the Illinois Department of Public Health (IDPH). Additionally the Act outlines the mandatory response elements:

"Retaliation against a person who lawfully and in good faith makes a report under this Section is prohibited.

Upon receiving a report under subsection (b) of this Section, the hospital shall submit the report to the Department within 24 hours of obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.

Upon receiving a report under this Section, the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and may include, but are not limited to, removing suspected violators from further patient contact during the hospital's internal review

All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings must be documented and filed according to hospital procedures and shall be made available to the Department upon request.

Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.

The report required under this Section shall include: the name of the patient; the name and address of the hospital treating the patient; the age of the patient; the nature of the patient's condition; including any evidence of previous injuries or disabilities, and any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.

Except for willful or wanton misconduct, any individual, person, institution, or agency participating in good faith in the making of a report under this Section, or in the investigation of such a report or in making a disclosure of information concerning reports of abuse under this Section, shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such actions. For the purpose of any proceedings, whether civil, professional, or criminal, the good faith of any persons required to report cases of suspected abuse under this Section or who disclose information concerning reports of abuse in compliance with this Section, shall be presumed.

No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage good faith reporting of patient abuse under this Section.

Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter."

The Illinois Power of Attorney Act states that, "The health care powers that may be delegated to an agent include, without limitation, all powers an individual may have to be informed about and to consent to or refuse or withdraw any type of health care for the individual and all powers a parent may have to control or consent to health care for a minor child" (755 ILCS 45/4-3).

The Illinois Power of Attorney Act details the duties of health care providers and others in relation to health decisions made by POA's:

"Each health care provider and each other person with whom an agent deals under a health care agency shall be subject to the following duties and responsibilities:

(a) It is the responsibility of the agent or patient to notify the health care provider of the existence of the health care agency and any amendment or revocation thereof. A health care provider furnished with a copy of a health care agency shall make it part of the patient's medical records and shall enter in the records any change in or termination of the health care agency by the principal that becomes known to the provider. Whenever a provider believes a patient may lack capacity to give informed consent to health care which the provider deems necessary, the provider shall consult with any available health care agent known to the provider who then has power to act for the patient under a health care agency.

(b) A health care decision made by an agent in accordance with the terms of a health care agency shall be complied with by every health care provider to whom the decision is communicated, subject to the provider's right to administer treatment for the patient's comfort, care or the alleviation of pain; but if the provider is unwilling to comply with the agent's decision, the provider shall promptly inform the agent who shall then be responsible to make the necessary arrangements for the transfer of the patient to another provider. It is understood that a provider who is unwilling to comply with the agent's decision will continue to afford reasonably necessary consultation and care in connection with the transfer"` (755 ILCS 45/4-7 Sec. 4-7a and b).

HOSPITAL POLICY

St. Bernard Hospital provided the hospital policy and procedure related to Psychotropic Medications (#6-6006) and Refusal of Treatment Including Medications (#0066040). The policy requires a physician's order for all medications and also the recipient's documented informed consent, which includes advice on possible alternative treatments and the risks, benefits, and possible consequences of these alternatives. The consent includes the physician's statement of the recipient's decisional capacity. An adult recipient may refuse medication, however if a recipient refuses oral medication but accepts an injection, this does not constitute refusal. The recipient's refusal of medication, staff action, and information given to the recipient must be documented. The policy states that medication will not be administered involuntarily "unless it is necessary to prevent the patient from causing serious harm to him/herself or others." The policy also states, "The statutory criterion 'causing serious harm to him/herself or others, does not specify that the harm be physical harm. If a patient's behavior is such that it seriously disrupts the milieu, this may constitute a 'necessity to prevent the patient from causing serious harm to him/herself or others' and medication may be given as clinically indicated even over the patient's refusal." The policy requires documentation giving the reasons for involuntary medication and requires a Restriction of Rights form.

CONCLUSION

The hospital representatives insisted that they had no knowledge of an abusive incident as described in the complaint having occurred on the unit. In such instances, staff assured the HRA, all reporting and investigative requirements of the Hospital Licensing Act would be initiated. The HRA does not substantiate the complaint that the facility did not follow Code procedures when staff physically removed a recipient to his room.

The administration of emergency injections of psychotropic medication for this recipient is complicated by the fact that often he did not refuse these injections, and at times even requested them. Nevertheless, some entries in the notes indicate that injections were given in situations which do not rise to the level of dangerousness that is required under the Code, and do not indicate that they were requested or accepted by the recipient, or that he had the opportunity to refuse. As an example, the notes on 10/03 state, "Patient acting bizarre while sitting in the dayroom, holding his nose blowing it continuously and doesn't give any verbal response when called by staff. Later on, he started pacing back and forth in the hallway with his right eye covered with paper towel under his glasses, very restless and continuously talking to staff." A similar entry for the following day states, "Patient seen pacing the unit and running up and down the halls. Bizarre and delusional. Pt. continue to state he is Barack Obama. Affect and mood labile. Hygiene and grooming fair." Then, the injection the recipient received on 10/12/13 at 12:48 p.m., although warranted under the circumstances described, was administered "with standby assist", suggesting that the recipient was not able to refuse, and thus necessitating a Restriction of Rights Notice. Furthermore, the hospital's policy on refusing treatment, incorrectly references statutory criterion regarding the term, "harm," by stating that physical harm is not specified and that the presence of serious behavioral disruptions to the milieu is sufficient reason for forced medication administration; the Code requires, in Section 5/2-107, that emergency medication not be given unless necessary "…to prevent the recipient from causing **serious and imminent physical harm** to the recipient or others and no less restrictive alternative is available." Additionally, the record is missing the Code required Preferences for Emergency Interventions information. The HRA substantiates the complaint that St. Bernard Hospital staff did not follow Code procedures when staff administered forced psychotropic medication.

RECOMMENDATIONS

1. Review with staff the Mental Health Code requirement which states that recipients must be given the opportunity to refuse medication and if refused, it shall not be given unless it is necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available.

2. Revise the Refusal of Treatment Including Medications Policy to be consistent with the Mental Health Code.

3. Train staff to complete and issue a Restriction of Rights Notice whenever the rights of the recipient are restricted.

SUGGESTIONS

1. If emergency, or PRN, medication is accepted by the recipient indicate this in the progress notes.

2. Ensure that signatures on forms are dated and witnessed when applicable.

RESPONSE

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

ST. BERNARD HOSPITAL
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

Nicole Erickson, HRA Chairperson
Illinois Guardianship and Advocacy Commission
1200 S. 1st Ave. Box 7009
Hines, IL 60141

Re: #14-030-9011

Dear. Ms. Erickson,

St. Bernard Hospital representatives have read the findings of the Chicago Regional Human Rights Authority of the Illinois Guardianship and Advocacy Commission. The following changes will be implemented to comply with the recommendations and suggestions made:

1. All staff will be inserviced on provisions of the Mental Health Code which states that recipients must be given the opportunity to refuse medications and if refused, it shall not be given unless it is necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternatives is available. See attached policy.

2. The Refusal of Treatment Including Medications Policy has been revised to be consistent with the Mental Health Code. See attached policy.

3. Staff to be re-inserviced on the issue of Restriction of Rights Notice whenever rights of the recipient are restricted.

4. Staff to be re-inserviced on documenting of emergency or PRN medication administered in the recipient medical record.

5. Staff to be re-inserviced on documenting dates, times, signatures and witnessing of forms.

Completion of all items listed above will be completed by August 11, 2014 to accommodate all new staff. Please contact me if there are any other concerns.

Yours truly,

Ronald Campbell
Vice President Coordination of Care

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER

326 West 64th Street Chicago, Illinois 60621

DEPARTMENTAL POLICY

DEPARTMENT: **PSYCHIATRIC SERVICES**

SUBJECT: **PATIENT REFUSAL OF TREATMENT INCLUDING MEDICATIONS**

Effective Date: 11/93
Review Date: 08/02, 1/03, 3/05, 1/08, 5/14
Revised Date: 08/09/02; 5/21/14

 POLICY # 0066040

POLICY:

An adult patient or legal guardian may refuse treatment , including medication. If treatment is refused, and no less restrictive alternatives are available, it may not be given unless it is necessary to prevent the patient from causing serious harm to himself or others. Every effort should be made to encourage patients to accept needed treatment, however, unit personnel may not threaten, intimidate or coerce patients.

PURPOSE:

To define the response to a patient who refuses treatment and / or medication

PROCEDURE:

1. **Treatment, including medication, is offered to the patient according to the physician's order. If the patient refuses, the attending psychiatrist, facility director or designee, shall advise the patients designated decision makers of any available alternatives, risks and benefits of those alternatives, as well as the consequences, if any, of the refusal.**

2. **If medication is required to prevent the patient from causing serious harm to himself or others, it may be given over the patient's objection. Any such incident must be charted, including the reason for the staff action (cf: Policy No. 3.05).**

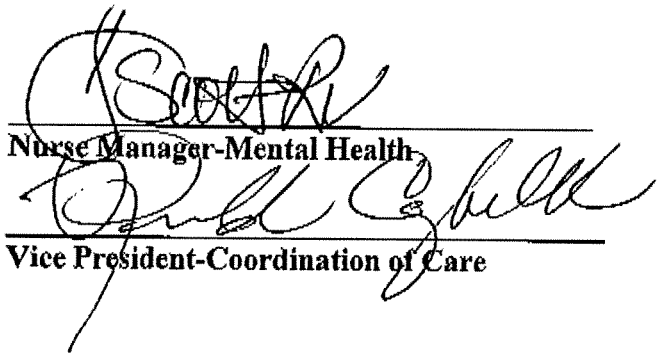
3. **If a patient consistently refuses treatment, alternatives to be considered are:**

   a. **discharge,**

   b. **transfer,**

c. **possibility of guardianship with guardian having power to consent to treatment**

4. **Refusal of treatment, by the patient, must be documented in the medical record**



Nurse Manager-Mental Health

Vice President-Coordination of Care

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER
326 West 64th Street Chicago, Illinois 60621

DEPARTMENTAL POLICY

DEPARTMENT:	NURSING SERVICES - PSYCHIATRY
SUBJECT:	PSYCHOTROPIC MEDICATIONS
Effective Date:	11/93
Review Date:	10/05; 10/97; 9/2000; 10/05; 9/09
Revised Date:	9/09; 5/14
Page 1 of 3	POLICY# 6-6006

PURPOSE: To define who has the right to order and administer medication; To define the procedure wherein adult patients or parent / guardian of a minor patient have the right to refuse medication.

POLICY: All medications are ordered by a physician and may be administered only by a physician or nurse. A telephone order for medication is acceptable when received by a nurse and countersigned within 24 hours by the physician. Adult patients or the parent/guardian of a minor patient have the right to refuse medication.

PROCEDURE:

1. Medication is prescribed and administered as indicated by the clinical needs of the patient.
2. The physician prescribing psychotropic medication will explain the risks and benefits of taking this medication to the patient. The physician will ask the patient for their consent to medicate, documenting agreement or refusal on the Psychotropic Medication Consent Form.

The physician will also determine and document whether the patient has the capacity to make decisions about his/her healthcare on the Psychotropic Medication Consent Form.

3. A Registered Nurse will provide a patient who has been newly prescribed psychotropic medications, with medication monographs. The nurse will also review each monograph with the patient. Both the patient and the nurse will record their signatures on the top page of each monograph, as evidence that this process has occurred. A duplicate set of the signed monographs will be placed in the patient's chart.
4. An adult patient (18 years of age or older) or his/her parent / guardian, if the patient is a minor, may refuse medication.
5. If the patient refuses oral medication, but willingly accepts IM medication, this does not constitute refusal.
6. The attending Psychiatrist must advise the patient or parent / guardian of alternative treatments available, if any, and also of the risks and benefits of each alternative.
7. The patient, or parent / guardian must also be informed of the possible consequences, if any (including the possibility of discharge or transfer), for the patient who refuses medication.
8. The patient's refusal of medication, staff action, and information given to the patient must be documented.

9. Treatment by medication of the involuntary patient may be initiated upon completion of one certificate.
10. The involuntary patient must be informed of his/her right to refuse medication.
11. Medication shall not be given involuntarily unless it is necessary to prevent the patient from causing serious harm to him/herself or others. Medication may be given as clinically indicated even over the patient's refusal.

12. The involuntary medicating of a patient and reasons for doing so shall be documented in the chart and a Restriction of Rights Form completed and given to the patient and other designated recipients.

Nurse Manager

Vice President- Coordination of Care

CHICAGO REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 14-030-9011

St. Bernard Hospital

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document, will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

_X_ We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

NAME

V.P. Coordination of Care

TITLE

8/5/2014

DATE