Illinois Guardianship & Advocacy Commission

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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 14-030-9022
JOHN J. MADDEN MENTAL HEALTH CENTER

Case summary: The HRA did not substantiate the complaint that the facility did not follow Code procedures when it administered forced psychotropic medication to a recipient for no adequate reason, and administered court mandated medication hidden in food.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at John J. Madden Mental Health Center (Madden). It was alleged that the facility did not follow Code procedures when it administered forced psychotropic medication to a recipient for no adequate reason, and administered court mandated medication hidden in food. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Madden Mental Health Center is a 150-bed, Illinois Department of Human Services (DHS) facility located in Hines, Illinois.

To review these complaints, the HRA conducted a site visit and interviewed the Medical Director, the Acting Director of Nursing, and the Quality Manager. Hospital policies were reviewed, and the recipient's clinical records were reviewed with written consent.

COMPLAINT SUMMARY

The complaint alleges that the recipient was administered forced emergency medication for no adequate reason and was told that she would be tied down by security if she did not accept an injection. The complaint indicates that the recipient experienced very negative reactions to the emergency medication, described as, "My lungs felt like they collapsed, …my heart felt like it stopped beating, blood wasn't getting to my brain…". The complaint indicates that the recipient alerted staff about her negative reaction to her medication, but they insisted that she take it. The complaint also alleges that after the recipient ate a meal her eyes started rolling up, her vision became blurry, and her hands began to twitch, causing her to believe that medication had been placed in her food.

FINDINGS

The record shows that the recipient was involuntarily admitted to Madden on 2/25/14 and then completed an application for voluntary admission on 3/14/14. Additionally, the record shows that the recipient was never court mandated to receive medication. Initially, the recipient refused all medication and then after her voluntary admission she consented to take Risperdal Consta but only intramuscularly and also Depakote at bedtime. The recipient's Comprehensive Psychiatric Evaluation, completed the day of admission states, "Pt. reports having had a verbal altercation with family member. Pt. denies having become physically violent, but does admit to having anger management problems for which she states having seen a counselor at [area hospital] approximately 1 year ago. Currently, pt. tested positive THC [tetrahydrocannabinol] and PCP [phencyclidine] on her UDS [urine drug screen]. She reports to using PCP 'just a few times…not much' in the past. Pt. reportedly was given Haldol 5 mg IM [intramuscularly] at [area hospital] due to agitation. She also reports having been on Risperdal 1 mg in the past but adds, 'They (counselor) took me off of it. They said I didn't need it anymore.' Pt. currently presents lightly drowsy from recent administration of Haldol in E.R. As such, she frequently dozes off during the interview, sometimes in mid-sentence. She denies history of sleep/appetite problem, poor concentration and energy, racing thoughts, or significant mood swings. Reliability of information is generally poor. Pt. reports prior treatment with Risperdone, along with anger management counseling at [area hospital] outpatient approximately 1 year ago after a verbal altercation with brother. Pt. not on psychiatric meds at this time…" The recipient's Social Assessment states, "The pt is a 19 y/old with a sketchy history of psych hospitalization. Initially presents to ER via [police] after verbal altercation with mom and grandmother. Pt reportedly loud, combative, aggressive, hostile. Family reports pt having history of 'bipolar disorder', schizophrenia, and non-compliance with her medication (Risperdone). Pt. reportedly manicy, yelling, screaming, talking non-stop at the ER. Pt. denied psych history except anger management problems. At Intake, pt. presents as marginally cooperative, unreceptive, difficulty focusing. Poor/ unwilling/ unreliable historian/informant. Mood- anxious affect- labile. Denies audiovisual hallucinations/suicide ideations/homicidal ideations. Impaired judgment and appears poorly motivated to seek inpatient hospitalization…" The recipient's diagnoses are listed as PCP intoxication, Impulse Control Disorder NOS (not otherwise specified), Psychotic Disorder NOS, Cannabis Abuse, PCP abuse, and rule out Bipolar Disorder, manic and with psychosis. The record includes the physician's statement of the recipient's decisional capacity as well as a Preferences for Emergency Treatment form (Personal Safety Plan for Advance Crisis Planning) which indicates that the recipient refused to complete it.

On 2/27/14 the record shows that the recipient received emergency medication. Progress notes state, "Patient remains on FO [frequent observation] … with 15 min. checks. Olanzapine 10 mg/ Diphenhydramine 50 mg IM with ROR [Restriction of Rights Notice] given. She was on the phone, extremely agitated, verbally aggressive, disruptive in the milieu- cursing and unable to respond to verbal redirection – behavior escalated- verbally threatening to sue staff and call police when redirected. Behavior is inappropriate and unredirectable- she remains involuntary because she refused to sign medication consent." The ROR for this event describes the reason for the restriction: "Pt is extremely loud, verbally aggressive, screaming and disruptive in the milieu, cursing on the phone, unresponsive to redirection. Pt was uncooperative with the personal behavior plan." The ROR indicates that the recipient did not wish to have anyone notified of the restriction.

On 3/01/14 the record shows that the recipient again received emergency medication. Progress Notes state, "…Olanzapine 10 mg/ Lorazepam 2 mg IM with ROR given. The pt is hypermanic, loud, argumentative, escalating and verbally aggressive during community meeting, then was provoking a fight with a male peer because she wants her own radio channel, while the other pts were listening to the news, became verbally threatening when redirected by staff- screaming and disrupting the milieu. Dr. was called with orders- this pt remains involuntary. No medication consent signed and behavior is extremely labile and unpredictable." A ROR was completed for this event and it describes the reason for the restriction: "Pt has been extremely aggressive, defiant, argumentative- provoking physical fight with a male pt. – wants to listen to her own radio channel when other patients were listening to the news- verbally threatening when redirected. Pt not cooperative with the personal safety plan." The ROR indicates that the recipient did not wish to have anyone notified of the restriction.

On 3/07/14 the record shows that the recipient again received emergency medication. Progress Notes state, "Pt. agitated, angry, loud, verbally assaultive, threatening staff, unable to follow staff redirection. Given Haldol 10 mg IM and Diphenhydramine 50 mg IM with ROR with security assistance on emergency medications." The ROR describes the reason for the restriction: "Pt is extremely angry- loud- verbally aggressive with threatening behaviors because she wants to leave Monday- screaming and disrupting in the milieu- argumentative with psychiatrist and social worker- raising her arms at the staff's face- unresponsive to limits. Pt. was uncooperative with personal safety plan." The ROR indicates that the recipient did not wish to have anyone notified of the restriction.

On 3/08/14 the record shows that the recipient again received injected medication, however this time it was in response to symptoms related to her scheduled administration of Risperdal. Progress Notes state, "Diphenhydramine 50 mg IM as ordered after patient agitated. Continue to monitor the patient. 'I can't stop my eyes from rolling up, this happened to me before, that's why I stopped taking Risperdal.' Pt. complained of EPS [extra pyramidal symptoms], she agreed to have an IM meds." The record does contain a form *Change In Medical Condition* which describes the EPS and indicates that the physician was notified and ordered Diphenhydramine to relieve the recipient's symptoms.

FACILITY REPRESENTATIVES' RESPONSE

Facility representatives were interviewed about the complaint. They stated that the recipient initially refused all medication. She was administered emergency medication three times when her behaviors became dangerous and each time she also received medication to alleviate side effects, which is the common practice. Staff indicated that the last injection of Diphenhydramine was given after the recipient agreed to it for relief of symptoms related to her administration of her scheduled Risperdal. Staff stated that the recipient was seen by the physician for her symptoms which were determined low risk level symptoms and they were relieved by the medication. The recipient was administered Risperdal because she had reported that it had worked for her in the past, however she had not taken it for approximately one year before being admitted to Madden.

Staff were interviewed about the staff response to the recipient's aggressive behaviors. They indicated that all staff utilize the Crisis Prevention Intervention (CPI) technique when intervening in behavioral situations. The goal of CPI is to de-escalate the recipient and prevent further need for intervention. Options are offered to the recipient and the goal is to get the recipient to calm down in his/her room so no further action is needed. The recipient in this case refused to complete a Preferences for Emergency Treatment form (Personal Safety Plan for Advance Crisis Planning), however staff respond with CPI whether or not the recipient indicates their preference, and staff do not threaten recipients in order to deescalate them. Staff were asked if there would ever be a situation in which a recipient would receive medication hidden in food or drink and they indicated that this would never happen and did not occur in this case.

STATUTES

"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).

FACILITY POLICY

Madden policy (Section 200 Patient Rights) affirms the Mental Health Code right of patients to refuse medications. Madden Mental Health Center policy (#230 Refusal of Services/Psychotropic Medication) states that adult patients are to be given the opportunity to refuse generally accepted mental health services, including but not limited to medication. If such services are refused, the policy states that they are not to be given unless such services are necessary to prevent the patient from causing serious and imminent physical harm to self or others. A physician's order for the medication must accompany an order for emergency medication. Also, the nurse shall document the circumstances leading up to the need for emergency treatment in the patient's record along with the rationale. Policy also dictates the completion of the Notice of Restricted Rights of Individuals document.

CONCLUSION

The record in this case indicates that the recipient was administered emergency medication three times to prevent imminent harm and each time was concurrently administered medication to alleviate side effects. The record also indicates that the recipient was evaluated by her physician for her these side effects and it was determined that her risk was low for adverse reactions. There is no confirmation from the record that the recipient was threatened to be tied down to receive her injections, and staff confirm that they routinely practice CPI for the purpose of reducing the need for medication in emergency situations. The HRA also relies on the testimony of Madden staff that recipients would never receive medications hidden in their food or drink. The HRA does not substantiate the complaint that the facility did not follow Code procedures when it administered forced psychotropic medication to a recipient for no adequate reason, and administered court mandated medication hidden in food.

SUGGESTION

1. When a recipient initially refuses to identify emergency treatment preferences, consider securing this information later in treatment or as part of the treatment planning process.